



PROTOCOL FOR RESPONDING TO STUDENTS AT RISK FOR SUICIDE / SELF-INJURY

The following is a summary checklist of general procedures for the administrator/designated crisis team member to respond to any reports of students exhibiting suicidal behavior/ideation and/or self-injury. The urgency of the situation will dictate the order in which the subsequent steps are followed.

- A. RESPOND IMMEDIATELY
 - Report concerns to administrator/designee immediately or as soon as possible.
 - Do not leave the student unsupervised.

- B. SECURE THE SAFETY OF THE STUDENT
 - Supervise the student at all times.
 - This may include calling law enforcement, the San Bernardino County Department of Mental Health or consulting with Crisis Counseling and Intervention Services, School Mental Health.

- C. ASSESS FOR SUICIDE RISK (see Attachment B, Suicide Risk Assessment Checklist)
 - Administrator/designee or designated crisis team member meets with the student at risk for suicide.
 - The administrator/designee collaborates with the designated school site crisis team member and at least one other school site crisis team member to determine level of risk.

- D. SUSPECTED CHILD ABUSE (When reporting child abuse, include information about the student's suicide risk)

- E. DETERMINE APPROPRIATE ACTION PLAN
 - Determine action plan based on level of risk.
 - If student is transported to hospital, designated staff should accompany student.
 - Communicate with parent/guardian.

- F. DETERMINE APPROPRIATE FOLLOW-UP PLAN
 - Develop a safety plan.
 - Mobilize a support system and provide resources.
 - Monitor and manage.

- G. STUDENT RE-ENTRY GUIDELINES
 - Re-entry plan when student out of school, such as for hospitalization.
 - If student transfers to new school, coordinate re-entry with that school.

- H. DOCUMENT ALL ACTIONS ((Maintain records : .)



PROMISE
ACADEMY



RESPONDING TO STUDENTS WITH DISABILITIES

For matters related to students with disabilities whose behavioral and emotional needs are documented to be more intense in frequency, duration, or intensity; affect their ability to benefit from their special education program; and are manifested at the school, at home, and in the community.

For matters related to students with disabilities who are self-injurious, but the behavior is not related to suicide or suicidal ideation, contact the SELPA.

RESPONDING TO STUDENTS WHO ARE TARGETS OF LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER/QUESTIONING (LGBTQ) BIAS

For matters related to *students* who are targets of LGBTQ bias and are exhibiting suicidal ideation and/or behaviors, the following should be considered:

- H. Assess the student for suicide risk using the protocol in Section IV.
- I. Do not make assumptions about a student's sexual orientation or gender identity. The risk for suicidal ideation is greatest among students who are struggling to hide or suppress their identity.
- J. Be affirming. Students who are struggling with their identity are on alert for negative or rejecting messages about sexual orientation and gender identity.
- K. Do not "out" students to anyone, including parents/guardians. Students have the right to privacy about their sexual orientation or gender identity.
- L. LGBTQ students with rejecting families have an eight-fold increased risk for suicidal ideation than do LGBTQ students with accepting families.
- M. Provide LGBTQ-affirming resources
- N. Ensure safe campuses

RESPONDING TO THREATS AND SCHOOL VIOLENCE

For matters related to students exhibiting threatening and/or violent behaviors towards other, follow guidelines as indicated in related school policies.

RESPONDING TO BULLYING AND HAZING

For matters of student-to-student, adult-to-student, and student-to-adult bullying or hazing follow guidelines as indicated school policy.

RESPONDING TO HATE VIOLENCE

For incidents or threats related to hate-motivated violence follow guidelines as indicated in school policy.

