

**Administrative Procedures for Policy #1480 (Administration)
Regarding Suicide Intervention**

- I. The Calvert County Public School System has established suicide intervention procedures to help provide a unified response to students expressing suicidal thoughts and/or threats. The procedures take into consideration issues of confidentiality and liability, and follow best practices as defined by the National Association of School Psychologists, American Association of Suicidology, etc.
- II. The legal foundations of responding to and reporting suicidal thoughts and threats can be found in COMAR and case law. These include such topics of “in loco parentis” and “duty to warn”. Significant cases such as Eisel v. Montgomery County Public Schools, 1991 have been interpreted to suggest that schools not only have an obligation to notify parents but also to implement referral procedures, staff training, and supervision of potentially suicidal students.
- III. Suicide is the second most frequent cause of death among youth between the ages of 10 and 24 (2016). Since 1950, suicides among this age group have quadrupled though there has been a reduction of 20% since 1994. This recent dip is often attributed to growing awareness of the problem over the past 25 years coupled with more concerted efforts to intervene as society has shifted from seeing suicide as a “moral problem” to viewing it as a “coping problem.” Despite this increased awareness and intervention, the suicide rate increased from 8 deaths per 100,000 in 1999 to 8.7 deaths per 100,000 in 2014.
- IV. Each day in our nation, 3,041 youth in grades 9-12 attempt suicide. Of those students who attempt suicide, only one in three will receive medical attention while the other two will get up, go to school, and struggle through the next day (Lieberman, et al., 2008). Furthermore, for each completed suicide, estimates are that 20% to 50% attempted at least once before they actually committed suicide. Four out of five teens who attempt suicide have given clear warning signs.
- V. The Calvert County Public School System responds seriously to any threat of self-harm or suicidal behavior. It is the responsibility of all school staff to refer the student immediately to an administrator, school counselor, school social worker, or school psychologist, any time a student:
 - A. Makes a verbal statement,
 - B. Is reported by someone else (whether a staff member, student, parent, or community member) to have made statements, or
 - C. Has written or posted anything that may be interpreted as potentially self-harmful.
- VI. The American School Counselors Association has provided a new standard on breaching confidentiality when dealing with students who may pose a danger to self or others. In the 2004 Ethical Standards, this standard was 'clear and imminent danger.' The new standard is 'serious and foreseeable harm.' "Serious and foreseeable harm is further defined by students' developmental and chronological age, the setting, parental rights and the nature of the harm

(A.2.c). These procedures are provided for the purposes of identifying roles and responsibilities of school staff in responding to students suspected of being suicidal and structuring the referral, interview, and follow-up steps in intervening with a potentially suicidal student.

VII. Roles and Responsibilities:

A. Administrators

1. Are available to consult with school staff (Student Services personnel and School Resource Officer, when applicable) under special circumstances (see attached Special Circumstances document).

B. All School Staff

1. Are educated about youth suicide, warning signs, indicators, risk factors, and school reporting procedures
2. Will immediately refer any student suspected of being suicidal to an administrator, school counselor, school social worker, or school psychologist
3. Are trained in exactly what to say and do and what NOT to say and do with a student suspected of being suicidal
4. Are responsible for ensuring the supervision of a student prior to the meeting with the school psychologist, school social worker, and/or school counselor

C. School Counselor, School Social Worker, and School Psychologist

1. Provide school staff training on topics of youth suicide, warning signs, indicators, risk factors, and school reporting procedures
2. Are available to intervene with a student who has been reported as making suicidal threats either verbally and/or in writing and identify the degree of match between student's current functioning and known warning signs and risk factors for suicide
3. Report, intervene, and document (i.e. consult with a trained school counselor, school social worker, or school psychologist, inform administration, contact parent, and follow up with student and parents)
4. Report and collaborate with the Department of Student Services if an administrator is not in the building

D. School Resource Officer (as applicable)

1. Provide emergency consultation and intervention of at-risk students.

VIII. Risk Factors and Warning Signs

- A. Youth suicide is extremely challenging to predict because it is an opportunistic act that is the result of a complex web of multidimensional factors many of which ebb and flow daily in the life of the youth. Research over the past 50 years has identified a number of risk and resiliency factors as well as a cluster of warning signs that can be arranged hierarchically in terms of the potential risk implied.

