



**TUSCALOOSA CITY SCHOOL DISTRICT  
SCHOOL-BASED SUICIDE INTERVENTION PROCESS**

**IF ANY STAFF LEARNS OF: Suicidal attempt, gestures, and/or thought/talk of suicide**



**IMMEDIATELY REPORT TO COUNSELOR OR SOCIAL WORKER  
AND ADMINISTRATOR**

★ **SUPERVISE THE STUDENT!** Under no circumstances should the student leave school or be alone until a parent or other authorized individual accepts responsibility for the student's safety.

**IMMINENT Danger!**  
**(Threat with a Plan)** ↙

**NO Imminent Danger**  
**(Threat without a Plan)** ↘

1. The principal and/or counselor should call the parent/guardian to come to the school.
2. Please refer the parent/guardian to DCH emergency room if the student has a plan and the means to complete the plan.
3. Notify the parent/guardian that prior to the student's reinstatement to school, a letter must be provided from a mental health professional/primary physician certifying the student has been assessed for suicide threat with a list of possible recommendations.
4. Have the parent/guardian sign the Consent Release for Mental Health Assessment Form
5. Complete the Crisis Referral Form if the family goes to Indian Rivers or Referral for Assessment Form for other agencies, physicians, or mental health professionals.
6. A home visit should occur if the parent/guardian or their emergency contacts are unable to connect by phone.
7. Call 911 if the parent/guardian fails or refuses to come to the school to pick up the student with a plan and the means to complete the plan.

1. The principal and/or counselor should call the parent/guardian to come to the school.
2. Upon arrival provide the parent/guardian with one of the numbers below and refer to agencies for counseling services.
3. Notify the parent/guardian that prior to the student's reinstatement to school, a letter must be provided from a mental health professional/primary physician certifying the student has been assessed for suicide threat with a list of possible recommendations.
4. Have the parent/guardian sign the Consent Release for Mental Health Assessment Form
5. Complete the Crisis Referral Form if the family goes to Indian Rivers or Referral for Assessment Form for other agencies, physicians, or mental health professionals.
6. A home visit should occur if the parent/guardian or their emergency contacts are unable to connect by phone.
7. Call the police if the parent/guardian fails to pick up the student by the end of the school day.

**Suicide/Death Response**

**Contact Numbers**

1. Principal and counselor/social worker will meet immediately to review what has happened.
2. Family will be contacted by the principal or his/her designee to express condolences and get funeral arrangements.
3. An administrator will provide information to faculty, staff, and students in a factual, caring manner. No information should be broadcast over the intercom or through an assembly.
4. Counseling will be available from local school counselors and/or social workers.

Suicide Hotline  
1-800-784-2433

Bradford Health Services Response Office  
1-800-891-9673

Indian Rivers Behavioral Health  
(Crisis Response Team)  
(205) 391-3131

\*Adapted from Portland Public School District