

# Suicide Risk Screening

A *Suicide Risk Screening* shall be initiated immediately **when a student talks about harming himself/herself, or if there is concern a student has thoughts about hurting himself/herself.** Do not leave the student unattended by an adult. Do not allow the student to leave the building until this protocol is completed and a plan is implemented for ensuring the student's safety. A school administrator must be informed. The following protocol will guide the evaluation, document the concerns, and assist with development of a safety plan.

**If there is a concern about a student being a threat to others,** complete the *Threat Screening*. In some cases, both the *Threat Screening* and the *Suicide Risk Screening* will need to be completed.

Student: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

## Step 1: Keep the Student Safe

- Appropriately supervise the student being assessed until the protocol is completed
- If there is immediate danger, call 911
- If there are any indications of self-harm, have injuries treated and documented by school nurse
- Notify & consult with appropriate school personnel

## Step 2: Identify & Report Risk

In order to maintain a safe and orderly school environment, all school personnel and students have the responsibility to immediately report student self-harm or threats of suicide to school administration.

Self-harm is behavior that deliberately results in injury to oneself and can be categorized as either non-suicidal or suicidal. Although self-harm often lacks suicidal intent, youth who engage in self-harm are more likely to attempt suicide.

**School personnel are mandated reporters; therefore, confidentiality limitations do not apply in cases of threat to self or others. Any self-harm or suicide threat must be taken seriously.**

Describe the incident as you observed or as it was reported. Be as complete as possible, using direct quotes when reporting statements made by others. Provide any documentation (i.e. writings, notes, drawings, printed email, or social media) which may help to conduct a preliminary risk Screening.

What statement/behavior has the student demonstrated to indicate he/she is possibly at risk for suicide? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When and where did the statement/behavior occur? \_\_\_\_\_

Who was present or has knowledge of the incident? \_\_\_\_\_

Describe any other concerns regarding this student: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of individual making report: \_\_\_\_\_ Date: \_\_\_\_\_

**Step 3: Evaluate & Classify Risk**

When a student is identified and referred as possibly at risk for suicide, the student will be interviewed immediately for the purpose of establishing sequential factors or events leading to the crisis. The following interview questions may be used to begin the screening, and should be modified, as appropriate/necessary. The goal is to determine the student’s intent and the **level or risk or lethality involved**.

**Questions for Beginning the Interview - *What warning signs initiated the referral?***

1. Someone has noticed \_\_\_\_\_ about you (i.e. an essay, a drawing, a statement). It concerned me and so I wanted to ask you about it. What were you meaning to say? What did you want to happen? \_\_\_\_\_
2. Is the student taking any medications? \_\_\_\_\_ Diagnosis? \_\_\_\_\_
3. Is the student currently receiving counseling services? \_\_\_\_\_ With whom? \_\_\_\_\_
4. Is the child receiving Special Education Services? \_\_\_\_\_ Disability? \_\_\_\_\_

**Questions for Assessing Current Feeling & Thinking - *What problem is the student experiencing?***

1. How are things going for you right now? \_\_\_\_\_
2. Have you been feeling down or discouraged? \_\_\_\_\_
3. What problems are getting you down right now? \_\_\_\_\_
4. Has someone hurt you, or has someone hurt your feelings in some way? \_\_\_\_\_
5. Do you feel like things can get better? \_\_\_\_\_

**Questions for Assessing Suicidal Thinking & Behavior - *Is the student suicidal; do they have a plan?***

1. Have you been thinking about hurting yourself or taking your own life? \_\_\_\_\_
2. What happened to make you think about hurting or killing yourself? \_\_\_\_\_
3. Do you know someone who's committed suicide? \_\_\_\_\_
4. Has someone you care about died? Have you tried to hurt or kill yourself before? \_\_\_\_\_
5. Have you thought about how to make yourself die? \_\_\_\_\_
6. How are you planning to hurt yourself? (Ask about access to a means to inflict self-harm that matches how the student responds—medications, firearms, etc.) \_\_\_\_\_