- B. The following is a brief summary of risk factors implicated by studies over the past 5 decades. Keep in mind that these factors interact and influence each other in complex, currently unpredictable ways which is why a “profile” of the suicidal student cannot be constructed nor have adequate prediction equations been designed to identify which students are most likely to attempt or commit suicide:
1. Gender
 2. Ethnicity/Culture
 3. Sexual Orientation
 4. Depression
 5. Other disorders such as conduct disorder, oppositional defiance disorder, etc.
 6. Substance abuse
 7. Family issues
 8. Abuse
 9. Genetics
 10. Availability of firearms in the home
- C. In addition to these factors, a number of situational crises can be catalysts for increased suicidal ideation and attempts. However, research indicates that these crises only lead to suicidal behavior when other risk factors are present (Moscicki, 1995). Situations that can provoke a suicidal crisis when combined with other factors include:
1. Getting into trouble with authorities and facing significantly aversive consequences
 2. Romantic or relationship break-ups
 3. Death or loss of a loved one or close friend
 4. Being very close to someone who committed suicide
 5. Bullying or victimization
 6. Severe or chronic family conflict
 7. School failure particularly if unexpected or associated with significant aversive consequences
 8. Rejection
 9. Exposure to trauma
 10. Serious illness or injury
 11. Anniversary of the death of a close loved one
 12. Forced or extended separation from friends or family
- D. When one or more of these factors (NOTE: It is nearly always a combination of factors) occur with sufficient intensity that they overwhelm the student’s coping skills and promote the belief by the student that his/her situation is hopeless, the student will

likely contemplate suicide and, in the absence of resiliency factors, may attempt suicide. Just as humans coping with grief emit a number of common responses, students who are considering suicide often display one or more common warning signs or responses. Warning signs that a youth is at greater risk for attempting suicide have been identified from past research and are listed below (Brock & Sandoval, 1997; Lieberman, et al, 2006) :

Behaviors Associated with Increased Risk of Suicidality and warning signs/behaviors

Behavior	Warning Sign
Alcohol or drug use	1. Heavy use of substances
Sudden changes in the student	1. Abrupt changes in appearance 2. Sudden changes in weight or appetite 3. Dramatic shifts in behavior or interests, e.g. from shy to thrill seeker or aggressive, outgoing to introverted or unfriendly
Symptoms of Depression	1. Hopelessness: Comments indicate they believe nothing will help or nothing is going to change 2. Helplessness: Comments indicate they believe there is nothing they can do to alter their situation 3. Frequent self-condemnation, self-criticism, comments indicating they see themselves as a failure/broken/disfigured/unworthy/unlovable 4. Social withdrawal or isolation 5. Reduced interests, involvement, or activities 6. Difficulty or inability to concentrate or think 7. Insomnia OR sleeping excessively 8. Increased irritability or crying easily/readily 9. Increased failure to complete assignments or care about the consequences 10. Despairing comments or writings, e.g. "What's the use in living?"
Previous attempts	1. By the student 2. By family members particularly if it resulted in suicide 3. By close friends 4. More lethal methods attempted indicate the student was more serious about dying and poses a greater risk.
Threats to harm self or others	1. Suicidal notes 2. Indirect threats "I might as well be dead." 3. Direct threats "I'm going to kill myself." 4. Writing, journaling, or art about death or talking about death 6. Making final arrangements, e.g. saying good-bye 7. Giving away prized possessions 8. Increased risk-taking, e.g. daredevil stunts, driving unsafely
Plan/method/access	1. The more detailed or sophisticated the plan, the greater the risk or potential for self-harm. 2. The more lethal the approach, the greater the risk 3. As the availability of the means increases, so does the risk 4. The availability of loaded firearms dramatically increases the risk

