

Students

Administrative Procedure: Student Threat-to-Others Assessment Protocol

Goals and Objectives:

- Assess threats of potentially harmful behavior, determine level of concern, and decide upon action required.
- Organize resources and strategies to manage situations involving students who pose threats to other students and/or staff.
- Maintain a sense of psychological and physical safety for students, staff, and parents.
- Keep at-risk students from committing violent acts in school.
- Help protect other students and staff members from potential violence.
- Provide a comprehensive evaluative assessment for schools to use with students who pose threats.
- Provide a student-specific safety plan utilizing school and community resources, if necessary, to mitigate the threat of violence.
- Standardize the process for addressing students who pose threats among Decatur Public School District #61.
- Involve parents in the threat assessment process.
- Document the implementation of the threat assessment process.
- Work in collaboration with community partners for the coordination of resources for the safety and well-being of children and youth in Meridian Schools.

Students

Administrative Procedure: Student Threat-to-Others Assessment Procedure

The results of the Threat-to-Others Assessment do not predict future violence, nor are they a foolproof method of assessing an individual's risk of harm to others. The purpose of the assessment is to identify circumstances and variables which may increase risk for potential youth violence as well as to assist the school staff in developing a management and re-entry plan. It is an examination of current circumstances. As these circumstances change, so does risk potential. New concerning information may necessitate updating the assessment.

In the assessment process, the school team gathers relevant information about concerning situations involving actual or potential violence. The screening is a way of documenting concerns, developing management strategies, and determining if there is a need to complete a referral to an outside agency. Many of these situations can be managed after a Threat-to-Others Assessment, with appropriate interventions.

NOTE: Each school building should have emergency procedures that clearly list the assignments for staff members during a crisis.

While following emergency procedures, the primary goal should be to keep the students and staff members in the building safe, including the violent or acting out student.

- The Principal will gather the team and initiate an assessment when there are concerns with a student's violent or threatening behavior, such as:
 - Having a weapon at school;
 - Making a direct written or verbal threat to a student, staff member or targeted group;
 - A physical attack has resulted in serious injury to others;
 - A physical or verbal conflict between students which cannot be resolved;
 - A student displays escalating patterns of aggressive or violent behavior (possibly inappropriate to the event);
 - A student justifies the use of aggression or violence to solve a problem;
 - OR
 - When you obtain information about threatening behavior in absence of a violent act or direct threat, such as:
 - Information is provided that a student has been charged with possession of a weapon, assault or menacing harassment;
 - You receive information that a student is planning on attacking staff or students; or
 - If a staff member or student reports being fearful of a student.
 - When the team is needed to complete a Threat-to-Others Assessment, participation is mandatory.
 - No single person should conduct the Threat-to-Others Assessment. It is important to have the different perspectives of the individuals below to fully complete the assessment. This does not mean that every individual listed below will participate in every assessment. The administrator involved will determine on a case-by-case basis which participants are needed.
- Participants:

- Administrator (Principal or AP)
- Social worker, Guidance Counselor, School Nurse
- Teacher or other person(s) who knows the student
- School Resource Officer
- Agency counselor/case manager, as available
- DCFS (if adjudicated youth or ward of the state)
- Others who know the student, as appropriate
- *If student is a special education student, contact the assigned School Social Worker or building Special Education Administrator.*

- * If the parent/guardian is unable to complete the Threat-to-Others Assessment either by phone or in person, the team will determine the timeline for completion and take necessary steps to make contact with the parent/guardian to get input. It is preferable to have the parent/guardian complete the Parent Questionnaire form prior to the team gathering to review completed documents.

Under no circumstances should parent/guardian(s) be given the questionnaire to fill out on their own at home.

Post-crisis

1. After the Threat-to-Others Assessment is completed and a student has been deemed to be a “clear and present danger,” the Illinois State Police form, “Person Determined to Pose a Clear and Present Danger” (www.isp.state.il.us/docs.2-649.pdf), should be completed by the law enforcement official or Principal within 24 hours of the assessment and submitted to the Illinois State Police via fax (217) 782-9139 and should be documented on the Principal’s checklist.

A “clear and present danger” is defined as:

- A person who demonstrates threatening physical or verbal behavior (such as violent, suicidal, or assaultive threats, actions, or other behavior) as determined by a physician, clinical psychologist, qualified examiner, school administrator or law enforcement official; or
 - A person who communicates a serious threat of physical violence against a reasonably identifiable victim or poses a clear and imminent risk of serious physical injury to himself, herself, or another person as determined by a physician, clinical psychologist, or qualified examiner.
2. Notify the parent(s) of student(s) who have been specifically threatened.
 - When notifying parents of threatened student, remember you cannot give the name of the student who made the threat, but you should assure the parent/guardian that you will share measures that the school will take to ensure his or her student’s safety.
 3. Document on the Principal’s Checklist.
 4. Complete the formalized notification to parents of the Threat-to-Others Assessment.
 5. Document on the Principal’s Checklist.