SUICIDE RISK ASSESSMENT CHECKLIST

Student Name/DOB: _____ Location: _____ Date: _____

The administrator/designee or the designated school site crisis team member will meet with the student to complete a risk assessment. The questions below should not be read to the student, but rather should be used as a guide while assessing the student:

CATEGORY	ASSESSMENT QUESTIONS	YES	NO	*
1. Current Ideation	Is the student thinking of suicide now?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Communication of Intent	Has the student communicated directly or indirectly ideas or intent to harm/kill themselves? (Communications may be verbal, non-verbal, electronic, written.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Plan	Does the student have a plan to harm/ kill themselves now?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Means and Access	Does the student have the means/access to kill themselves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Past Ideation	Has the student ever had thoughts of suicide?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Previous Attempts	Has the student ever tried to kill themselves (i.e. previous attempts, repetitive self-injury)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Changes in Mood / Behavior	In the past year, has the student ever felt so sad he/she stopped doing regular activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Has the student demonstrated abrupt changes in behaviors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Has the student demonstrated recent, dramatic changes in mood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Stressors	Has the student ever lost a loved one by suicide?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Has the student had a recent death of a loved one or a significant loss (e.g., death of family member, parent separation/divorce, relationship breakup)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Has the student experienced a traumatic/stressful event (i.e. domestic violence, community violence, natural disaster)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Has the student experienced victimization or been the target of bullying/harassment/discrimination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Mental Illness	Does the student have a history of mental illness (i.e. depression, conduct or anxiety disorder)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Substance Use	Does the student have a history of alcohol/substance abuse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Protective Factors	Does the student have a support system of family or friends at school and/or home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Does the student have a sense of purpose in his/her life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Can the student readily name plans for the future, indicating a reason to live?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ASSESSMENT RESULTS:

RISK LEVEL	DEFINITION	INDICATORS	ACTIONS
<input type="checkbox"/> Low Risk	Does not pose imminent danger to self; insufficient evidence for suicide potential.	Passing thoughts of suicide; no plan; no previous attempts; no access to weapons or means; no recent losses; support system in place; no alcohol/substance abuse; depressed mood/affect; evidence of thoughts in notebooks, internet postings, drawings; sudden changes in personality/behavior (e.g., distracted, hopeless, academically disengaged).	Reassure and supervise student; communicate concerns with parent/guardian assist in connecting with school and community resources, including crisis lines; mobilize a support system; develop a safety plan that identifies caring adults, appropriate communication and coping skills; establish a follow-up plan and monitor, as needed. *Document all actions
<input type="checkbox"/> Moderate Risk	May pose imminent danger to self, but there is insufficient evidence to demonstrate a viable plan of action to do harm.	Thoughts of suicide; plan with some specifics; unsure of intent; previous attempts and/or hospitalization; difficulty naming future plans; past history of substance use, with possible current intoxication; self-injurious behavior; recent trauma (e.g., loss, victimization).	SEE HIGH RISK. *Document all actions
<input type="checkbox"/> High Risk	Poses imminent danger to self with a viable plan to do harm; exhibits extreme and/or persistent inappropriate behaviors; sufficient evidence for violence potential; qualifies for immediate arrest or hospitalization.	Current thoughts of suicide; plan with specifics, indicating when, where and how; access to weapons or means in hand; finalizing arrangements (e.g. giving away prized possessions, good-bye messages in writing, text, on social networking sites; isolated and withdrawn; current sense of hopelessness; previous attempts; no support system; currently abusing alcohol/substances; mental health history; precipitating events, such as loss of loved one, traumatic event, or bullying.	Supervise student at all times (including rest rooms); contact the County Department of Mental Health for a mental health evaluation to evaluate for possible hospitalization ; notify and hand off student ONLY to parent/guardian who commits to seek immediate mental health assessment, law enforcement or psychiatric mobile responder; establish a follow-up and/or re-entry plan and monitor, as needed. *Document all actions

*Please refer to BIII-2637-1, Section IV for guidelines on determining an appropriate follow-up/re-entry

RESOURCE LIST

This list includes selected offices and community resources that can be helpful before, during and after a crisis. **Remember that your first call in a life-threatening emergency should be to 911.**

