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Procedural Guidelines for Student Crisis, Prevention, Intervention and Postvention

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Definition of Terms

Alabama State Department of Education (ALSDE):

The state agency is charged with the fiscal and administrative management of certain aspects of K-12 public education, including the implementation of federal and state mandates.

Assessment:

A comprehensive evaluation is usually performed by a clinician, to confirm suspected suicide risk in a patient, estimate the immediate danger, and decide on a course of treatment.

Cluster:

A group of suicides or suicide attempts, or both, occurs closer together in time and space than would normally be expected in a given community.

Crisis Response Team:

A multidisciplinary team of primarily administrative, mental health, safety professionals, and support staff who are prepared, trained, and ready to address crisis preparedness, intervention, response, and recovery.

Evidence-based practices:

Suicide prevention activities have been found effective by rigorous scientific evaluation.

High-risk student:

A high-risk can consist of one who has underlying issues such as learning disabilities, poverty, academic challenges, sudden life experience, experience bullying, traumatic events, victims of abuse and neglect, suicidal thoughts or attempts, relationship struggles, increased school absences including truancy as well as family dynamic obstacles.

Intervention:

Activities implemented to improve a situation that may have the potential of an adverse health outcome and designed to support individuals involved in the situation

Licensed mental health professional:

Professionals such as a Licensed Professional Counselor (LPC), Licensed Clinical Social Worker (LCSW), Licensed Marriage & Family Therapist (LMFT), Licensed Psychologist, Psychiatrist, Pediatrician, and a Medical Physician.

Local Education Agency (LEA):

A local school system pursuant to the local board of education control and management.

Mental health:

A state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to his or her community.

Prevention:

Activities implemented prior to the onset of an adverse health outcome (e.g., dying by suicide) and designed to reduce the potential that the adverse health outcome will take place.

Postvention:

Activities following a suicide to help alleviate the suffering and emotional distress of the survivors and prevent additional trauma and contagion.

Protective factors:

An attribute, characteristic, or environmental exposure that decreases the likelihood of a person's developing a disease or injury (e.g., attempting or dying by suicide) given a specific level of risk. For example, depression elevates a person's risk of suicide, but a depressed person with good social connections and coping skills is less likely to attempt or die by suicide than a person with the same level of depression who lacks social connections and coping skills. Social connections and coping skills are protective factors, buffering the suicide risk associated with depression and thus helping to protect against suicide.

Risk factors:

Personal or environmental characteristics that increase the likelihood that a person may try to take his or her life. Suicide risk tends to be highest when someone has several risk factors at the same time. Risk factors may encompass biological, psychological, and/or social factors in the individual, family, and environment including access to lethal means. Risk factors should not be confused with warning signs.

School System Personnel:

All individuals employed part-time or full-time by the LEA Board of Education. This is to include district-level and school-level personnel regardless of position and includes substitute teachers.

Screening:

A procedure in which a standardized tool, instrument, or protocol is used to identify individuals who may be at risk for suicide. Also, see Assessment.

Self-harm:

The act of deliberately and intentionally injuring one's own body, such as cutting or burning. Although self-harm often lacks suicidal intent, youth who engage in self-harm are more likely to attempt suicide.

Suicidal behavior:

A spectrum of activities related to thoughts and behaviors that include suicidal thinking, suicide attempts, and completed suicide. Also includes preparatory behavior such as buying a gun, hoarding pills, writing a suicide note, etc.

Suicidal ideation:

Any self-reported thoughts or fantasies about engaging in suicide-related behavior.

Suicide:

Death caused by self-directed injurious behavior with intent to die as a result of the behavior.

Suicide attempt:

A non-fatal, self-directed, potentially injurious behavior with intent to die as a result of the behavior. A suicide attempt may or may not result in injury.

Suicide contagion:

Suicide risk is associated with the knowledge of another person's suicidal behavior, either first-hand or through the media. Suicides that may be at least partially caused by contagion are sometimes called "copycat suicides." Contagion can contribute to a suicide cluster. Community and media education is vitally important to reduce this risk.

Warning Signs:

Behaviors and symptoms that may indicate that a person is at immediate or serious risk for suicide or a suicide attempt.

Requirements under State Law

Local education agencies (LEA) shall adopt a policy on student suicide prevention. Such policies shall be developed in consultation with school and community stakeholders, school-employed mental health professionals, and suicide prevention experts and shall, at a minimum, address procedures relating to suicide prevention, intervention, and postvention. To help LEAs develop their own policies for student suicide prevention, the Alabama State Department of Education shall provide assistance in accordance with the School Suicide Prevention Program established by the Alabama State Legislature pursuant to the Student Bullying Prevention Act 16-28B-8 Ala. Code of 1975 includes the elements below to be interpreted as a policy “To the extent that the Legislature shall appropriate funds or to the extent any local school board may provide funds from other sources, each school system shall implement the following standards and policies for suicide prevention programs”.

1. All certificated public school personnel shall receive annual training in suicide awareness and prevention. This training shall be provided within the framework of existing in-service training programs offered by the Alabama State Department of Education or as part of required professional development offered by an LEA.
2. The Alabama State Department of Education shall, in consultation with state suicide prevention organizations such as the Alabama Suicide Prevention and Resource Coalition and the Alabama Chapter of the American Foundation for Suicide Prevention as well as the Alabama Departments of Mental Health and Public Health and additional suicide prevention experts, develop a list of approved training materials to fulfill the requirements of the Jason Flatt Act which may include training materials currently being used by an LEA if such training materials meet the criteria established by the Alabama State Department of Education. Approved materials shall include training on how to identify appropriate mental health services, both within the school and within the larger community, and when and how to refer youth and their families to those services. Approved materials may include programs that can be completed through self-review of suitable suicide prevention materials.
3. The Alabama State Department of Education shall make referral, crisis intervention, and other related information available to students, parents, and school personnel.
4. The ALSDE shall educate students in recognizing signs of ideation and other warning signs related to suicidal behavior.
5. The ALSDE shall promote cooperative efforts between school personnel and community suicide prevention programs.

6. The ALSDE shall develop a plan to assist survivors of attempted suicide, completed suicide, or the death of a student, and develop healing processes. The policies, procedures, and rules developed and approved to implement policies will be published, disseminated, and made available to students, parents, legal guardians, and employees by any such means and methods customarily used for such purposes including publication on local school board websites.

Authority: Alabama Code Title 16. Education § 16-28B-8

School Climate

Schools should ensure that they maintain a positive and safe school climate. Fostering a feeling of connectedness between the students and the school, providing an opportunity for students to become involved in school activities, and ensuring an overall safe environment for all students are essential components of a safe and positive school climate. Many activities designed to prevent violence, bullying, and the abuse of alcohol and other drugs may also reduce suicide risk among students.⁶ Programs that improve school climate and promote connectedness help reduce the risk of suicide, violence, bullying, and substance abuse. Schools should set high expectations on all staff and students to behave respectfully and kindly to one another. In a positive school climate, all students are respected, and supported, and feel comfortable approaching an adult when confronted with problems. Importantly, bullying among students should be taken very seriously, as research has shown that students who feel victimized by other students or staff have an elevated risk of suicidal ideations and behaviors.

Suicide Assessment and Referral

Most experts agree that a process by which people at risk for suicide can be identified and referred to treatment is an essential component of a comprehensive suicide prevention program. Suicide assessment usually refers to a more comprehensive evaluation done by a licensed clinician to confirm suspected suicide risk, estimate the immediate danger to the patient, and decide on a course of treatment. Although assessment can involve structured questionnaires, they also can include a more open-ended conversation with the individual and/or friends and family to gain insight into the patient's thoughts and behavior, risk factors (e.g., access to lethal means or a history of suicide attempts), protective factors (e.g., immediate family support), and medical and mental health history. When a student is identified by a staff person as potentially suicidal, (i.e., verbalizes about suicide, presents overt risk factors, student self-refers, etc.) the student should immediately be seen by a mental health professional to assess risk and facilitate referral. If there is no mental health professional available at the school, a school nurse, school counselor, school social worker, or school administrator should fill this role to gather information through a basic situation assessment. The parent or guardian must be notified that the student needs an assessment by a mental health professional. School personnel will utilize the

Assessment section of the Student Crisis Referral Form to capture information to better understand the situation to communicate to the parents and/or professional services. Through discussion with the student, the principal or mental health professional will assess whether there is further risk of harm due to parent or guardian notification. If the principal or mental health professional believes, in his or her professional capacity, that contacting the parent or guardian would endanger the health or well-being of the student, the principal or mental health professional may delay such contact as appropriate. If parent or guardian notification is delayed, the reasons for the delay shall be documented. If the principal, designee, or mental health professional suspects child abuse or neglect, the Alabama Department of Human Resources shall be notified immediately. NOTE: All students who exhibit risk factors for suicide that do not rise to the level of warning signs or suicide ideation should be referred to the school principal and/or the school counselor or social worker for screening and further action if warranted.

For Students with Warning Signs for Suicide:

1) STAY WITH STUDENT & ASSESS:

- School staff should continuously supervise the student to ensure his or her safety. Under no circumstances should the student be left alone or sent back to class. Students must remain under constant adult supervision until the student leaves school property with a parent or guardian.
- School personnel should speak with students and gain information to assess the situation. The responses are to be noted in the Assessment section of the Student Crisis Referral Form

2) IMMEDIATE INTERNAL NOTIFICATION STEPS:

- School staff contacts the principal or his/her designee, school counselor, and school nurse for assistance. The principal or his/her designee, school counselor, or school nurse should contact the school resource officer, if applicable.
- The principal or his/her designee should contact the Director of Student Services.
- The Director of Student Services needs to immediately contact the Crisis Team to be on standby for this student and the engaged school personnel.

3) PARENT NOTIFICATION & ASSISTANCE:

- The principal or his/her designee and school counselor should contact the student's parent or guardian and require their physical presence on campus to meet and check out the student.
- School staff should work with the student to complete a Student Safety Plan located on page 4 of the Student Crisis Referral Form (Appendix B) while waiting for the parent or guardian to arrive.
- When the parent or guardian arrives on campus, the school counselor and Mental Health Service Coordinator, where applicable, should assist the family with an urgent referral for a professional assessment.

- When appropriate, this assistance may include calling emergency services, but in most cases will involve contacting the local crisis center or National Suicide Prevention Hotline or setting up an outpatient behavioral health appointment and communicating the reason for referral to the healthcare provider.
- A Parent Notification Letter must be completed and a copy must be provided to the parent or guardian before they leave campus with the student. A Mental Health Resource List must be provided to the parent or guardian.

4) IMPACTED STUDENT SUPPORT:

If a suicidal student has a sibling, relative, household member, or close friend who may need to be counseled based on the severity of the situation or parental or guardian request, make immediate contact with that student. If an impacted student attends a different school, contact that school's counselor or appropriate designee and ask them to check on and meet with the student.

** FOR A REPEAT REFERRAL **

If a repeat Student Crisis Referral is made for suicide ideation or attempt, a doctor, licensed counselor, or psychiatrist must see the student. For the student to return to school, the parent or guardian and the student must attend a Mandatory Re-Admit Conference with the school counselor where a Student Re-Entry & Support Form will be completed. The parent must bring a mental health clearance letter of release from a qualified medical doctor or licensed mental health professional to the Re-Admit Conference stating the student is ready and able to return to school; this letter must be dated, on the professional's letterhead, and signed.

If the parent or guardian refuses to seek appropriate assistance for the student, the school shall have the option to contact and file a neglect report with the Alabama Department of Human Resources. The school may also involve the appropriate law enforcement agency, if necessary.

In-School Suicide Attempts

In the case of an in-school suicide attempt, the health and safety of the student are paramount. In these situations:

1. Call 911.
2. Contact Central Office (e.g. superintendent or his/her designee).
3. Contact Crisis Response Team.
4. Secure the area as soon as possible and keep all students away.
5. Send notes and runners to staff members informing them that a medical emergency has occurred. Include any additional instructions (e.g., "The bell schedule will be changed and will be manually sounded at an appropriate time.")
6. Render first aid until professional medical treatment arrives.

7. Provide constant adult supervision to the student to ensure student safety.
8. Request a mental health screening for the student.
9. Notify the principal and the school counselor regarding in-school suicide attempts.
10. Contact the student's parent or guardian.
11. The Crisis Response Team will meet to assess whether additional steps should be taken to ensure student safety and well-being.
12. Prepare a written statement to be distributed to parents and guardians either through email or by letter. For additional information, please refer to Appendix B: Action Plan for Suicide Attempt and Suicide Ideation on page 17.

Out-of-School Suicide Attempts

If a staff member becomes aware of a suicide attempt by a student that is in progress in an out-of-school location, the staff member will:

1. Call 911.
2. Contact the student's parent or guardian.
3. Contact the school principal and the school counselor.
4. Contact Central Office (e.g. superintendent or his/her designee).

**** FOR ALL ATTEMPTS ****

For a student to return to school after an in-school or known out-of-school suicide attempt, the parent or guardian and the student must attend a Mandatory Re-Admit Conference with the school counselor where a Student Re-Entry & Support Form will be completed. The parent must bring a mental health clearance letter of release from a qualified medical doctor or licensed mental health professional to the Re-Admit Conference stating the student is ready and able to return to school; this letter must be dated, on the professional's letterhead, and signed.

After a Death or Suicide

A suicide death or death by any means in a school community requires implementing a coordinated crisis response to assist staff, students, and families who are impacted by the death and to restore an environment focused on education. A meeting of the Crisis Response Team should take place as soon as possible once the basic facts about the death have been obtained to initiate a coordinated response.

Confirmation of Death

The principal or a representative of the school (i.e. counselor) should contact the family to offer condolences and to see if a visit to the family home would be permissible during this difficult time. It may be useful for a pair of representatives to visit together so they can support one another during the visit. It is important to respect the cultural and religious traditions of the family related to suicide, death, grieving, and funeral ceremonies.

The school representative(s) should:

- Offer condolences on behalf of the school and ask for any specific needs.
- Briefly share with the parents the ideas on how the school would like to respond to the death and ask for their permission to do so.
- Inquire about funeral arrangements. Ask if the funeral will be private or if the family will allow students to attend.
- Leave the parents with additional resources and information about grief counseling.
- (After all memorial services) Ask the family if they would like their child's personal belongings returned. These could include belongings found in the student's locker and desk as well as papers and projects they may want to keep.

Notifying School Community

Once a death has been confirmed, the school, district, and school community need to be notified and support needs to be made available. Below is a notification list:

1. The principal will notify the Superintendent of schools.
2. The principal will notify all the faculty and staff.
3. The principal will provide faculty and staff with guidance for talking with students.
4. Notify the crisis response team.
5. Notify schools attended by family members of the deceased.
6. With parental permission, the school will make an official statement regarding the death of the student.

Support for Students

The following summarizes additional support that will be provided by mental health professionals after a student's suicide.

Who: The Crisis Response Team

The School and District Level Crisis Response Team will provide grief counseling for students and school staff after a student or school faculty member's death including but not limited to suicide. Additional support may include other school counselors, school social workers, and school-based nurses as well as other mental health professionals, local clergy, and other qualified persons from outside the school as needed.

Where: Designated meeting areas on the school campus.

Small group (less than 10) or individual counseling will take place in the school's designated meeting area(s) such as the counseling office, library, lounge, or classroom.

When: Immediately and will be available for a minimum of 5 days. Grief counseling will take place for 5-7 days immediately following the event and afterward on an as-needed basis.

How: Students and Faculty will learn about counseling opportunities from school-wide announcements and homeroom teacher's announcements.

Considerations:

- a. Teachers, school counselors, and others involved in student counseling should be aware of signs of personal burdens grieving students are carrying. These may complicate grieving and the counseling process.
- b. A student should notify a teacher if he or she is worried about another student. The teacher will then notify a counselor about the student and the counselor will take appropriate action immediately.
- c. The number of grief support counselors may be reduced as the demand from students and personnel subsides.

Reporting a Crisis to ALSDE

Upon a crisis including natural disasters, active shooters, lockdowns, suicide attempts, and deaths, a report must be submitted by the LEA to the Alabama State Department of Education. The LEA Crisis Report form is to be completed and submitted as soon as possible.

Family Educational Rights and Privacy Act (FERPA)

The Family Educational Rights and Privacy Act or FERPA (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all educational agencies and institutions that receive funds under any program administered by the U.S. Department of Education. Under FERPA, parents are generally required to provide consent before school officials disclose personally identifiable information from students' education records. There are exceptions to FERPA's general consent rule, such as disclosures in connection with health or safety emergencies. This provision in FERPA permits school officials to disclose information on students, without consent, to appropriate parties if knowledge of the information is necessary to protect the health or safety of the student or other individuals. When a student is believed to be suicidal or has expressed suicidal thoughts, school officials may determine that an articulable and significant threat to the health or safety of the student exists and that such a disclosure to appropriate parties is warranted under this exception

FORMS

1. Student Crisis Referral Form
2. Assessment
3. Parent/Guardian Notification Record
4. Student Safety Plan
5. Parent Notification Letter
6. Student Re-Entry and Support Form
7. LEA Crisis Report
8. Resources for Stakeholders

Student Crisis Referral Form

Referral Date: _____

Student Name: _____ Age: _____ Gender: _____

School: _____ Grade: _____

Parent/Guardian: _____ Phone #: _____

Person Completing SCRF: _____ Title: _____

Student Referred by:

- Self
- Student
- Parent
- Teacher
- Counselor
- Other: _____

Notes:

Action Steps:

- Remain with the student and assess the situation.
- Notify school personnel: Principal, Counselor, Nurse, SRO
- Notify the school district designee and Crisis Team
- Contact parents to come to school
- Complete Student Safety Plan & Agreement
- Parent Notification Letter & Mental Health Resource List to parent
- Assist with referral, if desired
- Determine if there are impacted students and contact them - complete Crisis Form for them if needed
- If REPEAT REFERRAL - Mandatory Re-Admit Conference with Student Re-Entry and Support Form.

Assessment

Through conversation with the student ask the following questions:

Are you experiencing feelings of helplessness? Yes No

Do you feel overwhelmed by life? Yes No

I care about you & would like for you to share with me about these feelings. Shared Would Not Share

In the past few weeks, have you felt that you or your family would be better off if you were dead?

Yes No

Have you wished you were dead? Yes No

In the past week, have you been having thoughts about hurting or killing yourself? Yes No

Have you ever tried to hurt or kill yourself? Yes No

Do you think you can keep yourself safe? Yes No

Inquire about the parent relationship/home environment in case there is abuse.

Should the parent or guardian be contacted? Yes No

NOTE: Parents/Home life may not be appropriate to notify; therefore, DHR and law enforcement may need to be contacted to ensure the student is safe.

CONCERNING BEHAVIORS & RISKS (MARK ALL THAT APPLY)

These may have been shared during the assessment or by the person who made the referral. Mark with an "R" if from the Referral or an "A" if from the Assessment.

<ul style="list-style-type: none"> <input type="checkbox"/> Suicidal Behaviors/Threats <input type="checkbox"/> Previous Suicide Attempts <input type="checkbox"/> Self-Injurious Behavior <input type="checkbox"/> Sudden Change in Behavior <input type="checkbox"/> Signs of Depression <input type="checkbox"/> Unusual Changes in Mood <input type="checkbox"/> Withdrawn/Depression <input type="checkbox"/> Excessive Crying/Sadness <input type="checkbox"/> Inattentive/Hyperactive 	<ul style="list-style-type: none"> <input type="checkbox"/> Alcohol or Drug Use, Medication Misuse <input type="checkbox"/> Giving Away Possessions <input type="checkbox"/> Truancy/Running Away <input type="checkbox"/> Changes in Grades <input type="checkbox"/> Bullying (Perp/Victim) <input type="checkbox"/> Angry/Agitated <input type="checkbox"/> Violent Outbursts <input type="checkbox"/> Resistant to Authority <input type="checkbox"/> Fighting/Destroying Property <input type="checkbox"/> Reports Sleep Problems 	<ul style="list-style-type: none"> <input type="checkbox"/> Reports Fears/Phobias <input type="checkbox"/> Reports Being Told to Do Things <input type="checkbox"/> High-Risk Behaviors <input type="checkbox"/> Recent Traumatic Event <input type="checkbox"/> Reports Abuse <input type="checkbox"/> Victim of Crime/Violence <input type="checkbox"/> Legal/Court Problems <input type="checkbox"/> Peer/Social Problems <input type="checkbox"/> Recent Loss or Separation <input type="checkbox"/> Parent/Child Conflict <input type="checkbox"/> Frequent Complaints of Illness
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Parent/Guardian Notification Record:

An effort was made to contact the parent/guardian/emergency contact by telephone at the following times:

Date	Time	Results

The parent/guardian could not be reached OR refused to come get his/her student. Consequently, the student was not allowed to leave school or to go home unescorted, so the following action was taken:

- Contacted local Police Department
- Contacted Sheriff's Department
- Contacted the attendance officer or school social worker to conduct a home visit to notify the parent/guardian
- Contacted the Department of Human Resources (DHR)
- Contacted emergency services, i.e., hospital, paramedics, mental health, etc.
- Other: _____

Student Crisis Coping Strategies

If I experience any of the following thoughts, feelings, or behaviors:

Thoughts	Feelings	Behaviors

Or any event that causes stress, I promise to follow this plan:

STEP 1: Use my internal coping strategies - things I can do to take my mind off problems without contacting another person (relaxation technique, physical activity):

1. _____
2. _____
3. _____

STEP 2: Make my environment safe:

1. _____
2. _____

STEP 3: Contact people or go to a social setting that provides distraction and security:

Name _____ Phone _____

Name _____ Phone _____

Place _____

Place _____

STEP 4: Contact a person whom I can ask for help:

Name _____ Phone _____

Name _____ Phone _____

Clinician Name _____ Phone _____

Clinician Emergency Contact # _____

Prevention Lifeline Phone: **1-800-273-TALK (8255)**

Student Name: _____

Signature: _____ Date: _____

Parent Notification Letter

Date: _____

I understand that my child has been referred to the counselor because of verbal, written or behavioral expression that has been identified as a possible suicide or self-harm threat. I accept the responsibility of my child's welfare and will address these issues appropriately. I further understand that the concerns and efforts of the school personnel are recommendations for outside care and that I will be responsible for seeking any professional assistance.

In the event that I am notified **again** during the current school year that my child has expressed suicidal ideations or behavior/threats to others, I understand that I will be **highly encouraged** to seek medical/mental health assistance for my child before he/she is re-admitted to the school campus. During the mandatory re-admit conference that will be held with the school counselor, my child, and me, I will be asked to provide a letter of mental and physical health clearance to resume school-based activities which must be dated, signed, and on letterhead from a qualified medical doctor or licensed mental health professional.

Parent Name Printed: _____

Parent Signature: _____

Counselor Name Printed: _____

Counselor Signature: _____

Administrator Name Printed: _____

Administrator Signature: _____

_____ Parent refused to sign (Check if applicable)

Student Re-Entry & Support Form

Date: _____

Student: _____ Age: _____ Gender: _____

School: _____ Grade: _____

Parent/Guardian Present: _____

Provided **Mental Health Clearance Letter of Release** from a qualified medical doctor or licensed mental health professional. (attach to this form)

Does a medication form need to be completed with the nurse? Yes No

How can the school support the student?

Any tips or advice from the mental health professional?

Any requests made by the parent?

Does the school have permission to consult with the student's mental health professional if questions regarding student support arise?

Yes No If yes - Professional's Name: _____

Professional's Phone Number: _____

Additional Notes:

Completed by: _____

LEA Crisis Report

LEA: _____ Date: _____

Central Office Counselor Supervisor: _____

Signature

LEA Safety Coordinator: _____

Signature

Mental Health Service Coordinator: _____

Signature

Part 1

Natural Disaster/Safety Crisis: No- Move to Part 2 Yes- Continue & Part 1 and skip part 2

Hurricane Tornadoes Flood Fire Active Shooter Other: _____

Affected Schools: All List: _____

Impacts on School Activities: _____

_____ Need

s: _____

Part 2

School (or LEA at District Level): _____

Individual: Personnel Student: _____ Grade Gender: Male Female

Race: American Indian or Alaskan Native Asian Black or African American

Hispanic Native Hawaiian or Other Pacific Islander White

Individual Crisis Type: Suicide Ideation Suicide Attempt Death by Suicide

Death- Non-Suicide Other: _____

Other Impacted Schools (if any): _____

Needs: _____

Resources

Personal Resources- Please provide names and phone numbers for two adults you trust.		
Name of trusted adult:		
Phone number:		
Name of trusted adult:		
Phone number:		
Community Resources		
Nan Coley Mental Health	256-329-3538	or 1-800-815-0630
Russell Medical Center ER	256-329-7100	
Local Resources	211	
National Resources		
National Suicide Prevention Lifeline	1-800-273-8255	
Crisis Text Line	Text HELLO to 741741	

Signatures of Agreement

Student Signature:

Date:

Parent/Guardian Signature:

Date:

Counselor/Principal Designee Signature:

Date:

Documentation of refusal to sign Resources Agreement (if applicable)

Parent refused to sign

Student refused to sign

Alexander City Schools Crisis Team

Director of Student Services

Deputy Superintendent

Mental Health Services Coordinator

Director of Special Education