Dear Parent/Guardian, 

A suicide threat assessment was completed for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. This assessment was completed because your child has expressed thoughts of suicide. At this time, Onslow County Schools considers your child *to* be at Moderate or High risk of attempting suicide.

**Moderate Risk:** A moderate risk that the student may attempt suicide is demonstrated by constant ideation about suicide, changes in behavior patterns (e.g., sleeping, eating, moods, school performance, and social relationships), and verbalized threats. If a suicide plan has been made, it appears vague and/or non-lethal.

**If your child is a moderate risk for suicide the following processes are required to ensure his/her safety:**

* It is recommended that your child be evaluated by a licensed mental health professional today; however it is required that your child be evaluated by a licensed mental health professional within 10 days. Written verification of this evaluation should be provided to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School. These services must be secured by the parent/guardian and at their expense. It is recommended that you contact your health insurance provider to determine mental health benefits and procedures. A list of local mental health care services will be provided for you.
* An Action Plan will be put in place and signed by the student and the parent.
* A Safety Promise will be signed by the student and the parent.
* A completed *Authorization for the Release of Confidential Information* is highly recommended at this time to ensure your child is supported by a complete system of care.
* There will be follow-up for the student and the parent provided by school support personnel within one week.

** High Risk:** A high risk of lethality is present when the student makes frequent threats, has a detailed and lethal suicide plan, makes final arrangements (e.g., gives away prized possessions, writes a suicide note, discusses funeral plans, buys a gun or drugs, etc), has a history of previous gestures or attempts, and/or is isolated from friends and family. These behaviors lead the risk evaluator to believe that there is an imminent risk of a suicide attempt.

**If your child is at high risk for suicide the following processes are required to ensure his/her safety:**

* Your child needs to be evaluated by a licensed mental health professional **TODAY** and written verification of this evaluation stating that your child “is safe to return to school ” be provided to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ school. These services must be secured by the parent/guardian and at their expense. It is recommended that you contact your health insurance provider to determine mental health benefits and procedures. A list of local mental health care services will be provided for you.
* When your child is deemed ready to return safely to school a reentry conference and Intervention Plan will be required. In a reentry conference the parent/guardian, the student, a school administrator, and necessary support personnel (minimum of two) will be present to ensure the educational setting is best suited for your child.
* An Action plan will be developed in order to provide the support necessary for academic success and safety in the school environment.
* A completed *Authorization for the Release of Confidential Information* is highly recommended at this time to ensure your child is supported by a complete system of care.
* A Safety Promise has been completed with your student and signed by the student and parent.
* There will be follow-up for the student and the parent provided by school support personnel within one week of returning to school.

**Contact Numbers:**

RHA Community Crisis Service Helpline 1-855-345-1200

Coastal Care 24hr Call Center 1-866-875-1757

Resources Received: \_\_\_\_\_\_\_\_\_ (Initial)

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Parent/Guardian Signature Date

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Emergency Contact Signature Date

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School Administrator or Designee Date

CC: Parent/Guardian/Emergency Contact