Students

Administrative Procedure: Step-by-Step Guidelines to Complete a Threat-to-Others Assessment

- Step 1: Make sure all staff and students are safe! Follow district emergency procedures, call 911 if in imminent danger.
- Step 2: If in imminent danger, contact the violent/acting out student's parents/guardians to have them come to school immediately. Concurrently, Principal determines the need for a Threat-to-Others Assessment, and the team is gathered.
- Step 3a: Two team members do the initial Threat-to-Others Assessment with the student in a safe location, as well as getting a written incident statement from student. Scribe as necessary. Consider such indicators as a "false alarm" (developmentally unable to carry out), impulsive/venting/no real intent to harm, a poor joke, isolated/impulsive comment, lack of understanding of the phrase or comments made.
- Step 3b: If student has a plausible plan, the team will do an extended assessment, the parent questionnaire, and teacher questionnaires. Consider previous teachers, bus drivers, school records and community resources that may know the student well. Team members may have informants who know about the incident or the student. Do not indicate their names in your records—document their responses without using their actual names.
- Step 3c: Team collects and reviews the assessments to determine continued threat, the need for further mental health and legal assessments, and disciplinary actions. Set a date to develop the re-entry plan with the Threat-to-Others Assessment team. Sign off on the recommendations and make comments about re-entry ideas and concerns.
- If parents/guardians refuse mental health services, complete the No Harm to Others Parent Contract.
- If parents/guardians refuse to pick up the student, police will take over.
- Step 4: Principal completes the duties on the Principal Checklist (including the *Clear and Present Danger Form*, assuring that parents of specifically threatened students are contacted and the Formalized Parent Letter is completed).
- Step 5: All assessment forms are returned to the Principal and a hard copy of the Threat-to-Others Assessment, along with the Teacher and Parent Questionnaires, will be placed in a sealed envelope marked **Confidential** and filed in the student's discipline folder.
- Step 6: Principal sends copies of requested documents to district administrative office.
- Step 7: Team meets to discuss and write the re-entry plan.
- Step 8: Hold the re-entry meeting, gain student and parent/guardian input.
- Step 9: Implement the plan, document progress and outcomes, re-evaluate as needed and when goals are met, file plan in student's discipline folder.

Students

Administrative Procedure: Threat-to-Others Cover Sheet

Threat-to-Others Cover Sheet

The parent/guardian has been notified that this screening is being done.

The parent/guardian has not been notified of this meeting because:

School: _____

Today's Date: _____

Student's Name : _____

DOB: _____ Age: _____ Grade: _____

Gender: M F Disability: None IEP 504

Race/Ethnicity: American Indian Asian/Pacific Islander
 Caucasian Hispanic
 African American Multi-racial

Date of Incident: _____

Parent/Guardian Names: _____

Relationship to Student: _____

Contact information: Home (_____) Cell (_____)

Address: _____

Note: Please review the following information with the awareness that the Threat-to-Others Assessment is an examination of circumstances that were present at the time. Changes in circumstances or unreliable input will affect the team's ability to accurately assess the potential risk of harm.

Students

Administrative Procedure: Threat-to-Others Assessment

THREAT-TO-OTHERS ASSESSMENT

ITEMS 1-15 ARE ESSENTIAL ELEMENTS OF A THREAT SCREENING. PLEASE ADDRESS EACH ONE.

Please note concerns by each item. There is extra space at the end.

- 1. Describe threat(s), dangerous situation(s) or violent actions:

- 2. Were threats or intimidations communicated? Yes No

If yes, how were they expressed? Direct Specific Veiled (Implied) Vague
 Cyber Notes Other?

- 3. Indications of plan to harm others? Yes No [If yes, continue assessment]

Indications of plan to harm self/suicide ideation? Yes No
[If yes, also complete Suicide Harm-to-Self Assessment]

- 4. Indications of specific target(s) (i.e., individual student(s), staff, group(s), or property)?

Yes No

If yes, identify:

- 5. Indications of motives for harmful or lethal behavior? Yes No

If yes, what appears to be the motive?

- 6. Describe student’s explanation/justification for the threat or ideation that led to this screening.

