**Suicide**

**Onslow County Schools**



 **Guidelines for Dealing with a Suicidal Student in the School Setting**

**When the Student is at Imminent Risk of suicidal/homicidal intent**

Student has expressed serious suicidal/homicidal intent to someone and may injure self/others at this time/near future:

1. **Do Not Leave Student Alone At Any Time**
2. Escort student to a Qualified School Professional: Counselor, School Social Worker, School Nurse, School Psychologist, or Administrator. Follow school level guidelines.
3. Qualified School Professional conduct an age appropriate Risk Assessment
4. Qualified School Professional notifies the lead school administrator available and parent/guardian
	* Advise of Suicide Concern/Risk to Others
5. Advise parent of Suicide Concern/Risk to Others
6. Arrange a meeting at the school with parents, principal and other support staff deemed necessary.

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| **Unavailable Parent/Guardian** | **Uncooperative/Unwilling Parent/Guardian** | **Cooperative/Willing Parent/Guardian** |
| 1. If student is in **mental crisis**, call **RHA Community Crisis Service** (**855-345-1200**) for emergency evacuation.
2. **If the student is in a medical crisis/emergency, call 911.**
3. Call Emergency Contact (Note: give the Parent Notification Statement to the Emergency Contact if they respond).
4. Call Child Protective Services Intake (see below).
5. Continue to attempt to contact parent/guardian.
6. Provide the Emergency Contact with the Parent Notification Statement. Mail the Parent Notification Statement to parent/guardian.
7. Require an assessment from a Mental Health Professional stating that the student has undergone a mental health evaluation and is deemed as stable and not a threat to himself/herself or others.
8. To ensure the sharing of information between school personnel and treatment providers, obtain an *Authorization for the Release of Confidential Information* prior to a student’s return to school.
 | 1. If student is in **mental crisis**, call **RHA Community Crisis Service** (**855-345-1200**) for emergency evacuation.
2. **If the student is in a medical crisis/emergency, call 911.**
3. Call Child Protective Services Intake (see below).
4. Document parent/guardian refusal on notification letter. Mail a copy of the Parent Notification Statement to the parent/guardian.
5. Require an assessment from a Mental Health Professional stating that the student has undergone a mental health evaluation and is deemed as stable and not a threat to himself/herself or others.
6. Require an *Authorization for the Release of Confidential Information* prior to a student’s return to school.
 | 1. Discuss options for immediate action, including an emergency **mental crisis** evaluation, referral to **RHA Community Crisis Service** (**855-345-1200**), CoastalCare 24hr call center (see below). **If a medical emergency exists, call 911 immediately.**
2. Ensure that a clear plan is in place for the student’s immediate and long-term safety is in place.
3. Provide a list of mental health resources to the parent/guardian.
4. Document on back of Parent Notification Statement the proposed parental actions.
5. Provide the parent/guardian a copy of the Parent Notification Statement.
6. Require an assessment from a Mental Health Professional stating that the student has undergone a mental health evaluation and is deemed as stable and not a threat to himself/herself or others.
7. To ensure the sharing of information between school personnel and treatment providers, obtain an *Authorization for the Release of Confidential Information* prior to a student’s return to school.
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| **Contact Numbers** |
| **RHA Community Crisis Service** | **855-345-1200** |  **Office: 910-353-5118** |
| **CoastalCare 24hr Call Center** | **866-875-1757****(24 hr access care and crisis line)****855-250-1539****(information, concern, and complaint line)** | **Office: 910-459-4815- disconnected****Fax: 910-550-2558** |
| **Child Protective Services** | **910-938-5460****910-938-5533****910-938-5700** | **Switchboard:****910-989-0230** |

**Onslow County Schools**



**Guidelines for Dealing with a Suicidal Student in the School Setting**

**When the Student is Not at Imminent Risk of suicidal/homicidal intent**

Student has expressed serious suicidal/homicidal intent to someone but is not likely to injure self/others right at this moment:

1. Escort student to Qualified School Professional: Counselor, School Social Worker, School Nurse, School Psychologist, or Administrator. Follow school level guidelines.
2. Student should not be left alone at any time.
3. Qualified School Professional conduct an age appropriate Risk Assessment
4. Qualified School Professional notifies the lead school administrator available and parent/guardian
	* Advise of Suicide Concern/Risk to others
5. Arrange an immediate meeting at the school with parents, principal and other support staff deemed necessary.