EMERGENCY RESOURCES

National Suicide Prevention Lifeline (24 hour hotline) – a crisis line for individuals who are contemplating, threatening, or attempting suicide, including their family and friends.	(800) 273-8255
Parents, Families and Friends of Lesbians & Gays (PFLAG) Helpline -for individuals or families experiencing issues related to sexual orientation and/or gender identity	(888) 735-2488
Suicide Prevention Crisis Line (24 hour hotline) - a 24 hour crisis line for individuals who are contemplating, threatening, or attempting suicide, including their family and friends.	(877) 727-4747
Teen Line (6PM – 10PM) - a hotline for teens operated by teens.	(800) 852-8336 (800) TLC-TEEN
Trevor Project (24 hour hotline) - providing crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender, and questioning youth, www.trevorproject.org .	(866) 488-7386

Youth Suicide in the United States*

- Suicide is the third leading cause of death for youth aged 10-24 in the United States.
- In recent years more young people have died from suicide than from cancer, heart disease, HIV/AIDS, congenital birth defects, and diabetes combined.
- For every young person who dies by suicide, between 100-200 attempt suicide.
- Males are four times as likely to die by suicide as females - although females attempt suicide three times as often as males.

SUICIDE IS PREVENTABLE.

Here's what you can do:

- **Talk** to your child about suicide. Don't be afraid; you will not be "putting ideas into their heads." **Asking for help** is the single skill that will protect your student. **Help your child** to identify and **connect** to caring adults to talk to when they need guidance and support.
- **Know** the risk factors and warning signs of suicide.
- **Remain calm.** Establish a safe environment to talk about suicide.
- **Listen** to your child's feelings. Don't minimize what your child says about what is upsetting him or her. Put yourself in your child's place; don't attempt to provide simple solutions.
- **Be honest.** If you are concerned, do not pretend that the problem is minor. Tell the child that there are people who can help. State that you will be with him or her to provide comfort and love.
- **Be supportive.** Children look for help and support from parents, older brothers and sisters. Talk about ways of dealing with problems and reassure your child that you care. Let children know that their bad feelings will not last forever.
- **Take action.** It is crucial to get professional help for your child and the entire family. When you are close to a situation it is often hard to see it clearly. You may not be able to solve the problem yourself.
 - Help may be found at a suicide prevention center, local mental health agency, family service agency or through your clergy.
 - Become familiar with the support services at your child's school. Contact the appropriate person(s) at the school, for example, the school social worker, school psychologist, school counselor, or school nurse.

*M. Heron, D. L. Hoyert, S. L. Murphy, J. Xu, K. D. Kochanek, & B. Tejada-Vera. (2009, April). Deaths: Final Data for 2006. National Vital Statistics Reports, 57(14).

Youth Suicide Risk Factors

While the path that leads to suicidal behavior is long and complex and there is no “profile” that predicts suicidal behavior with certainty, there are certain risk factors associated with increased suicide risk. In isolation, these factors are not signs of suicidal thinking. However, when present they signal the need to be vigilant for the warning signs of suicide. The behaviors listed below may indicate that a child is emotionally distressed and may begin to think and act in self-destructive ways. If you are concerned about one or more of the following behaviors, please seek assistance at your child’s school or at your local mental health service agency.

Home Problems

- Running away from home
- Arguments with parents / caregivers

Behavior Problems

- Temper tantrums
- Thumb sucking or bed wetting/soiling
- Acting out, violent, impulsive behavior
- Bullying
- Accident proneness
- Sudden change in activity level or behavior
- Hyperactivity or withdrawal

Physical Problems

- Frequent stomachaches or headaches for no apparent reason
- Changes in eating or sleeping habits
- Nightmares or night terrors

School Problems

- Chronic truancy or tardiness
- Decline in academic performance
- Fears associated with school

Serious Warning Signs

- Severe physical cruelty towards people or pets
- Scratching, cutting or marking the body
- Thinking, talking, drawing about suicide
- Previous suicide attempts
- Risk taking, such as intentional running in front of cars or jumping from high places
- Intense/excessive preoccupation with death