7. Is the student’s conversation and “story” consistent with his or her actions? Yes No

8. Does student see violence as an acceptable or justifiable method of problem-solving?

Yes No

9. Does the student have private space such as bedroom, car, etc., that parent does not access due to agreements, past practices, locks, etc.? Yes No

10. Student has fascination or excessive interest with: Weapons School Attacks Acts of Mass Violence/Violent Video Games? If so, describe:

11. Does the student identify with antisocial characters, notorious criminals, murderers (historical or fictional)? Yes No

If yes, describe:

12. Does student express hopelessness? Yes No

Does student view life as overly stressful or overwhelming? Yes No

13. Has student experienced any of the following within the past 3-6 months:

Rejection Humiliation Change in Status

Victimization by Peer(s) Loss of Significant Friend Loss of Family Member

Disciplinary Action Other _____

14. Does the student have a trusting relationship with at least one responsible adult?

Yes No If yes, with whom? _____

15. Are other people concerned about student’s potential for violence (i.e., peers, staff, caregivers)?

Yes No If yes, describe:

16. Does the student have the capacity to carry out an act of targeted violence? Yes No

17. Does the student have a written/drawn plan? Yes No

18. Is the student’s plan: Detailed Plausible

19. Are firearms or other weapons accessible to the student? Yes No

If yes, what and where: _____

20. What might inhibit or reduce the potential to carry out the act?

If student does not have a plausible plan and no capacity to carry out harm to others, fill out No Harm to Others Contract and follow up within the designated time frame noted in the plan.

If student has a plausible plan, continue to the expanded assessment.

Expanded Threat-to-Others Assessment

21. Check any of the following that has occurred prior to this incident (current or previous school year):

- Difficulty with Social Skills Poor Peer Relations Disruptive Behavior
- Aggressive Behavior Violence Toward Peers Violent Ideation
- Threats or Previous Plans for Violent Behavior Poor Attendance
- Poor Achievement Animal Abuse Fireplay
- Change in Grades or School Performance Numerous School Suspensions
- Weapons Possession Violence Toward Property

Comments on any of the above:

- 22. Displays unwarranted anger? Yes No
- 23. Perceives self as victim (even if inaccurate)? Yes No
- 24. Student unable to accept criticism or blames others for his/her problems? Yes No
- 25. Difficulty controlling: Impulses Emotions
- 26. Acts of violence toward inanimate objects? Yes No
- 27. Lack of concern for the safety of others? Yes No
- 28. Peer group reinforces delinquent thinking and behavior? Yes No
- 29. Member of alienated group? Yes No
- 30. Presence of irrational beliefs/ideas (including unreciprocated romantic obsession)?
 Yes No If yes, toward whom?

31. Relationship dynamics for this student, relative to peers: follower, leader, victim, loner, outcast.

Describe _____

32. Is violence present : in the home between siblings neighborhood/community

33. History of: caregiver rejection severe discipline lack of supervision

34. Known mental health diagnosis: Yes No

DX: _____

35. Are medications prescribed? Yes No

If yes, list name(s) of medication(s):

36. If medication is prescribed, is it being taken consistently? Yes No

37. Is the student currently receiving mental health treatment? Yes No

If yes, with whom? _____

Phone Number: _____

38. Suspected drug and/or alcohol use? Yes No

39. New or increased sources of stress at home, school; environmental or familial factors that may be contributing to the child's current functioning or level of stress? Yes No

If yes, describe:

40. Probation/Parole involvement? Yes No

If yes, Officer's Name: _____ Phone #: _____

41. Illegal behaviors? Yes No If yes, describe:

42. Is the student currently in foster care placement or a ward of the court? Yes No

If yes, Caseworker's Name: _____ Phone # _____

43. Other concerns or comments:

Team's recommendation for immediate action:

Team members who participated in the assessment (initial if you agree with the recommendation above):

NAME

INITIALS (indicating agreement)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Dissenting Opinion(s): If you do not agree with the recommendation, explain and sign.

Comments, Concerns and Ideas for the Re-entry Plan:

Students

Administrative Procedure: Teacher/Staff Questionnaire for Threat-to-Others Assessment

Teacher/Staff Questionnaire for Threat-to-Others Assessment

(Please note that a threat does not necessarily indicate that an individual will follow through or become aggressive.)

[Numbers in brackets refer to Threat-to-Others Assessment question numbers.]

Student's Name: _____ Date: _____

Teacher/Staff Completing Questionnaire: _____

1. What knowledge do you have about the incident/situation referred to above? [1, 2]

2. What are your concerns about student's potential for violence? [5,11,15]

No concerns Some concern Moderate concern High concern

Comments:

3. Are there any other concerns that relate to the incident/situation? [43]

4. Has the student communicated any recent threats, ideas of violence, or wishes/intentions to harm anyone, animal or object in any environment? [1,2,4] Yes No

If yes, was there a specific target? Who? _____

Explain:

5. Has the student expressed a desire or plan to hurt himself/herself? [3]

Desire: Yes No Plan: Yes No

If yes to either, please explain details of the desire and/or plan:

6. Does the student discuss or reference the availability of or the desire to obtain/use firearms or other weapons? [3, 8, 11] Yes No If yes, explain:

7. Does the student discuss or reference interests, fascinations or identifications with violence (especially vindictive or revengeful acts of violence through movies, music, video games, literature, Internet use)? [10, 11] Yes No If yes, explain:

