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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**

|  |  |
| --- | --- |
| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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| **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)\*\***