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- ❑ **Know** the risk factors and warning signs of suicide.
- ❑ **Remain calm.** Establish a safe environment to talk about suicide.
- ❑ **Listen** without judging. Allow for the discussion of experiences, thoughts, and feelings. Be prepared for expression of intense feelings. Try to understand the reasons for considering suicide without taking a position about whether or not such behavior is justified. Ask open-ended questions.
- ❑ **Supervise** constantly. Do not leave your child alone.
- ❑ **Ask** if your child has a plan to kill themselves, and if so, **remove means.** As long as it does not put the caregiver in danger, attempt to remove the suicide means such as a firearm, knife or pills.
- ❑ **Take action.** It is crucial to get professional help for your child and the entire family. When you are close to a situation it is often hard to see it clearly. You may not be able to solve the problem yourself.
 - Help may be found at a suicide prevention center, local mental health agency, family service agency or through your clergy.
 - Become familiar with the support services at your child's school. Contact the appropriate person(s) at the school, for example, the school social worker, school psychologist, school counselor, or school nurse.

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Youth Suicide Risk Factors

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- ☐ History of depression, mental illness or substance/alcohol abuse disorders
- Family history of suicide or suicide in community
- Presence of a firearm or rope
- Hopelessness
- Isolation or lack of social support
- Impulsivity
- Situational crises
- Incarceration

Suicide Warning Signs

Warning signs are observable behaviors that *may* signal the presence of suicidal thinking. They might be considered “cries for help” or “invitations to intervene.” These warning signs signal the need to inquire directly about whether the individual has thoughts of suicide. If such thinking is acknowledged, then suicide interventions will be required. Warning signs include the following:

- ***Suicide threats.*** It has been estimated that up to 80% of all suicide victims have given some clues regarding their intentions. Both direct (“I want to kill myself”) and indirect (“I wish I could fall asleep and never wake up”) threats need to be taken seriously.
- ***Suicide notes and plans.*** The presence of a suicide note is a very significant sign of danger. The greater the planning revealed by the youth, the greater the risk of suicidal behavior.
- ***Prior suicidal behavior.*** Prior behavior is a powerful predictor of future behavior. Thus anyone with a history of suicidal behavior should be carefully observed for future suicidal behavior.
- ***Making final arrangements.*** Giving away prized possessions, writing a will, and/or making funeral arrangements may be warning signs of impending suicidal behavior.
- ***Preoccupation with death.*** Excessive talking, drawing, reading, and/or writing about death may suggest suicidal thinking.
- ***Changes in behavior, appearance, thoughts, and/or feelings.*** Depression (especially when combined with hopelessness), sudden happiness (especially when preceded by significant depression), a move toward social isolation, giving away personal possessions, and reduced interest in previously important activities are among the changes considered to be suicide warning signs.



Parent Authorization for Release/Exchange of Information

Date: _____ To Parent/Guardian (s) of : _____

We are requesting your written authorization for release/exchange of information from the individual, agency, or institution indicated below.

The information received shall be reviewed only by appropriate professionals in accordance with the Family Educational Rights and Privacy Act of 1974.

TO: _____ RE: _____
Name / Title Student Last Name First Name

_____ Date of Birth: _____ / _____ / _____
Agency, Institution, or Department Month Day Year

_____ Street Address Street Address

_____ City State Zip _____ City State Zip

I hereby give you permission to release/exchange the following information:

- Medical/Health Speech & Language Educational
- Psychological/Mental Health Other – Specify: _____

The information will be used to assist in determining the needs of the pupil.

THIS INFORMATION IS TO BE SENT TO:

_____ Name Title

_____ Address & Telephone Number

This authorization shall be valid until _____ unless revoked earlier.

I request a copy of this authorization: Yes No

Signature: _____ Date: _____
Parent/Legal Guardian

Note: This information will become part of the pupil’s educational records and shall be made available, upon request, to the parent or pupil age 18 or older.



Consentimiento de Padres Para Dar/Intercambiar Información

Fecha: _____ A los Padres/Tutores de : _____

Les estamos pidiendo su autorización por escrito para poderles dar/intercambiar información sobre su niño/a a el individuo, agencia, o institución indicado abajo.

La información recibida será revisada únicamente por profesionales apropiados en acuerdo con Los Derechos Educativos Familiares y Acto de Privacia de 1974.