8. Has the student become increasingly focused or agitated about a particular issue (such as social problems, girlfriend/boyfriend, justice, bullying, revenge, etc.)? [4, 5, 13, 30, 39]

Yes No If yes, explain:

9. Has the student displayed any recent mood or behavior changes? [21, 39] Yes No

Has the student experienced recent losses of any kind? [13, 31] Yes No

If yes, explain:

10. Are there certain situations that agitate the student or his/her inclination to violent activity, ideas, or communication? [4, 5, 6, 8, 22,30, 39] Yes No If yes, explain:

11. What are the student's attitudes toward violence and the justification to use it or not use it? How are these attitudes expressed? [8,10, 30]

12. How does the student view himself/herself? [12,23, 29, 31]

Leader Follower Victim Loner Outcast Other

13. Are there drug/alcohol concerns with the student? [38] Yes No If yes, explain:

14. What are the student's positive relationships (such as best friends, group at school, family, church, community or organization leaders, pets, etc.), if known? [14]

15. What are student's positive activities and interests (such as scouting, church, sports, clubs, recreation, hobbies, etc.), if known? [14]

16. I feel I have a: difficult neutral positive relationship with this student. [14]

17. I see student as being approachable/open with me. Yes No

18. I would rate student's behavior or demeanor in my class as:

no concern slight concern moderate concern high concern

Comments:

19. Academically, this student is:

- failing doing marginal work average work above average work

Comments:

20. Have you seen a change in recent school performance? Yes No

Comments:

21. Have you seen a change in class behavior? Yes No

Comments:

22. Other concerns not addressed in these questions:

Students

Administrative Procedure: Parent/Guardian Questionnaire for Threat-to-Others Assessment

Parent/Guardian Questionnaire for the Threat-to-Others Assessment

Student's Name: _____ Date: _____

Parent/Guardian's Name: _____

Person completing the questionnaire and relationship to student: _____

1. What do the parent(s)/guardian(s) know about the incident/issue? [1 ,2, 3, 4]

2. What concerns do the parent/guardians, family or community members have about the student? [5, 13, 15]

3. Has the student communicated any threats, ideas of violence, or wishes/intentions to harm others, animals or objects in any environment? [2, 3, 21, 26] Yes No

If yes, explain: _____

4. Has the student expressed a desire/plan to hurt himself/herself? [3]

Desire: Yes No **Plan:** Yes No

If yes to either, please explain details of the desire and/or plan: _____

5. Has the student communicated a desire to obtain or use a firearm or other weapon? [3, 10]

Yes No If yes, what type of weapon and what was the reason? _____

6. Are firearms or other weapons accessible? Are firearms available anywhere in your house or within the houses of regularly visited relatives or friends? [19]

Yes No If yes, where? _____

7. Does the student have private space such as bedroom, car, etc. that you as a parent do not access due to agreements, past practices, locks, etc.? [19] Yes No

8. What are the student's attitudes towards violence and the justification to use or not use it? How are these attitudes expressed? [8, 10,12]

9. Does the student express interest, fascination or identification with violence?

Yes No If yes, explain: _____

Are there indications of interest in especially vindictive or vengeful acts of violence expressed in movies, music, music videos, games, literature, internet sites, etc.? [10,11]

Yes No If yes, explain: _____

10. Has the student become increasingly focused or agitated about a particular issue such as social problems, girlfriend/boyfriend, justice, bullying, revenge, etc.? [4,5,13, 27]

Yes No If yes, explain: _____

11. Have there been any recent mood, belief or behavior changes? [13]

Yes No If yes, explain: _____

12. Has the student experienced a death or change in close relationships? [13, 29]

Yes No If yes, please describe: _____

13. Are there certain events that automatically trigger your student to display violent verbal or physical behavior? [5,6] Yes No If yes, explain: _____

14. Have you seen your student write or draw violent notes or pictures? [3, 4, 5, 11, 30]
 Yes No If yes, explain: _____

15. Are there any changes at home that may have increased student's stress? [13, 21, 22, 30, 32, 34] Yes No If yes, explain: _____

16. Has the student been cruel to animals, damaged property, engaged in fire-play or made threats to harm your friends or family? [21, 43] Yes No If yes, explain:

17. Has the student made threats to harm school property, school staff, or students? [5, 25]
 Yes No If yes, explain: _____

18. Is there an adult that your child is close to? [15, 20] Yes No
If yes, who? _____
19. Does the student have a best friend? [15, 20, 28] Yes No
If yes, who? _____
20. Does the student hang out with a group of kids at school? [28] Yes No
If yes, who? _____

21. How does the student view himself/ herself? [12,23, 29, 31]
 follower leader victim loner outcast
22. Are there drug or alcohol concerns with the student, the student's friends or with any members of the household? [28, 38]
Student: Yes No **Friends:** Yes No **Family:** Yes No
23. Is the student involved with any mental health agency? [37] Yes No

If yes, which agency, with whom, and contact number: _____

24. Is communication between this agency and school a possibility? Yes No

If yes, assure there is a current release of information signed and on file.