IX. PROCESS

A. Referral:

1. Any student that is suspected of having suicidal thoughts based on witnessed or reported verbal statements, written content (electronic and handwritten), or other means should be referred immediately to the school counselor, school psychologist, school social worker, or administrator assigned to the school. Upon receiving notification that the student may be suicidal, the student should be supervised at all times and escorted to the appropriate office (e.g., Counselor's Office). If the student is virtual, the staff member should make every effort to stay in communication with the student and request help from an administrator/designee or other available staff who will immediately contact parent/guardian. If the administrator/designee is unable to make contact with the parent to ensure the student's safety, the SRO should be contacted to determine if a wellness check should be completed. If the staff member is unable to stay connected with the student, he or she may need to contact 911 immediately. Referrals are most effectively communicated by describing in observable and behavioral terms the specific statements that were heard, the actions/behaviors that were witnessed, and/or the written products (assignments, poems, drawings, etc.) which were obtained. Upon receipt of the referral, the school counselor, school social worker, and/or school psychologist should make immediate contact with the student and begin intervention procedures. If not already involved, the school administrator should be made aware of the referral as soon as possible. If a staff member is made aware of a student in danger outside of school hours, he or she must immediately contact the building principal/assistant principal to take action. The building principal/assistant principal will work with the school counselor, school social worker, or school psychologist to determine if any further action is needed. The following school personnel should be kept apprised (to the degree appropriate based on the situation and their professional assignment) of the student's condition and location:
 - a. Principal and/or Assistant Principal,
 - b. School Counselor,
 - c. School Psychologist,
 - d. School Social Worker
 - e. Nurse
 - f. Classroom Teachers (specifically of classes the student was pulled from or will miss).
2. If a school counselor, school social worker, or school psychologist is not in the building, the principal (or designee) should attempt to reach the school counselor(s), school social worker, or school psychologist, assigned to the building and have the school counselor, school social worker, or school psychologist come to the building to implement the suicide intervention

procedures. If the school counselor, school social worker, or school psychologist assigned to the building is not available, the principal (or designee) may request assistance from a school counselor, school social worker, or school psychologist from another building or contact the Department of Student Services at the Central Office and report the situation. The Director of Student Services (or designee) will assign a Student Services member to report to the school to implement the suicide intervention procedures as quickly as possible. If another student reported the concern to the school, the counselor should follow up with that student to indicate that something was done. No specific information should be shared but it is important to let the student know that their concerns were investigated.

B. Initial Student Contact:

1. The school counselor, school social worker, and/or school psychologist should meet with the student immediately and complete the following steps to create an understanding and context around the interview, establish ground rules, and build rapport:
 - a. Introduce yourself to the student
 - b. Explain the purpose of the referral in age appropriate terms
2. Suggested Language: "I am meeting with you today to discuss an important topic. You were referred because someone who cares about you was concerned that you might be thinking about suicide. Specifically, it has been reported that...(REASON FOR REFERRAL). Your safety is very important to me. Whenever we hear that someone may be thinking about suicide, we take that information very seriously so we can take every step to ensure the safety of our students. I'd like to take some time to discuss this referral with you and hear your thoughts. Do you have any questions about this?"
 - a. Discuss confidentiality
3. Suggested Language: "Based on our discussion today we will be making some decisions about whether any further actions need to be taken regarding any suicidal thinking or behavior in which you may be engaging. While some of the information you share with me may remain confidential, there are three situations that would require me to break confidentiality: 1) If you tell me that you are going to hurt yourself or someone else, 2) If you tell me that you are being abused or that you are abusing someone else, and 3) If you tell me that someone else is in danger of being hurt, abused, or harmed in some way."
 - a. Inform student of parent contact (Throughout this document the term Parents will include any adult who has legal responsibility for the student's welfare. This term may include, but is not limited to: biological parents, adoptive parents, foster parents, stepparents, or legal guardians.)
4. Suggested Language: "When we finish talking, I will be contacting your parents to let them know that we met today. Before we finish our

conversation, we will have an opportunity to talk about what we will tell them and how we will tell them.”

