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**Elementary School**

**Suicide Intervention Resources for Teachers**

**Teacher Guide and**

**Crisis Referral Form**

**Possible Warning Signs of Suicide in Elementary Aged Children**

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| **Observable Behaviors**   * Withdrawal * Extreme behavior changes * Impulsivity * Perfectionism * Making suicidal statements (take all statements seriously) * Hostile/aggressive behavior | **Feelings**   * Desperate * Angry * Guilty * Worthless * Sad * Lonely * Hopeless * Helpless |
| **Verbal Affirmations/Thoughts**   * “I can’t do anything right.” * “I wish I were dead.” * “I wish everyone would leave me alone.” * Preoccupation with death and doesn’t understand permanence of death | **Physical**   * Disturbed sleep * Change/loss of appetite/weight |

**If you see any of these signs, you should:**

* ***Immediately*** refer student to school counselor or school social worker by filling out referral form – **parent *MUST* be informed by counselor before child leaves school.**
* Do not leave student unattended and escort student yourself to counselor or school social worker
* Do not send student to the office alone or with another student (must be an adult escort)
* Advocate for the child until you are certain the child is safe

***\*\*If a student is exhibiting any of these signs, they may not be suicidal, but there is still a need for referral.\*\****

**Elementary School Crisis Referral Form for School Counselor**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Warning Signs Observed (Check all that apply):

|  |  |
| --- | --- |
| **Observable Behaviors**   * Withdrawal * Extreme behavior changes * Impulsivity * Perfectionism * Making suicidal statements (take all statements seriously) * Hostile/aggressive behavior * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Feelings**   * Desperate * Angry * Guilty * Worthless * Sad * Lonely * Hopeless * Helpless * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Verbal Affirmations/Thoughts**   * “I can’t do anything right.” * “I wish I were dead.” * “I wish everyone would leave me alone.” * Preoccupation with death and doesn’t understand permanence of death * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Physical**   * Disturbed sleep * Change/loss of appetite/weight * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**\*\*Referral form should be submitted immediately, no longer than an hour after warning signs have been displayed (unless at end of school day – then immediately, no exceptions)\*\***