If not, is there any particular reason? _____

25. Has your child been involved in illegal behavior? [41] Yes No

Please explain: _____

26. Is the student involved with the Juvenile Department, Probation or Parole, DCFS, or other agencies? [34, 35, 36, 37, 40, 41, 42] Yes No

Please list and explain: _____

27. Describe your relationship with your student? [14, 15]

28. What does your student do in his/her free time? [9,20,28, 29, 30]

29. Are there any other concerns that relate to the student's situation? [43] Yes No

Please explain: _____

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Administrative Procedure: Parent/Guardian No-Harm-to-Others Contract

Parent/Guardian No-Harm-to-Others Contract

I, _____, understand that _____ has shown signs of wanting to harm others in school. I agree to monitor her/his mental status and supervise her/his activities at home and in the community. I will supervise and monitor social activities such as communication with others on any device (cell phone, computer, game consoles, etc.) until she/he no longer expresses continued threats of harm.

I also agree to secure or remove any prescribed or over-the-counter medications and items that could be used to cause harm. I agree to remove weapons, firearms or other items that can cause danger to my student or others.

I agree to immediately contact the police (911), medical personnel, Heritage Behavioral Health Crisis Line at (217) 362-6262, or St. Mary’s Child and Adolescent Mental Health Unit at (217) 464-2973 for an assessment if thoughts of harm to others continue or increase.

I agree to contact: _____, School Social Worker or Guidance Counselor who spoke with my student, within the next 7 days to confirm that these safety precautions have been successful.

Date

Parent/Guardian Signature

Date

Signature of staff member completing form with Parent/Guardian

Students

Administrative Procedure: Parent/Guardian No-Harm-to-Others Contract

Parent/Guardian No-Harm-to-Others Contract

I, _____, understand that _____ has shown signs of wanting to harm others in school. I agree to monitor her/his mental status and supervise her/his activities at home and in the community. I will supervise and monitor social activities such as communication with others on any device (cell phone, computer, game consoles, etc.) until she/he no longer expresses continued threats of harm.

I also agree to secure or remove any prescribed or over-the-counter medications and items that could be used to cause harm. I agree to remove weapons, firearms or other items that can cause danger to my student or others.

I agree to immediately contact the police (911), medical personnel, Heritage Behavioral Health Crisis Line at (217) 362-6262, or St. Mary’s Child and Adolescent Mental Health Unit at (217) 464-2973 for an assessment if thoughts of harm to others continue or increase.

I agree to contact: _____, School Social Worker or Guidance Counselor who spoke with my student, within the next 7 days to confirm that these safety precautions have been successful.

Date

Parent/Guardian Signature

Date

Signature of staff member completing form with Parent/Guardian

Students

Administrative Procedure: No-Harm-to-Others Contract

No-Harm-to-Others Contract

I, _____, promise not to harm anyone during the period of _____ to _____ (the time of my next school counseling appointment). I agree that if, for any reason, the scheduled session is postponed, cancelled, etc., this time period is extended until the next direct meeting with my counselor/social worker. In this period of time, I agree to care for myself by trying to eat well, get enough sleep at night, make healthy choices and have no contact with _____.

I promise to make positive social contact with the following important people in my life:

I promise to get rid of all things I could use to harm or kill myself or others.

I agree that, if I am having a rough time and come to a point where I may break any of these promises, I will call and make significant contact with any of the following people:

_____ at # _____

_____ at # _____

_____ at # _____

_____ at # _____

Or, if I cannot contact these people, I will immediately call the

- National Suicide Prevention LifeLine at 1-800-273-8255 or
- Heritage Behavioral Health Center at 217-362-6262.

I agree that these conditions are important, worth doing and this is a contract I am willing to make and promise to keep. By my word and honor, I will keep this contract.

Signed _____ Date _____

Witnessed by _____ Date _____

Students

Administrative Procedure: Principal Checklist Following a Threat to Self or Others

Principal Checklist Following a Threat to Self or Others

If Threat to Self

1. Follow up with a formalized letter to Parent/Guardian.
2. Parent should sign Parent/Guardian No-Harm-to-Self contract.
3. Discuss with the assessment team to determine if a re-entry plan is needed.

If Threat to Others

1. Complete and fax the “Clear and Present Danger” paperwork to the IL State Police.
www.isp.state.il.us/docs/2-649.pdf
2. Follow up with a formalized letter to Parent/Guardian.
3. Parent should sign Parent/Guardian No-Harm-to-Others contract.
4. Assure that the parent/guardian of any student who was specifically targeted for violence has been notified.
5. Determine date for re-entry plan meeting.