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| **Unavailable Parent/Guardian** | **Uncooperative/Unwilling Parent/Guardian** | **Cooperative/Willing Parent/Guardian** |
| 1. Call Emergency Contact (Note: give the Parent Notification Statement to the Emergency Contact if they respond).
2. If an *Authorization for the Release of Confidential Information* form is on file, call student’s therapist.
3. Continue to attempt to contact parent/guardian.
4. Mail the Parent Notification Statement to parent/guardian.
5. Provide a list of mental health resources to the parent/guardian
6. Check with the School Administrator if an assessment from a Mental Health Professional stating that the student has undergone a mental evaluation and is deemed as stable and not a threat to himself/herself or others is required.
7. Request an *Authorization for the Release of Confidential Information* prior to a student’s return to school, if student is already assigned a mental health provider.
 | 1. Call Emergency Contact (Note: give the Parent Notification Statement to the Emergency Contact if they respond).
2. Document parent/guardian refusal on notification letter. Mail a copy of the parent/guardian.
3. Provide a list of mental health resources to the parent/guardian.
4. Check with the School Administrator if an assessment from a Mental Health Professional stating that the student has undergone a mental evaluation and is deemed as stable and not a threat to himself/herself or others is required.
5. Request an *Authorization for the Release of Confidential Information* prior to a student’s return to school, if student is already assigned a mental health provider.
 | 1. Discuss options for immediate action, including an emergency evaluation, referral to RHA Community Crisis Service (**855-345-1200**), CoastalCare 24hr call center (**866-875-1757**). If a medical emergency exists, call 911 immediately.
2. Ensure that a clear plan is in place for the student’s immediate and long-term safety is in place.
3. Provide a list of mental health resources to the parent/guardian.
4. Document on back of Parent Notification Statement the proposed parental actions
5. Provide the parent/guardian a copy of the Parent Notification Statement.
6. Check with the School Administrator if an assessment from a Mental Health Professional stating that the student has undergone a mental evaluation and is deemed as stable and not a threat to himself/herself or others is required.
7. Request an *Authorization for the Release of Confidential Information* prior to a student’s return to school, if student is already assigned a mental health provider.
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| **Contact Numbers** |
| **RHA Community Crisis Service** | **855-345-1200** |  **Office: 910-353-5118** |
| **CoastalCare 24hr Call Center** | **866-875-1757** **(24 hr access care and crisis line)****855-250-1539****(information, concern, and complaint line)** | **Office: 910-459-4815****Fax: 910-550-2558** |
| **Child Protective Services** | **910-938-5460****910-938-5533****910-938-5700** | **Switchboard:****910-989-0230** |

 *SAFETY CONTRACT*

Today, I have said some things about death or about hurting myself/others that have made others concerned about my safety. Others have told me how important my life is, but they want to make sure that I know how important my life is. I will complete this contract with a caring adult, so I know what to do if I start feeling like I want to harm myself again.

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, promise that I will not \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or do anything else to hurt myself from to . During this time, I promise to take care of myself by eating well and getting enough sleep at night. I can also \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to take care of myself.

If I am ever having thoughts of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I will:

1. I will talk to at least one of the people I trust right away.

At Home:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

At School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anybody Else:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. If I feel like hurting myself AND I am not able to talk to any of the people I trust, then I will call:
* 911
* RHA Community Crisis 1-855-345-1200
* 1-800-SUICIDE (1-800-7842433)

I understand it is important to keep my promise and stay safe.

**Signed Date**

**Witnessed by Date**

**Parent/Guardian Contract Notification**

\_\_\_\_\_\_\_\_\_\_\_\_ **Date**

Dear Parent/Guardian, 

A suicide threat assessment was completed for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. This assessment was completed because \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ expressed thoughts of self-harm and or suicide. At this time, OCS considers \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be at *imminent risk or not at imminent risk* of harming their self or others.

* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ needs to be evaluated by a licensed mental health professional.
* Verification of this evaluation be provided to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ school. These services must be secured by the parent at their expense. It is recommended that you contract your health insurance provider to determine mental health benefits and procedures. A list of local mental health resources will be provided to you.
* At the time your child returns to school, a reentry conference will take place with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, their parent/guardian, school administration and support staff to ensure that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is supported by a complete system of care.
* Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A Safety Contract has been completed with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and signed by the student and parent.

By signing this form, I am responsible for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s actions and well-being.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Signature Date

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 School Administrator or Designee Date

Original: School File CC: Parent/Guardian/Emergency Contact



**Suicide Intervention PLAN OF ACTION**

**Student: Date of Initiation:**

**School: Grade:**

A current copy of the *Authorization for the Release of Confidential Information* form must be completed prior to the development of a Plan of Action. Accurate, detailed student information is necessary to the development of a workable plan.

**Primary School Contact:**

This shall be a qualified school professional, who will monitor the Plan of Action.

**Additional School Contact(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

This qualified school professional(s) will be available to the student when the primary contact is not available.

(Complete relevant sections of this form.)

**Interventions/Actions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Distribution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(distributed to all parties involved)**

**Follow Up Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(those monitoring the plan)

**Progress: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

#### The following people attended and participated in the development of this Plan of Action.

In addition to a school administrator, at least two other school support staff members must participate in the reentry meeting.

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| **Position** | **Signature** | **Date** |
| Parent |  |  |
| School Administrator |  |  |
| School Counselor |  |  |
| School Social Worker |  |  |
| School Psychologist |  |  |
| Classroom Teacher (must teach this student) |  |  |
| Other |  |  |
|  |  |  |
|  |  |  |

**information from people not in attendance**

|  |  |  |
| --- | --- | --- |
| Position | **Name** | **Date** |
|  |  |  |
|  |  |  |

Original: School File

CC: Parent/Guardian/Emergency Contact