**Questions for Assessing Coping - *How does the student solve problems?***

1. What would it take to make things better? \_\_\_\_\_
2. What would have to happen for things to work out? \_\_\_\_\_
3. What have you tried to do to make things better? \_\_\_\_\_

**Questions for Assessing Supports - *What strengths and supports does the student have?***

1. Can you talk to family and friends about how you're feeling? \_\_\_\_\_
2. Who have you told about how you are feeling? \_\_\_\_\_
3. Are they helping you? \_\_\_\_\_
4. Would you be willing to talk to someone about how you're feeling (i.e., a therapist)? \_\_\_\_\_

When evaluating a risk for suicide, also consider the age of the student, credibility of the information obtained from the inquiry, and the capacity of the student to carry out his/her threat.

**Collateral Contacts:** Seek information from collateral contacts (List name, contact information, and date(s) of services, if known).

- History of referral-related disciplinary incidents \_\_\_\_\_
- Police, Juvenile Court (DJJ, CDW) \_\_\_\_\_
- Social service agencies (DCBS) \_\_\_\_\_
- Family Resource/Youth Service Center \_\_\_\_\_
- Special Education, 504, or Under Consideration \_\_\_\_\_
- Community mental health \_\_\_\_\_
- School-based therapist \_\_\_\_\_
- Social media \_\_\_\_\_

**Notes:** \_\_\_\_\_

**Risk Factors:** Warning signs which may indicate the potential for suicide risk:

- Expressions of hopelessness in writings & drawings
- Making final arrangements
- Giving away possessions
- Reading or writing about death
- Excessive feelings of sadness & hopelessness
- Social withdrawal or lacking interpersonal skills
- Domestic violence of other family conflict
- Poor coping skills
- Limited support system
- Drug & alcohol use
- Child abuse/neglect
- Sexual identity issues or sexual abuse
- Increased risk-taking
- Being a victim of violence, teasing, bullying
- Feelings of being picked on
- Previous suicide attempt(s), cutting
- Sense of desperation
- Access to a means to harm self

**Notes:** \_\_\_\_\_

**Precipitating Events:** Recent triggers which may increase the potential for suicide risk:

- Recent public humiliation or embarrassment
- Boyfriend/girlfriend relationship difficulties
- Death, loss or other traumatic event
- Deployment or incarceration of parent/guardian or other close family member
- Friend or family member attempted suicide
- Family fight or conflict
- Recent victim of teasing, bullying or abuse
- Separation or divorce of parents
- Other

**Notes:** \_\_\_\_\_

**Stabilizing Factors:** Factors which may minimize or mitigate the potential for suicide risk:

- Effective parental involvement
- Receiving mental health services (identify, if known)
- Social support (church, school, social organizations)
- Close alliance with a supportive adult (counselor, mentor, teacher, pastor)
- Positive, constructive peer group
- Appropriate outlets for grief or other strong feelings
- Positive focus on the future or appropriate future events

**Notes:** \_\_\_\_\_

Minimal Risk for Harm	Moderate Risk for Harm	High Risk for Harm
<ul style="list-style-type: none"> <li>✓ Few/no serious <i>Risk Factors</i> or history of suicidal behavior.</li> <li>✓ <i>Stabilizing Factors</i> appear reasonably well-established.</li> <li>✓ The student does not appear serious about harming himself/herself, nor have they thought seriously about a means to do so.</li> <li>✓ Information suggests that the student is unlikely to carry out the threat.</li> <li>✓ Heat-of-the-moment</li> </ul> <p>The student is in distress but has positive supports. The student's concerns and needs may be readily addressed.</p>	<ul style="list-style-type: none"> <li>✓ Some <i>Risk Factors</i> and evidence of emotional distress, but also may have some <i>Stabilizing Factors</i>.</li> <li>✓ Student's suicidal thinking is concerning but they are not expressing a clear intent to harm herself/himself.</li> <li>✓ Moderate or lingering concerns about the student's potential to harm herself/himself.</li> </ul> <p>The student is in distress. There is suicidal thinking but the student does not seem intent on harming herself/himself. The problem situation can be resolved and the student appears able to use some coping skills. The student is open and responsive to support, or already has sufficient support.</p>	<ul style="list-style-type: none"> <li>✓ Significant <i>Risk Factors</i>, evidence of extreme emotional distress.</li> <li>✓ Student has a specific plan and immediate access to the method.</li> <li>✓ Strong concern about the student's potential to harm herself/himself.</li> </ul> <p>The student is in significant distress. There is clear suicidal thinking and warning signs are present. The student's coping skills and social supports are limited or compromised. There may be a situation that is difficult to resolve. The student appears to be in imminent danger of inflicting self-harm or committing suicide. There is a need for immediate intervention and possibly hospitalization.</p>

**Level of Risk:** To what extent does this student pose a threat to himself/herself?

**Notes:** \_\_\_\_\_

### Step 4: Respond to Risk

In responding to any threat, the immediate concern is safety. Students should not be permitted to leave school and staff should appropriately supervise the student being assessed until this protocol is completed.

#### **Student is Not Actively Suicidal**

If a student is not found to be actively suicidal, the parent/guardian will be notified of the referral, concerns expressed, and all conclusions reached. Resources will be provided for support services, including a referral to the school-based therapist, if needed. Parent may decide if they want to come and pick student up, or if student is to return home by ordinary means (walking, riding bus, etc.)

#### **Student is Actively Suicidal**

If a student is found to be actively suicidal (Moderate or High Risk), a conference must be held with the parent/guardian and a referral must be made to a qualified mental health professional.

Reasonable steps should be immediately taken to avoid or mitigate any imminent threat of harm, including hospitalization if necessary.

Administrator shall request for parent to sign a **Parent Notification to Seek Assistance** and a **Release of Information form (EC-26)** for communication between the school and the mental health facility to which the student will be taken, the student's therapist, and other individuals as appropriate.

**If the parent/guardian cannot be contacted or if they refuse to come to the school**, the case will be treated as a medical emergency and arrangements will be made to transport the student to an area hospital emergency room or mental health facility. Administrator will notify parent/guardian that the school may be required to file a medical neglect report with the Kentucky Cabinet for Health and Family Services.

If student is found to be at High Risk for Harm and it reasonably appears based on the factors present that hospitalization may be required to address the High Risk for Harm, and **if parent refuses to seek treatment for student**, the issue must be reported to the County Attorney's Office or to the Kentucky Cabinet for Health and Family Services to determine whether an involuntary hospitalization should be pursued.

Under no circumstance should a student who is determined to be actively suicidal (Moderate or High Risk) be allowed to go home alone. Instead, unless hospitalization is required, the student must be released only to a parent/guardian or other responsible adult.

#### **Re-Entry Procedure**

For student returning to school after a mental health crisis (i.e., suicide attempt or psychiatric hospitalization), an administrator will meet with the student and student's parent/guardian to discuss re-entry and the appropriate next steps to ensure the student's readiness for return to school.

- ✓ **Parent/guardian will provide documentation from a qualified mental health professional that the student has undergone examination and that the student is no longer a danger to self or others.**
- ✓ **If the parent/guardian refuses to provide such documentation**, the principal or ARC (as the case may be), with advice from the school-based therapist, will determine the appropriate placement for the student based on the information known at the time. If the principal or ARC determines on the information available that there is a substantial likelihood of an immediate and continuing threat to self or others, the principal may place the student in a placement that represents the least restrictive alternative for the student. The student may not be disciplined for the failure of the parent/guardian to provide the information.

The results of this screening do not predict specific behavior, nor are they a foolproof method of assessing an individual's potential to harm self or others. The purpose of this screening is to identify circumstances that may increase the risk for potential suicide and to assist school staff in developing a safety and intervention plan.

This Suicide Risk Screening is guided by findings and recommendations published in the *Developing a Comprehensive School Suicide Prevention Program (Journal of School Health, 2001)*, the *Safe Schools Initiative, Threat Screening in Schools* (U.S. Department of Education, U.S. Secret Service, 2002), and *National Strategy for Suicide Prevention: Goals & Objectives for Action* (U.S. Department of Health & Human Services, 2001) in addition to other sources.

# Intervention & Support Plan

### Initial Intervention:

#### Low or Minimal Risk for Harm (Student is not actively suicide)

- Notify parent/guardian (Date/Time): \_\_\_\_\_ by (Title/Name): \_\_\_\_\_
- Resource Referral (<http://www.suicidepreventionlifeline.org/>)
- Referral to School-Based Therapist - Appointment Date/Time: \_\_\_\_\_
- Discipline per **Code of Acceptable Behavior & Discipline**, if applicable (attach copy)  
Offense/Consequence: \_\_\_\_\_

#### Moderate or High Risk for Harm (Student is actively suicidal)

- Direct supervision of the student
- Contact SRO to assess the need for law enforcement intervention
- Notify parent/guardian (Date/Time): \_\_\_\_\_ by (Title/Name): \_\_\_\_\_
- Schedule parent/guardian conference: (Date/Time): \_\_\_\_\_
- Threat Screening** completed (attach copy)
- Student Safety Contract** completed (attach copy)
- Parent Notification to Seek Assistance** completed (attach copy)
- Release of Information (EC-26)** signed for communication with agency being referred to (attach copy).
- Contact then scan & email referral to:
  - Pennyroyal RESPOND - Phone (270) 881-9551 Email - [jailtriage@pennyroyalcenter.org](mailto:jailtriage@pennyroyalcenter.org)
  - Cumberland Hall Hospital - Phone (270) 886-1919 Email - [cumberlandhalladmissions@uhsinc.com](mailto:cumberlandhalladmissions@uhsinc.com)
- Call made by (Title/Name): \_\_\_\_\_ (Date/Time): \_\_\_\_\_
- Talked with: \_\_\_\_\_ Email sent (Date/Time): \_\_\_\_\_
- Discipline per **Code of Acceptable Behavior & Discipline**, if applicable (attach copy)  
Offense/Consequence: \_\_\_\_\_

Team Member Completing Form: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Follow-Up:

- Evaluation - Agency/Result \_\_\_\_\_
- Hospitalization (Inpatient Treatment) - Agency/Discharge Date \_\_\_\_\_
- Outpatient Treatment - Agency/Assigned Therapist \_\_\_\_\_
- Medication Prescribed - Name/Dose/Prescribing Dr. \_\_\_\_\_
- DCBS Report - Date/Time/Report # \_\_\_\_\_
- DCBS Worker Assigned - Name/Contact Info \_\_\_\_\_
- Removed from Home/Placed in Foster Care - Name/Contact Info \_\_\_\_\_
- Arrested - Arresting Officer/Charge(s) \_\_\_\_\_
- Detained/Sent to MRJDC \_\_\_\_\_
- Sent to Court Designated Worker - Name/Contact Info \_\_\_\_\_
- Placed in Diversion Program \_\_\_\_\_
- Assigned Department of Juvenile Justice (DJJ) Worker- Name/Contact Info \_\_\_\_\_

Date Returning to School: \_\_\_\_\_

### Support Plan (Upon Return to School):

Created in collaboration with student, parent/guardian, and Crisis Team members.

- Return-to-school Conference: (Date/Time): \_\_\_\_\_
- Release of Information (EC-26)** signed for communication with ALL service providers (attach copy)
- Alert staff & teachers on a need-to-know basis
- Daily or  Weekly check in with (Title/Name): \_\_\_\_\_

- Staff & teachers that the student can talk to for support (from Safety Contract): \_\_\_\_\_
- Identify precipitating/aggravating circumstances and intervene to alleviate tension. Describe: \_\_\_\_\_
- Referral to School-Based Therapist - Appointment Date/Time: \_\_\_\_\_
- Behavior Plan (attach copy)
- Referral to consider possible Special Education assessment
- Special Education or 504 student - review goals and placement options
- Other:

**NOTES**

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**Team Members Involved in Intervention & Support Plan:**

Name/Title: _____	Date: _____
Name/Title: _____	Date: _____
Name/Title: _____	Date: _____
Name/Title: _____	Date: _____
Name/Title: _____	Date: _____

**Team Member Completing Form:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Administrator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

- Copy of Intervention & Support Plan to Parent/Guardian
- Scan and email Intervention & Support Plan to  
Director of Special Education: Michelle Ladd ([michelle.ladd@christian.kyschools.us](mailto:michelle.ladd@christian.kyschools.us))  
Director of Alternative Programs: Kim Stevenson ([kim.stevenson@christian.kyschools.us](mailto:kim.stevenson@christian.kyschools.us))
- Scan & email ENTIRE SCREENING to School-Based Therapist:  
Brooke Burkhead ([brooke.burkhead@christian.kyschools.us](mailto:brooke.burkhead@christian.kyschools.us))  
Cassie Dougherty ([cassie.dougherty@christian.kyschools.us](mailto:cassie.dougherty@christian.kyschools.us))  
Stacy Jones ([stacy.jones2@christian.kyschools.us](mailto:stacy.jones2@christian.kyschools.us))  
Brandy Westerfield ([brandy.westerfield@christian.kyschools.us](mailto:brandy.westerfield@christian.kyschools.us))
- Original filed in Cum/Special Education file

Student: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

# Student Safety Contract

I have made verbal comments, written statements, or displayed other behaviors which indicate that I could pose a danger to myself and/or others. School staff members are concerned and want to support me. I understand I have a responsibility to keep myself safe, and to maintain a safe learning environment at school. I, \_\_\_\_\_, agree to abide by the following rules for school behavior (check all that apply):

- I promise not to hurt myself or others.
- I promise not to bring a weapon on school property.
- I promise not to use alcohol or drugs.
- I promise to express my anger in ways that will not be harmful to myself or others.
- I promise to seek out the assistance of an adult when a conflict arises with a peer.
- I promise I will actively participate in any counseling made available to me by my school or parents.
- I promise to attend all scheduled monitoring meetings with \_\_\_\_\_.
- I promise to \_\_\_\_\_.

**If I am having thoughts of harming myself or others, I will do the following until I receive help:**

At school, I will talk to: \_\_\_\_\_ or \_\_\_\_\_.

Outside school, I will talk to: \_\_\_\_\_ or \_\_\_\_\_.

I will tell my parent/guardian how I am feeling.

*Call 911 or a 24-Hour Crisis Hotline:*

- ✓ Pennyroyal RESPOND: (270) 881-9551
- ✓ Suicide Prevention Lifeline: (800) 273-8255

**If I do not comply with these rules, I understand the following consequences will occur:**

- 1.
- 2.
- 3.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
School Staff Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Student: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

## Parent Notification to Seek Assistance

I have been notified my child has made verbal comments, written statements, or displayed other behaviors which indicate he/she may pose a danger to self and/or others. Due to the severity of these concerns, I acknowledge I am being advised to seek outside assistance for my child.

Outside assistance can be obtained through the following agencies:

Pennyroyal RESPOND  
735 North Drive  
Hopkinsville, KY 42240  
(270) 881-9551

Cumberland Hall Hospital  
270 Walton Way  
Hopkinsville, KY 42240  
(270) 886-1919

- I have been advised of the school’s concerns.
- I have been advised to seek outside assistance for my child.

If student is found to be at High Risk for Harm and it reasonably appears based on the factors present that hospitalization may be required to address the High Risk for Harm, and **if parent refuses to seek treatment for student**, the issue must be reported to the County Attorney’s Office or to the Kentucky Cabinet for Health and Family Services to determine whether an involuntary hospitalization should be pursued.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witnessed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Student: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_