- a. Do not leave the student alone for any reason

C. Interview:

1. The associated checklist was designed to support a guided interview. The interviewer should gather the needed information through a conversational format, not in a point-by-point question and answer manner. It is assumed that the interviewer possesses basic interviewing, rapport building, and counseling skills. With this in mind, prompts follow that the interviewer may use or modify to gain the desired information. It is important to remember that this interview should be a fluid process and the discussion may not follow the specific structure of the prompts. By posing open-ended questions and inviting conversational responses, most students will willingly share all the information needed to generate an appropriate plan of action. The goal of this interview is to assist in determining the student’s immediate needs and emotional status.

Prompts to Aid the Interviewer

Goal	Suggested Prompts
Rapport Building	<ul style="list-style-type: none"> • Let’s talk about why you’re here today.... • How have things been going for you lately? • Do you feel like things can get better or are you worried that they may stay the same or get worse?
Identify Current Thoughts about Suicide	<ul style="list-style-type: none"> • Are your feelings so strong that sometimes you wish you were dead? • How often have you had these thoughts?
Inquire about Current Problems	<ul style="list-style-type: none"> • What has made you feel so _____? • What problems have led you to think this way? • What has changed for you lately?
Gather Information on Suicide Plan	<ul style="list-style-type: none"> • Have you thought about how you would kill yourself? • Do you have a plan? • Do you have access to _____ (guns, knives, drugs, rope, etc. as indicated) in your home or somewhere else? • When and where would you do it? • Does your plan involve someone else? (consider suicide pacts)
Identify Previous Suicide-Related Thoughts	<ul style="list-style-type: none"> • Have you ever thought about hurting/killing yourself before? • Have you ever threatened to kill yourself before? When? What stopped you? • Have you tried to hurt/kill yourself before? When? How? What did you do? • What kept you from hurting/killing yourself in the past? • Has anyone close to you attempted or completed a suicide before?
Identify Available Supports	<ul style="list-style-type: none"> • Who can you talk to when you’re ___ (sad, angry, upset, etc.)? • What can you do when you feel _____ (sad, angry, stressed, etc.)?

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	<ul style="list-style-type: none"> • Is there anything or anyone that would stop you? • Can you talk to your family or friends about your feelings of suicide? • Have you ever talked to a counselor outside of school?
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D. Actions:

1. Upon completion of the interview, the school counselor school social worker, and/or school psychologist ensures the student continues to be supervised at all times and takes the following actions. These actions and the parent contact serve a variety of purposes including documentation, communication, alignment of referral services with current needs, and establishment of a relationship for follow-up monitoring with the student and parents. The school counselor, school social worker, and/or school psychologist is encouraged to maintain a conversational style during discussions in order to ensure a positive interaction with the family, which can lead to more effective follow-up support.
 - a. Determine the degree of match between the student’s current functioning/thoughts and known warning signs and risk factors for suicide
 - b. Consult (in person or on the phone) with a colleague. The colleague must be a school counselor, school social worker, or school psychologist trained in implementing the Suicide Intervention Procedures
 - c. Provide a strong anti-suicide message
 - 1) Suggested Language: “It is not unusual for people to feel so helpless and hopeless that they may think about suicide, about ending their lives. That doesn’t mean you have to act on it. If you are feeling suicidal, it is important to speak with someone who can help you. It is important to maintain strong connections with people you feel comfortable talking to such as friends and parents. In addition, there is a variety of available help at school, including counselors, social workers, psychologists, teachers, administrators, parents, friends or anyone with whom you feel comfortable talking.”
 - d. Give student a Youth Crisis Hotline card (1-800-422-0009) or other resources available in the area
 - e. Inform administrator

E. Parent Contact:

1. Contact the child’s parent whenever a student is referred for expressing suicidal thoughts through verbal statements, written content or other means. If a student shows a high degree of match with known warning signs and risk factors, the parent will be informed they need to come to school and meet with the appropriate staff before the student is released.