Students

Administrative Procedure: Formalized Letter to Parent/Guardian Following the Threat-to-Others Assessment

MERIDIAN COMMUNITY UNIT SCHOOL

DISTRICT NO. 15

728 S. Wall Street

P.O. Box 347

Macon, IL 62544

[DATE]

[PARENT/GUARDIAN NAME
& ADDRESS]

RE: [STUDENT NAME]

Dear [PARENT/GUARDIAN NAME]:

This letter is to formalize that you were notified on [DATE], by [NAME OF STAFF MEMBER], that your student made a threat and a threat assessment was completed.

Type of threat: Harm to self: ___ Harm to other(s): ___
According to our Threat-to-Others Assessment, the threat was serious: Yes: ___ No: ___
SASS (Screening Assessment & Support Services) was called: Yes: ___ No: ___
Accepted _____ Deflected _____
Police notified: Yes: ___ No: ___

Further assessment options:

- Mental health screening for possible hospitalization
- Counseling services available through community agencies:
 - Crossing Healthcare: (217) 877-9117
 - Heritage Behavioral Health Center: (217) 362-6262
- Contact the School Social Worker/Guidance Counselor below regarding a list of resources for persons who have private medical insurance:

Staff Member Name: _____

Telephone Number: _____

Disciplinary Action taken: _____

Your student may return with parent on [DATE] for a re-entry meeting. If you are unable to attend, please contact the school to schedule an appointment prior to this re-entry date.

Sincerely,

[PRINCIPAL SIGNATURE]

[PRINCIPAL NAME AND TITLE]

cc: Student cumulative file
[Special Education Administrator for the building, as needed]
[Staff member who coordinated the assessment]

Students

Administrative Procedure: Re-entry Interventions to Consider

RE-ENTRY INTERVENTIONS TO CONSIDER

For Student/School

- _____ Re-entry conference
- _____ Encourage participation in school activities
- _____ Provide meaningful academic work
- _____ Provide escort to and from classes
- _____ Alter passing period for the student (before or after the bell)
- _____ Provide a staff mentor
- _____ Provide a peer mentor
- _____ Conduct locker, backpack, person searches
- _____ Conduct a functional analysis of behavior/create a positive behavior support plan
- _____ Make a Check In/Check Out plan
- _____ Establish a behavior contract
- _____ Schedule check-in's with the teacher, social worker, counselor, etc.
- _____ Make a schedule change for academic support
- _____ Make a schedule change for behavioral support
- _____ Obtain release of information forms for the agencies that provide services
- _____ Counseling with the social worker or guidance counselor
- _____ Consider a special education evaluation
- _____ Consider 504 plan, as appropriate
- _____ Consider health needs, link to the nurse
- _____ In-school Suspension
- _____ Refer for Alternative Education
- _____ Recommend Expulsion
- _____ Other _____

For Family/Community

- _____ Establish daily communication between home and school
- _____ Suggest reduced exposure to violent games, movies, videos, etc.
- _____ Suggest reduced use of the internet
- _____ Suggest reduced use of social media
- _____ Suggest Parenting classes
- _____ Suggest Family Counseling
- _____ Refer student for mental health evaluation
- _____ Refer student for child protective services/Make hotline call
- _____ Refer for medical evaluation
- _____ Refer for psychiatric evaluation
- _____ Involve police/sheriff
- _____ Link to community services _____
- _____ Request removal of weapons, dangerous materials
- _____ Request removal of prescription or over-the-counter medications
- _____ Other _____

Students

Administrative Procedure: Parent/Guardian No-Harm-to-Self Contract

Parent/Guardian No-Harm-to-Self Contract

I, _____, understand that _____ has shown signs of wanting to harm herself/himself. I agree to monitor her/his mental status and supervise her/his activities at home and in the community. I will supervise and monitor social activities such as communication with others on any device (cell phone, computer, game consoles, etc.) and assure that she/he is under reliable adult supervision when I am unable to supervise/monitor.

I also agree to secure or remove any prescribed or over-the-counter medications and items that could be used to cause harm.

I agree to immediately contact Police (911), medical personnel, Heritage Behavioral Health Crisis Line at (217) 362-6262, private counselor (if available), or St. Mary's Child and Adolescent Mental Health Unit at (217) 464-2973 if suicidal threats or thoughts continue or increase.

I agree to be in contact with _____, the school social worker or guidance counselor, within the next 7 days to confirm that these safety precautions have been successful.

Date

Parent/Guardian Signature

Date

Staff member who completed this contract w/ Parent/Guardian

Students

Administrative Procedure: No-Harm-to-Self Contract

No-Harm-to-Self Contract

I, _____, promise not to harm myself during the period of _____ to _____ (the time of my next school counseling appointment). I agree that if, for any reason, the scheduled session is postponed, cancelled, etc., this time period is extended until the next direct meeting with my counselor/social worker. In this period of time, I agree to care for myself by trying to eat well, get enough sleep at night, exercise and make healthy choices.