TO: _____ RE: _____
Nombre / Titulo Apellido del Estudiante Primer Nombre

_____ Fecha de Nacimiento: _____ / _____ / _____
Agencia, Institucion, o Departamento Mes Dia Ano

_____ Direccion _____
Direccion

_____ Ciudad _____ Estado _____ Codigo Posta _____ Ciudad _____ Estado _____ Codigo Postal

I hereby give you permission to release/exchange the following information:

- Médica/Salud
- Hablar y Lenguaje
- Educacional
- Psicológico/Salud Mental
- Otra Cosa: _____

La información será usada para determinar las necesidades del alumno.

ESTA INFORMACIÓN SERÁ ENVIADA A:

_____ Nombre _____ Titulo

_____ Direccion y Numero de Telefono

Esta autorización será válida hasta _____ solo que sea revocada antes.

Yo requiero una copia de esta autorización: Si No

Firma: _____ Fecha: _____
Padre / Tutor Legal

Nota: Esta información se hará parte de los archivos educativos del alumno y estará a disposición de los padres o alumno a la edad de 18 años o mayor.

STUDENT RE-ENTRY GUIDELINES

Student Name/DOB: _____ Location: _____ Date: _____

In planning for the re-entry of a student who has been out of school for any length of time, including mental health hospitalization, or if the student will be transferring to a new school, the school site administrator/designee may consider any of the following action items:

Returning Day	<input type="checkbox"/> Have parent escort student on first day back. Develop a re-entry communication and safety plan in the event of future emergencies.
Hospital Discharge Documents	<input type="checkbox"/> Request discharge documents from hospital or Medical Clearance for Return to School (see Attachment H) from parent on first day back.
Meeting with Parents	<input type="checkbox"/> Engage parents, school support staff, teachers, and student, as appropriate in a Re-Entry Planning Meeting. <ul style="list-style-type: none"> <input type="checkbox"/> Identify on-going mental health resources in school and/or in the community. <input type="checkbox"/> Modify academic programming, as appropriate. <input type="checkbox"/> Consider an assessment for special education for a student whose behavioral and emotional needs effect their ability to benefit from their educational program (see REF-5578.0 <i>Guidelines for Individualized Education Program Teams Regarding the Social-Emotional Needs of Students with Disabilities</i>, October 17, 2011) <input type="checkbox"/> If the student is prescribed medication, monitor with parent consent. <input type="checkbox"/> Offer suggestions to parents regarding monitoring personal communication devices, including social networking sites, as needed. <input type="checkbox"/> Notify student’s teachers, as appropriate.
Identify Supports	<input type="checkbox"/> Assist the student in identifying adults they trust and can go to for assistance at school and at home.
Address Bullying, Harassment, Discrimination	<input type="checkbox"/> As needed, ensure that any bullying, harassment, discrimination is being addressed.
Designate Staff	<input type="checkbox"/> Designate staff (e.g., Psychiatric Social Worker, Pupil Services and Attendance Counselor, School Nurse, Academic Counselor) to check in with the student during the first couple weeks periodically.
Release/Exchange of Information	<input type="checkbox"/> Obtain consent by the parent to discuss student information with outside providers using the Parent Authorization for Release/Exchange of Information (see Attachment F).
Manage and Monitor	<input type="checkbox"/> Case management and monitoring – ensure the student is receiving and accessing the proper mental health and educational services needed.



PROMISE ACADEMY

Date: _____

Dear Doctor:

The student named below was either hospitalized or received mental health services recently for being a danger to himself/herself, danger to others and/or gravely disabled. Medical information from you is essential in planning for the student's safety, educational and health needs.

Student: _____ DOB: _____ Grade: _____

Please complete the following information and return to school nurse. Your cooperation is much appreciated.

Diagnosis/description of problem:

Please indicate any prescribed medications and dosages:

If the student no longer poses a threat to self or others at the time of discharge and can return to school, please sign below and indicate restrictions, if any.

