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**Middle & High School Suicide Intervention Resources for Teachers**

**Teacher Guide and**

**Crisis Referral Form**

**Possible Warning Signs of Suicide in Middle & High School Aged Children**

|  |  |
| --- | --- |
| **Observable Behaviors*** Withdrawal
* Behavior changes (can be subtle)
* Self-mutiliation
* Perfectionism
* Making suicidal statements (take all statements seriously)
* Hostile/aggressive behavior
* Change of friends
* Reckless behaviors
* Increased drug/alcohol use
* Giving away possessions
 | **Feelings*** Desperate
* Angry
* Guilty
* Worthless
* Sad
* Lonely
* Hopeless
* Helpless
 |
| **Verbal Affirmations/Thoughts*** “I’m sick of this/can’t take it anymore”
* “I can’t do anything right.”
* “I wish I were dead.”
* “I wish everyone would leave me alone.”
* “I want it all to stop”
* “All of my problems will end soon”
* Posts on social media (listen for conversations between students)
* Preoccupation with death and doesn’t understand permanence of death (pictures, journals, verbal, etc.)
 | **Physical*** Disturbed sleep
* Change/loss of appetite/weight
* Physical health complaints
* Lack of interest/motivation (school, appearance, extra-curriculars, etc.)
 |

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

* ***Immediately*** refer student to school counselor or school social worker by filling out referral form – **parents *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.\*\****

**Middle & High School Crisis Referral Form for School Counselor**

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

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

Warning Signs Observed (Check all that apply):

|  |  |
| --- | --- |
| **Observable Behaviors*** Withdrawal
* Behavior changes (can be subtle)
* Self-mutiliation
* Perfectionism
* Making suicidal statements (take all statements seriously)
* Hostile/aggressive behavior
* Change of friends
* Reckless behaviors
* Increased drug/alcohol use
* Giving away possessions
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | **Feelings*** Desperate
* Angry
* Guilty
* Worthless
* Sad
* Lonely
* Hopeless
* Helpless
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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| **Verbal Affirmations/Thoughts*** “I’m sick of this/can’t take it anymore”
* “I can’t do anything right.”
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* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | **Physical*** Disturbed sleep
* Change/loss of appetite/weight
* Physical health complaints
* Lack of interest/motivation (school, appearance, extra-curriculars, etc.)
* 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)\*\***