I will do things that calm and comfort me, such as:

I will think of my reasons for living:

I promise to make positive social contact with the following important people in my life:

I promise to get rid of all things I could use to harm or kill myself.

I promise that, if I am having a rough time and come to a point where I may break any of these promises, I will call and make significant contact with any of the following people:

_____ at # _____

_____ at # _____

_____ at # _____

_____ at # _____

Or, if I cannot contact these people, I will immediately call the

- National Suicide Prevention Life Line at 1-800-273-8255 or
- Heritage Behavioral Health Center at 217-362-6262.

I agree that these conditions are important, worth doing and this is a contract I am willing to make and promise to keep. By my word and honor, I will keep this contract.

Signed _____ Date _____

Staff Signature _____ Date _____

Risk of Harm-to-Self Protocol, Procedural Overview, Interview

Any student who makes a statement or gesture towards self-harm should be assessed to determine an appropriate response to protect his/her life and safety.

REGARDLESS OF RISK DETERMINATION, THE FOLLOWING STEPS SHALL BE TAKEN:

1. *Make sure student is closely supervised throughout the Risk of Harm-to-Self process.*
2. *All students who are assessed should be asked to sign a no-harm to self contract before they leave the interview.*
3. *A parent/guardian should be notified any time a Risk of Harm Protocol is completed.*

Risk of Harm-to-Self Protocol

Make sure student is not left unattended

Complete Risk of Harm-to-Self Interview

STANDARD RESPONSE:

- Contact the parent/guardian and share the results of the screening.
 - If unavailable, use emergency contact to obtain new numbers. Do not share any information with this person.
- Notify administrator/s
- Have student sign a **No Harm-to-Self Contract**
- Determine and discuss student's coping strategies and options
- Set follow up contact
- As necessary, notify teacher/s and other supports
- Parent/guardian or appointed caregiver will come to school and sign the **Parent/Guardian No Harm-to-Self Contract**. A determination can be made if student will remain at school or go home.
 - If parent/guardian is unable to come in and sign but agrees to the contract, make note on the **No Harm-to-Self Contract** who you spoke to, that the contract was reviewed in full, date and time and sign your name.
 - If parent refuses to come in and sign the contract, note that parent/guardian (name) refuses, sign your name with date and time.

- Upon student's return, make face-to-face contact with student. Complete the **Re-entry Plan** or schedule **Re-entry meeting** with student and parent/guardian and/or other supports.

CRISIS RESPONSE:

- Contact the parent/guardian and share the results of the screening.
 - If unavailable, use emergency contact to obtain new numbers. Do not share any information with this person.
- Notify the administrator/s
- Get a colleague to assist with response
- Student signs the **No Harm to Self Contract**
- Call CARES: 1-800-345-9049, if Medicaid eligible, for SASS referral.
 - If not Medicaid eligible, contact parent/guardian for referral to outside agency/hospital.
 - If no contact is made, call the Police Dept. at 217-424-2711

At this point the one of two paths would be taken:

1)SASS (Medicaid) or 2) Medical Treatment (by parent/police).

This can be a long process.

Make plans to keep student supervised and safe

NEXT STEPS:

- Parent/guardian or appointed caregiver will come to school and sign the **Parent/Guardian No Harm-to-Self Contract**.
 - If parent/guardian refuses the SASS screening or referral to private agency/hospital, parent/guardian will be required to sign the **Parent/Guardian No Harm-to-Self Contract and take supervision of the student**.
 - If parent/guardian is unable to come in and sign but agrees to the contract, make note on the **No Harm-to-Self Contract** who you spoke to, that the contract was reviewed in full, date and time and sign your name.
 - If parent refuses to come in to sign and is disagreeing with the contract, note that parent/guardian (name) refuses, sign your name with date and time.

- Upon student's return to school, make face-to-face contact with student. Complete the **Re-entry Plan** or schedule **Re-entry meeting** with student and parent/guardian and/or other supports.

If deflected by SASS:

- Update and re-sign the **Student No Harm to Self Contract** (if time period has expired)
- Upon student's return, make face-to-face contact with student. Complete the **Re-entry Plan** or schedule **Re-entry meeting** with student and parent/guardian and/or other supports.

If parent does not seek medical treatment:

- Update and re-sign the **Student No Harm to Self Contract** (if time period has expired)
- Upon student's return, make face-to-face contact with student. Complete the **Re-entry Plan** or schedule **Re-entry meeting** with student and parent/guardian and/or other supports.