The above named student does not pose a threat to self and/or others at the time of discharge and may return to school:
 without restrictions with the following modifications/restrictions (indicate below)

Restrictions: _____

Doctor's Name (print) _____ Doctor's Signature _____

Return to School Nurse: _____ Contact Number: _____

AUTHORIZATION TO RECEIVE/RELEASE MEDICAL INFORMATION

Re: _____ Practitioner/Agency/Clinic
Last Name First Name

Name (Last, First) _____ Student Address: Street, City, Zip _____

Agency/Practitioner Address: Street, City, Zip _____ Chart # _____ DOB _____

Purpose for which information may be used: _____

School /Office Address City Zip

This authorization shall be valid until _____ unless revoked earlier.

I request a copy of this authorization: Yes No

Parent/Legal Guardian Signature Date

Note: This information will become part of the pupil's educational records and shall be made available, upon request, to the parent or pupil age 18 or older.



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RISK ASSESSMENT REFERRAL DATA (RARD)

TO BE COMPLETED BY THE SCHOOL SITE CRISIS TEAM MEMBER

LOCATION OR COST EDUCATIONAL
CENTER NAME: _____ SERVICE CENTER: _____ DATE: _____

DATE OF INCIDENT: _____ TIME OF INCIDENT: _____ AM PM

INCIDENT OCCURRED: ON CAMPUS OFF CAMPUS EXACT LOCATION OF INCIDENT: _____
 DISTRICT FACILITY DISTRICT SCHOOL BUS/VEHICLE

NAME OF STUDENT: _____ STUDENT ID: _____
(Last, First Name) (10-digit number ONLY)

TYPE OF INCIDENT/ISSUE (An Injury Report must also be completed for issue in red.)

SUICIDAL BEHAVIOR

- 5150 Hospitalization
- Self-Injury/Cutting
- Suicidal Behavior/Ideation (injury)
- Suicidal Behavior/Ideation (non-injury)

INFORMATION FOR RARD TAB ON ISTAR

Reason for Referral: (Check one or more)

- Current Attempt
- Direct Threat
- Indirect Threat
- Giving away prized possessions
- Signs of depression
- Sudden changes in behavior
- Drug or alcohol abuse
- Self-injury
- Mood swings
- Truancy or running away
- Frequent complaints of illness/ body aches
- Psychosocial stressors
- Previous attempt(s)
- Other (Specify)

Student Referred By: (Check one or more)

- Self
- Parent
- Student/Friend
- K-12 Counselor
- Administrator
- Teacher
- Psychiatric Social Worker
- Other (Specify)
- PSA Counselor
- Psychologist
- Nurse

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RISK ASSESSMENT REFERRAL DATA (RARD)



Was a previous RARD submitted for this student? Yes Date: _____ No Unknown



RISK ASSESSMENT REFERRAL DATA (RARD)

The following action items are MANDATORY.

Was the student assessed for risk using the District guidelines and procedures?

Yes No If *NO*, please explain: _____

Was the parent/guardian notified?

Yes Name of person notified: _____ Relationship to student: _____

No If *NO*, please explain: _____

If parent/guardian was not notified due to suspected child abuse, please follow the mandates of BUL-1347.2 Child Abuse and Neglect Reporting Requirements, by completing the Suspected Child Abuse (SCAR) form and calling the appropriate authorities.

Was the parent/guardian provided the appropriate handouts – General Guidelines for Parents?

Yes No If *NO*, please explain: _____

What services were provided and/or resources offered to the student/family: (Check one or more)

- Contacted Psychiatric Mobile Response Team for evaluation
- Referral to School Mental Health Clinic
- Referral to school-based group counseling
- Referral to school-based individual counseling
- Referral to Community Mental Health Agency
- Recommendation for program modification (i.e., smaller class, IEP,...)
- Other (please specify) _____

Assessed by Crisis Team Member:

Employee No.: _____ Email Address: _____

Name: _____ Contact No.: _____

Date student was assessed: _____ Date RARD was completed: _____ Assessor Job Title: _____

- PSW Psychologist Counselor
- Nurse Administrator Other (please specify) _____
- PSA School Police