- a. Prepare the student for the parent contact:
 - 1) Invite the student to remain with you while the parent contact is made. If the student chooses not to remain with you during the parent contact, they must be supervised at all times by school staff
 - 2) Identify the information which requires a breach of confidentiality and will be shared with the parent (e.g., statements of self-harm)
 - 3) Agree upon the parameters of the contact and negotiate what confidential information the student allows to be revealed in the parent contact (e.g., permission given to discuss grades dropping but not that the student had received a speeding ticket).
2. Contact the parent by phone (see Special Circumstances as needed),
 - a. Suggested Language: "Your son/daughter was referred to me today because concerns were raised that your child might be thinking of harming himself/herself. We take any referral for potential suicidal behavior very seriously. Therefore, I spent some time today talking with your child about these concerns. Based on my conversation with your child, I gathered information about the referral concerns and your child's thoughts about suicide. I would like to discuss these with you.
3. IF a high degree of match is evident between the student and known warning signs and risk factors, the parent will need to come to the school to discuss the situation and pick up their child. This is not a choice. Await parent's arrival before proceeding.
4. IF a low degree of match is evident, school staff may choose to communicate with the parent by phone and release the child (to class, bus, etc.) with parent permission (two staff members need to be present to receive this permission)
5. Explain the process that has taken place:
 - a. Referral reason(s)
 - b. Information gathered
 - c. Degree of match with warning signs and risk factors for suicide
6. Provide referrals and discuss immediate safety needs:
 - a. Align recommendations with degree of match with known warning signs and risk factors of suicide
 - b. IF a high degree of match is evident, provide support for an immediate assessment. If you have a release of information on file:
 - 1) Facilitate a call to a mental health provider from the school counseling office.

- 2) If the family has a mental health provider with whom they work or have worked, call that person.
 - c. If the family does not have a mental health provider, strongly suggest evaluation at CalvertHealth Medical Center, taking the child to the Crisis Intervention Center, etc.
 - d. IF a low degree of match is evident, recommend follow-up (e.g., referral for outside counseling)
7. Assess the parents' willingness/commitment to provide immediate treatment for the student (see Special Circumstances as needed).
 8. Explain the Record of Notification. The Record of Notification should be shared with the parent every time a suicide intervention is completed. This form documents that the parent was notified of their child's referral due to concerns related to suicide and the parents' responsibility to obtain any treatment/counseling services they consider necessary for their child. The role of the school is to serve as a secondary support to the child's primary mental health provider rather than to provide ongoing treatment.
 9. An Authorization for Release of Records form should be completed to allow appropriate school staff to establish communication with the community-based mental health provider.
 10. Provide the parent and student, as appropriate, with copies of suicide prevention materials (e.g., Suicide Prevention pamphlet, Crisis Hotline card, etc.) in addition to copies of all signed documents.
 11. Schedule a follow-up phone call/appointment with the student and parent prior to the student returning to school.

F. Documentation:

1. Documentation of contact with any student who has been referred for being suspected of having suicidal thoughts is highly sensitive and confidential. Throughout and immediately following the conclusion of the parent contact, the school counselor, school social worker, and/or school psychologist will be responsible for documenting information regarding the reason for referral, outcomes and recommended follow-up. It is imperative that the following guidelines be followed to ensure the confidentiality of such sensitive information.
 - a. During the conference with the parents:
 - 1) Complete and have parent sign the Record of Notification,
 - 2) Complete and have parent sign the Authorization for Release of Records
 - 3) Provide suicide prevention materials
 - b. At the conclusion of the parent contact, the school counselor, school social worker, and/or school psychologist will immediately:

- 1) Complete the Record of Contact form summarizing the reason for referral, outcomes and recommended follow-up
 - 2) Make a copy of the Record of Contact and Record of Notification to be kept in the counselor's confidential file.
 - 3) Place the completed Notice of Confidential Information form in the student's cumulative folder.
 - 4) Send original Record of Contact and Record of Notification to the Department of Student Services.
- c. If a threat is made outside of the normal school day, the building principal/assistant principal will work with the school counselor, school social worker, or school psychologist to determine if the Threat Outside of School Day Record of Contact form or a formal threat assessment should be completed by the designated mental health professional.

G. Follow-Up:

1. Following up with at risk students is an ongoing process. The most immediate and critical actions to be taken are detailed below, however, the school counselor, school social worker, and/or school psychologist will need to determine what additional follow-up actions, if any, need to occur.
 - a. Complete school-based follow-up:
 - 1) Inform administrators, nurse, and appropriate teachers
 - 2) Refer to school's student services team (SST) as appropriate
 - b. School counselor/social worker/psychologist will monitor student once he/she returns to school:
 - 1) Establish coping mechanisms and supports (e.g. school counselor, favorite teacher, secretary, etc.)
 - 2) Establish rules for safety (e.g. What the student should do if he/she feels suicidal) and "safe zones" (e.g., Where should the student go if he/she becomes overwhelmed in class)
 - 3) If the student has made multiple threats to harm self, the threat that he/she made is severe (e.g. has method, has means to carry out, has a specific date and/or time, etc.), or the student has made a suicide attempt, then establish a safety plan with the student which documents warning signs, coping skills, people to seek out in the school and outside of the school, ways to make their environment safe, and why life is worth living (see procedure 1480.4)
 - 4) Continue monitoring student's social-emotional-behavioral status, which may include direct contact with student, direct observations, consultation with teachers regarding student's level of functioning, etc.

- 5) Closely monitor the student’s reactions during times of crisis
- c. Establish/maintain communication with community-based mental health provider.

SPECIAL CIRCUMSTANCES

Circumstance	Guidelines
A suicide is attempted or completed in the school building during the school day	<ul style="list-style-type: none"> • Call 911 for ambulance to transport student to hospital and simultaneously notify the School Resource Officer, school nurse and administration (if not already notified). Ensure that the emergency card and critical information is shared with the responding unit. • Notify parent(s) • Contact the Department of Student Services to activate the County Crisis Team to assist the school with the crisis response. This will include a discussion of the possibility of copycat and/or cluster suicide attempts. • Follow-up with the crisis team response plan.
A student commits suicide after school hours	<ul style="list-style-type: none"> • Notify building administrator who should implement crisis plan and contact the Director of Student Services or designee.
Student refuses to participate in the screening procedures	<ul style="list-style-type: none"> • Contact the parent • The parent(s) must come to the school to pick up the student. This is not a choice • Appraise the parent(s) of the situation and advise them that the student should be taken to their family physician, a mental health provider, or a hospital emergency room for a psychological assessment • Facilitate contact with the mental health provider while the parent(s) is with you and/or provide resources • Complete the Record of Notification and Record of Contact
Student agrees to participate in interview however in order to avoid breaching limits of confidentiality, the student clearly minimizes and withholds known information relevant to suicidal ideation, thoughts, actions, etc.	<ul style="list-style-type: none"> • Complete the interview process and identify possible matches with known warning signs and risk factors • Follow steps above for “student refuses to participate in screening procedures” • When meeting with parent, inform parent of the student’s possible withholding of information • Acknowledge that an informed decision regarding the student’s match with known warning signs/risk factors cannot be made and that further mental health support would be necessary
Student leaves/runs from the room	<ul style="list-style-type: none"> • Notify building administrator/safety advocate/School Resource Officer. If necessary, call 911 • Contact parent
Information concerning a student is received outside of the school day (this would include after students have left building, in the evening, on	<ul style="list-style-type: none"> • Staff member should contact the building administrator. If a building administrator is not available, the staff member should contact the Director of Student Services or designee. • Building administrator will contact parent/guardian to alert them to information that has been obtained.

<p>weekends/holidays, or information is received/seen on a social media site.</p>	<ul style="list-style-type: none"> • Administrator will share resources available to parent/guardian including contacting a mental health provider, taking student to hospital for evaluation, or calling 911 for assistance. • Administrator will keep documentation and record that documentation when they return to school. If possible, the phone call should be witnessed by another staff member or adult. • The Records of Notification, Contact, and Confidential information will be completed. 	
<p>The Record of Notification needs to be completed but the parent contact occurs over the phone when a low degree of match with warning signs and risk factors is present</p>	<ul style="list-style-type: none"> • Call the parent with another professional listening on the phone to verify that the Record of Notification was read to the parent. • Both professionals sign the Record of Notification and note on the bottom that it was read to the parent • The original copy of the Record of Notification (signed by school personnel) is placed in the counselor’s confidential file • A copy of the Record of Notification is sent to the parent(s) for their signature. A copy of the signed form is then placed in the counselor’s confidential file and originals sent to Department of Student Services. 	
<p>The parent refuses to sign the Record of Notification</p>	<ul style="list-style-type: none"> • Collaborate with trained colleagues to help communicate the purpose of the Record of Notification to the parent • Have another professional join the parent meeting to verify that the Record of Notification was read to the parent • Both professionals sign the Record of Notification and note that it was read to the parent and that the parent declined to sign • The Record of Notification (signed by school representatives) is placed in the counselor’s confidential file and originals sent to Department of Student Services. 	
<p>The parent does not come to school but sends an emergency contact</p>	<ul style="list-style-type: none"> • Call the parent • Have another professional listen on the phone to verify verbal approval for that person to sign the Record of Notification and sign the student out 	
<p>The RARE instance in which the student insists that notifying his/her parents will result in unreasonable or harmful consequences (ONLY with a low degree of match with warning signs and risk factors)</p>	<ul style="list-style-type: none"> • Consult with the principal (or designee) • If the interviewer and administrator agree that the parent should not be notified, a consult MUST be initiated with the Director of Student Services or designee. • If, in consultation with the Director of Student Services or designee it is determined that the parent should not be notified, a report needs to be filed by the interviewer with the Department of Social Services 	
<p>ONLY with a high degree of match with known warning signs and risk factors</p>	<p>Interviewer unable to make contact with the parents and</p>	<ul style="list-style-type: none"> • Notify building administrator • The counselor and/or psychologist will collaborate with the administrator who will contact the School Resource Officer and discuss the need for a petition for emergency evaluation. If the School Resource Officer determines that the student can be petitioned, he/she will follow the procedures governed by law enforcement for the petition. The School Resource Officer or other law enforcement officer will take the student to the hospital.

ONLY with a high degree of match with known warning signs and risk factors	emergency contacts	<ul style="list-style-type: none"> • A staff member with the student’s emergency card will go to the hospital and stay with the student until a parent arrives. If the attempts to reach the parent continue to be unsuccessful, the staff member should follow the hospital or law enforcement procedures regarding contact with the parent • The staff member should contact the building administrator at school or at home to provide updates as appropriate
	Parent(s) refuse to come to the school	<ul style="list-style-type: none"> • Follow steps above for “Interviewer is unable to make contact with the parent(s) and emergency contacts” except for continuing efforts to reach them • After seeing to immediate safety needs of student, the interviewer must file a report with the Department of Social Services
	Parent(s) are unwilling to provide immediate treatment for the student	<ul style="list-style-type: none"> • Contact School Resource Officer or call 911 in the event of life-threatening emergency if the School Resource Officer is not in the building • After seeing to immediate safety needs of student, the interviewer must file a report with the Department of Social Services

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