RESOURCES:

CARES line for Medicaid eligible students: (SASS)	800-345-9049
Heritage Behavioral Health Center	217-362-6262
Decatur Police Department	217-424-2711
Decatur Ambulance	217-428-8641
St. Mary's Child and Adolescent Unit	217-424-5000

Reminder: REGARDLESS OF RISK DETERMINATION, THE FOLLOWING STEPS SHALL BE TAKEN:

1. Make sure student is closely supervised throughout the Risk of Harm-to-Self process.
 2. All students who are assessed should be asked to sign a no-harm to self contract before they leave the interview.
 3. A parent/guardian should be notified any time a Risk of Harm Protocol is completed.
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Risk of Harm-to-Self Interview Protocol

*This protocol provides counseling staff with key **interview questions** to aid in determining the level of protective response that may be needed. The assessment process includes questions directed to three areas related to determining the level of risk.*

PART A: Suicidal thoughts and history

PART B: Health/Behavior that affect suicidal actions

PART C: Supportive factors that could reduce the impact of other risks

Any factors identified during the interview that represent **significant risk of suicide**, for that individual, should result in **immediate referral for crisis intervention** through medical personnel.

Directions for completing the assessment:

Ask the interview questions, in order.

Make notes of responses on a separate sheet, if needed, for your own use.

The interview questions are designed to elicit important information for risk assessment as well as for guiding the interviewer in providing support and safety for the student.

Responses to these questions will be used on the following page to determine the level of risk and the appropriate response.

After asking the support questions, re-assess whether the “suicidal thoughts” Part A answers will change. Continue to emphasize coping strategies and supports in their life.

Call the parent/guardian after completion of the assessment.

Follow the Standard or Crisis protocol.

Reminder: REGARDLESS OF RISK DETERMINATION, THE FOLLOWING STEPS SHALL BE TAKEN:

- 1. Make sure student is closely supervised throughout the Risk of Harm-to-Self process.*
- 2. All students who are assessed should be asked to sign a no-harm to self contract before they leave the interview.*
- 3. A parent/guardian should be notified any time a Risk of Harm Protocol is completed.*

The social worker/school counselor will use professional judgment in assessing the responses to the interview questions. He/She will determine the credibility of any verbalized statement of harm-to-self. In instances when the social worker/school counselor determines the statement of risk is not credible follow Standard Protocol.

RISK OF HARM-TO-SELF ASSESSMENT INTERVIEW QUESTIONS

NAME OF STUDENT _____ DATE _____

WHAT HAS HAPPENED TO CAUSE YOU TO THINK ABOUT HURTING YOURSELF
OR FOR SOMEONE ELSE TO THINK YOU MIGHT HURT YOURSELF?

Part A: Suicidal Thoughts

1. Have you ever thought about hurting or killing yourself?
2. How recently have you thought about it, and how long do the thoughts last?
3. Have you ever tried to hurt or kill yourself before? When? How? What happened?
4. Do you know anyone who has attempted or died from suicide?
5. Have you recently experienced the death of a friend/family member?
6. Do you have a plan to kill yourself?
 - a. If so, what is your plan?
7. How, when, and where will you make your attempt?
8. Have you rehearsed it? Describe
9. How easily are items accessed to carry out your plan?
10. On a scale of 1 to 10, how much do you want to die?
11. Who have you shared these thoughts with?

Explore attitudes toward suicide: inevitability, ambivalence, religious beliefs.

Discuss permanence of death.

Part B: Health Issues/Behaviors

1. Are you prescribed any medications on a regular basis?
If yes:
 - a. What are they and what are they for?
 - b. Who prescribes these medications?
 - c. Are you taking the prescribed medications as directed?
2. What kinds of drugs and/or alcohol do you use?
3. What drugs or alcohol have you used in the past 24 hours?
4. Do you and/or family members see a doctor/ counselor for emotional problems, ADHD, or depression?
5. Have you ever received hospital or residential treatment for emotional problems?
6. When did you last eat and sleep and has there been a recent change?
7. Have you had any recent conflicts/problems at home, school, in the community or with others?
8. Check if there have been any triggering events leading to humiliation, shame or despair:

<input type="checkbox"/> Loss of Relationship	<input type="checkbox"/> Ongoing Medical Illness
<input type="checkbox"/> Financial issues	(chronic, terminal illness, or pain)
<input type="checkbox"/> Health Status (real or anticipated	<input type="checkbox"/> Intoxication
<input type="checkbox"/> Family Turmoil/Chaos	<input type="checkbox"/> History of physical/sexual abuse
9. Has there been a loss or change in your life recently?
10. How do you handle stress?

Part C: Supports

1. Who lives with you?
2. What do you enjoy in your free time?
3. When was the last time you had fun, and with whom?
4. Do you have someone you can trust when you need help? Name
5. Do you see a counselor at school or outside of school? Name
6. What might happen in the future to make your life worth living? (driving, independence/money, sports event, birthday, family visit, college, etc)
7. Is there anyone or anything to stop you from killing yourself?
8. Who are you responsible to? (siblings, parents, pets)
9. On a scale of 1 to 10, how much do you want to live?
10. What keeps you alive?

Assessor: _____

Notes: