



SUICIDE PREVENTION AND CRISIS RESPONSE HANDBOOK

988 SUICIDE & CRISIS
LIFELINE

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Board Policy 2145

The Snohomish School District Board of Directors recognizes suicide, crisis prevention and promotion of good health of all students and staff to be important. In addition, any suicide or death of a student or staff member is an important and complex issue to be taken seriously. In both cases, the district's actions should be thoughtful, pre-planned, and sensitive to all affected. In the event of any student or staff suicide or death, a coordinated response will be launched to support students, staff, and the community.

While district staff may recognize warning signs and assist with initial risk assessment, the district staff are unable to provide in-depth mental health counseling. Instead, district staff who gain knowledge of a suicide threat are expected to report this information to the building principal or designee, who will notify the affected student's family, unless notification of the parents will jeopardize the student's safety. Appropriate resource information for referral will be provided for further assessment and counseling.

The purpose of this policy is to protect the health and well-being of all district students and staff by having established procedures in place. The district will develop and implement procedures to achieve the board's goals and objectives regarding suicide, crisis prevention and response.

Cross References:

- 3211 - Transgender Students
- 3207 - Prohibition of Harassment, Intimidation and Bullying
- 2140 - Guidance and Counseling

Legal References:

- RCW 28A.410.226 Washington professional educator standards board — Training program on youth suicide screening — Certificates for school nurses, social workers, psychologists, and counselors — Adoption of standards.
- RCW 28A.410.043 School Counselor Certification
- RCW 28A.320.1271 Model school district plan for recognition, initial screening, and response to emotional or behavioral distress in students.
- RCW 28A.320.127 Plan for recognition, screening, and response to emotional or behavioral distress in students.

Adoption Date: March 14, 2018

Classification: Priority

Board Procedure 2145P**Page 1 of 3****A. Suicide and crisis prevention**

Suicide prevention strategies may include, but are not limited to, efforts to promote a positive school climate that enhance students' feelings of connectedness with the school and each other and is characterized by respectful relationships among students and staff.

The district recognizes the need to offer mandatory training per RCW 28A.410.226 for school personnel who will respond to a student in crisis. The suicide, crisis prevention and response training will include information regarding risk and protective factors, a review of district policy and procedures, and the sharing of confidential information. The district will also provide a health education program.

1. Student responsibility

The district will encourage students to notify a staff member when they experience suicidal thoughts, or intentions, or when they suspect, or have knowledge of another student's despair and/or suicidal thoughts or intentions.

2. Staff training

The district's suicide prevention training will help staff identify and respond to students at risk for suicide. The training will be offered under the direction of a district counselor/psychologist and/or in cooperation with one or more community mental health or public health agencies and may include information on:

2. Principal/designee prevention planning

School administrative teams will designate specific individuals to be promptly contacted regarding a suicide threat including the school counselor, psychologist, nurse, superintendent or designee, the student's parent/guardian and as necessary, local law enforcement or mental health agencies. The student support team will develop a re-entry plan, including a student/staff support plan for use after a suicide attempt.

B. Intervention

Whenever a staff member suspects or has knowledge of a student's suicidal intentions he/she will take proper steps to support the student, promptly notify the principal or school counselor and request that appropriate school staff conduct an initial risk interview. The principal or counselor will then notify the student's parents/guardians as soon as possible unless notification of the parents will jeopardize the student's safety. The district may also refer the student to the mental health resources in the community.

Board Procedure 2145P**Page 2 of 3****C. Parent/guardian responsibility**

If a student is determined to be at risk, the principal or designee will contact the parent/guardian and:

1. Ask the parent/guardian whether he or she is aware of the student's mental state;
2. Ask the parent/guardian how he/she will obtain mental counseling or appropriate support for the student;
3. Provide names of community counseling resources, and offer to facilitate the referral if appropriate;
4. Determine the parent/guardian's intent to seek appropriate services for the student; and
5. Discuss the student's re-entry into school.

D. Post-event

In the event that a death happens, or a suicide occurs or is attempted, the principal or designee will follow the crisis intervention procedures contained in the school crisis intervention plan. After consultation with the Superintendent or designee and the student's parents/guardians about facts that may be divulged in accordance with the laws governing confidentiality of student record information, the principal or designee may provide students, parents/guardians, and staff with information, counseling and/or referrals to community agencies as needed. School administrators may receive assistance from school counselors or other mental health professionals in determining how best to discuss the suicide or attempted suicide with students and staff. Following a suicide, the district will also assess the impact within all schools and the local community and provide appropriate information and support.

E. Communications

The district's suicide prevention policy and procedure and the crisis intervention plan will be available through the student, staff, volunteer and parent/guardian handbooks, on the district website and in school and district offices. All requests for specific information regarding an incident will be directed to the building principal or designee.

Board Procedure 2145P**Page 3 of 3****F. Resources**

The district will utilize school counselors, the crisis telephone hotline, physician/health care providers, mental health specialists, coaches and youth leaders, parents/guardians, and clergy as resources for prevention and intervention. Community resources include:

1. Prevention resources

- a. Washington Youth Suicide Prevention Program,
<https://sprc.org/grantee/washington-youth-suicide-prevention-program/>
or text 988
- b. Washington State Department of Health,
<https://doh.wa.gov/you-and-your-family/injury-and-violence-prevention/suicide-prevention/youth-suicide-prevention>
800-273-8255;
- c. Snohomish County Government
www.snohomishcountywa.gov/604/Snohomish-County-Crisis-Services
800-584-3578;
- d. 211 System - This is an information referral service and assists with providing resources in your community.

2. Crisis response resources

- a. Emergency Response: 911
- b. Local Crisis Hotline:
Snohomish County Government
www.snohomishcountywa.gov/5442/Crisis-Resources
1-800-584-3578 or 425-258-4357
- c. National LifeLine:
<https://988lifeline.org>
1-800-273-Talk (8255)
- d. Local Community Mental Health Center:
Community Health Center of Snohomish County,
www.chcsno.org
425-789-3789

Adoption Date: March 14, 2018

Preventing Suicide Guidelines

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Suicide is the leading cause of death among school age youth. However, ***suicide is preventable***. School personnel have a **legal and ethical responsibility** to recognize and respond to suicidal thinking and behavior. Schools must have clear policies and procedures for what to do, as well as trained crisis response teams. Although many suicidal children and adolescents do not self-refer, most show some warning signs. **Never ignore these signs**. Suicide prevention should be integral component of a multi- tiered system of mental health and safety supports.

Suicide risk factors

Although far from perfect predictors, certain characteristics are associated with increased odd of having suicidal thoughts. These include:

- Mental illness including depression, conduct disorders, and substance abuse.
- Family stress/dysfunction
- Environmental risks, including presence of a firearm in the home.
- Situational crises and/or relationship factors (e.g., traumatic death of a loved one, physical or sexual abuse, family violence)
- Social Isolation
- Previous suicide attempts

Suicide warning signs

Most suicidal youth demonstrate observable behaviors that signal their suicidal thinking. These include:

- Suicidal threats in the form of direct (“I am going to kill myself”) and indirect (“I wish I could fall asleep and never wake up again”) statements.
- Suicide notes and plans (including online postings).
- Prior suicidal behavior
- Making final arrangements (e.g., making funeral arrangements, writing a will, giving away prized possessions)
- Preoccupation with death
- Changes in behavior, appearance, thoughts and/or feelings

Preventing Suicide Guidelines

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What to do

Youth who feel suicidal are not likely to seek help directly; however, parents, school personnel, and peers can recognize the warning signs and take immediate action to keep the youth safe. When a youth gives signs that they may be considering suicide, the following actions should be taken:

- Remain calm.
- Ask the youth directly if he or she is thinking about suicide (e.g., “Are you thinking of suicide?”)
- Focus on your concern for their well-being and avoid being accusatory.
- Listen
- Reassure them that there is help and they will not feel like this forever.
- Do not judge.
- Provide constant supervision. Do not leave the youth alone.
- Remove means for self-harm.
- **Get help:** No one should ever agree to keep a youth’s suicidal thoughts a secret and instead should tell an appropriate caregiving adult, such as a parent, teacher, nurse, counselor, or school psychologist. Parent should seek help from school or community mental health resources as soon as possible. School staff should take the student to a school-employed mental health professional or administrator.

The role of the school in suicide prevention

Children and adolescents spend a substantial part of their day in school under the supervision of school personnel. Effective suicide and violence prevention is integrated with supportive mental health services, engages the entire school community, and is imbedded in a positive school climate through student behavioral expectations and a caring and trusting student/adult relationship. Therefore, it is crucial for all school staff members to be familiar with, and watchful for, risk factors and warning signs of suicidal behavior. The entire school staff should work to create an environment where students feel safe sharing such information. School counselor, nurses, psychologists, and other crisis response team personnel, including the school administrator, are trained to intervene when a student is identified at risk for suicide. These individuals conduct suicide risk assessment, warn/inform parents, provide recommendations and referrals to community services, and often provide follow up counseling and support at school.

Preventing Suicide Guidelines

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Parent/guardian notification and participation

Even if a youth is judged to be at low risk for suicidal behavior, schools may ask parents to sign a documentation form to indicate that relevant information has been provided. Parental notifications must be documented. Additionally, parents are crucial members of suicide risk, including mental health history, family dynamics, recent trauma events, and previous suicidal behaviors. After a school notifies a parent of their child's risk for suicide and provides referral information, the responsibility falls upon the parent to seek mental health assistance for their child. Parents must:

- *Continue to take threats seriously:* Follow through is important even after the child calms down or informs the parent "they didn't mean it." Avoid assuming behavior is simply attention seeking (but at the same time avoid reinforcing suicide threats; e.g., by allowing the student who has threatened suicide to drive because they were denied access to the car).
- *Access school supports:* If parents are uncomfortable with following through on referrals, they can give the school permission to contact the referral agency, provide referral information, and follow up on the visit.
- *Maintain communication with the school:* After such an intervention, the school will also provide follow-up supports. Your communication will be crucial to ensuring that the school is a safe place for the child.

Resiliency factors

The presence of resiliency factors can lessen the potential of risk factors to lead to suicidal ideation and behaviors. Once a child or adolescent is considered at risk, schools, families, and friends should work to build these factors in and around the youth. These include:

- Family support and cohesion, including good communication.
- Peer support and close social networks
- School and community connectedness
- Cultural or religious beliefs that discourage suicide promote healthy living.
- Adaptive coping and problem-solving skills, including conflict-resolution.
- General life satisfaction, good self-esteem, sense of purpose
- Easy access to effective medical and mental health resources

Resource:

National Association of School Psychologists www.nasponline.org/

Frequently Asked Questions**Page 1 of 3****1. What is the purpose of the Suicide Crisis Prevention and Response Handbook?**

The purpose of the handbook is to provide a consistent response to the threat of suicide. The handbook utilizes best practices most likely to ensure the safety of the student through assessment, referral, and follow-up. Because prior threats of suicide significantly increase the likelihood of an attempt, the protocol creates a record that follows the student as they advance grades or change schools via Skyward/Family Access and documents the steps staff and the school take in response to threat of suicide.

2. When should the Suicide Response Protocol be initiated?

Initiate the Suicide Response Protocol when a student makes any active suicide attempt or gesture, and/or talks about or shares thoughts of suicide, including those thoughts expressed in writing, art, or other forms. To initiate the protocol **school staff will immediately notify the counselor, nurse or school psychologist AND administrator** who will form the student support team and who will initiate the Suicide and Crisis Prevention Protocol.

3. Where is the Suicide Screening Form available?

The Suicide Crisis and Prevention handbook containing all the necessary forms will be available in counseling, psychologist, and nurse's offices throughout the district. Forms will also be available on the district website.

4. Does the Suicide Screening Form fall under HIPAA guidelines?

No. "Education records" are covered by FERPA and generally excluded from definition of "protected health information" in the HIPAA Privacy Rule. See 45 CFR § 160.102.

5. Is the Suicide Screening Form a clinical document?

No. The suicide screening form is an incident report form that tracks a potential risk and the response of the school district staff to that risk.

6. Is the Suicide Screening Form a mental health assessment?

No. The Suicide Screening Form is an incident report form specific to suicide risk. A Mental Health Assessment is a comprehensive psychosocial history with presenting problems; current symptoms; family, health, education, legal and cultural history; clinical formulation; diagnosis, and treatment recommendations.

7. Is the Suicide Screening Form the same as a mental health referral?

No. However, in the process of identifying an appropriate response to risk, a mental health provider may be contacted (Crisis Care Line and/or already established therapist/agency/PCP) to help evaluate and address risk.

Frequently Asked Questions**Page 2 of 3****8. What happens with the Suicide Screening Form and other related forms once it is complete?**

A counselor will retain original forms and will provide copies to staff on a need-to-know basis. An indicator in Skyward (Orange A) will be used to alert staff to see counselor for more details. The Orange “A” indicator will be entered into Skyward by the school counselor. The information contained in the counselor’s confidential file will be transition to receiving districts on a case-by-case basis.

9. How are Student Care and Re-Entry Plans indicated in Skyward/Family Access?

If a school support team determines a student needs a Care and Re-Entry Plan the Grey “A” indicator will be placed in Skyward/Family Access. This does not mean that all students who have been screened will need the indicator. The Skyward/Family Access indicator, if needed, will stay in the system and not be removed. How:

- a. In Skyward/Family Access go to Student Management then Student Profile
- b. Click on 'District ' under the categories tab
- c. Click on 'Edit Category' button
- d. In the new pop-up window, scroll down and check the box next to 'BEH' (Behavior Health Concern)
- e. Click Save

10. Is the Suicide Screening Form filled out while the student is in crisis?

School personnel are required to use this form to screen students when a risk of suicide has been identified. The form is an information collection tool. How the student and family interviews are conducted may vary.

11. When should you call the Crisis Care Line?

The Crisis Care Line can be called whenever you need to consult with an outside resource and/or when you need additional mental health referral information. The Crisis Care Line number is (800) 584-3578.

12. When should you call 911?

You should call 911 and then consult with your administrator and when the threat of harm to self or others is imminent.

13. Can a listed “emergency contact” sign a release or give permission for a student to be transported if parents/guardians are unavailable?

No. That person can be helpful in finding the parent/guardian and/or coming to support the student, but they cannot sign a release or give permission for transport.

Frequently Asked Questions**Page 3 of 3****14. What is the Authorization of the Release of Records Form used for?**

To create a holistic safety plan, an Authorization for the Release/Exchange of Psychological and Medical Records Form should be obtained from all outside agencies working with the student.

15. What happens if the student/family declines to sign an Authorization for the Release for Records Form?

Continue to create open lines of communication with parents/guardians of the student. Work with your school team to identify the best ways to keep the student safe. Regularly check in with the student.

16. When and who can I share this information with?

Student information must be kept confidential but there are exceptions to FERPA when safety is of concern. Staff responsible for the safety and welfare of the student should be provided with the information necessary to work with the student and preserve the safety. School staff members do not need clinical information about the student or a detailed history of his or her suicidal risk or behavior. Discussion among staff should be restricted to the student's treatment and support needs.

17. When is a Student Care Plan/Re-Entry Plan needed?

The student support team will fill out these forms when there is a concern about acute student safety at school and/or upon return from hospitalization. Administrator, Student Support Team, Nurse, Psychologist, the student, and the family should play significant roles in safety planning in filling out the Re-Entry and Student Care Plan.

18. Do schools have the ability to keep students from returning to school following a suicide attempt?

No. Students have the right to return to school as soon as possible. Every effort should be made to meet with family, outside providers, and appropriate school teams before the student returns to school. This would give time to create or review the Student Care Plan and Re-Entry Plan.

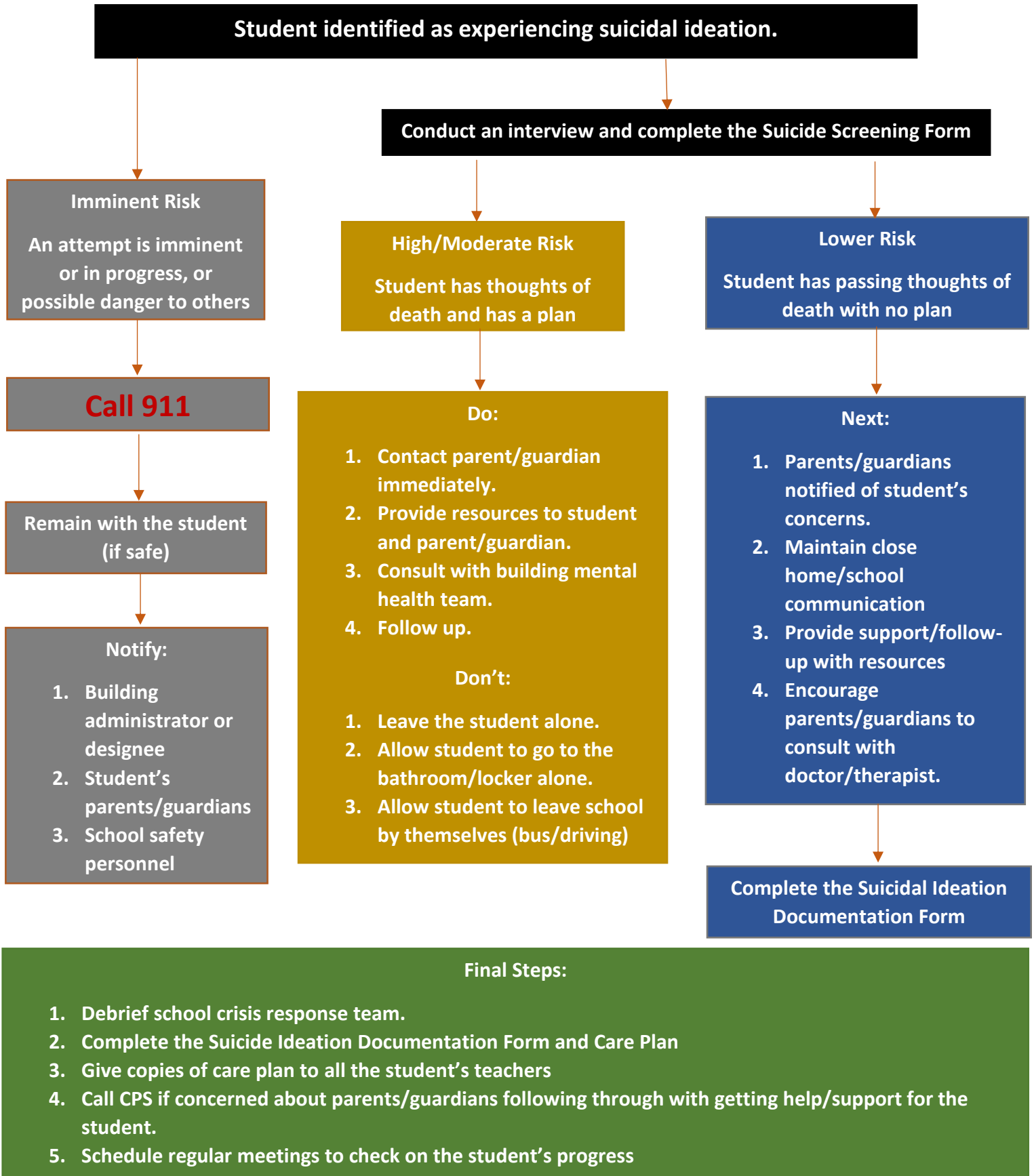
19. Transition of Care Plan and Safety Plan

If a student has a safety plan written - a copy should be placed in the cumulative file and in Skyward/Family Access, and if a student is transitioning to another in-district school - you should place it in bag mail to the next counselor.

District Forms Checklist

ACTIONS	STUDENT SUPPORT TEAM	REQUIRED DOCUMENTATION	SUPPORTING DOCUMENTATION
Conduct Suicide Screening	<ul style="list-style-type: none"> • Counselor • Nurse • Principal • School Psychologist • Assistant Principal 	<p>2145F2 Suicidal Screening Documentation Form</p>	<p>Responding to an Attempt or Verbalization</p>
Notify Parents/Guardians	<ul style="list-style-type: none"> • Counselor • Principal • Assistant Principal 	<p>2145F3 Suicide and Crisis Parent/Guardian Acknowledgement Form</p>	
Refer for Services (if needed)	<ul style="list-style-type: none"> • Counselor 	<p>Crisis Resources for Families</p>	<p>3231F2 Release of Information Form</p>
Document Process	<ul style="list-style-type: none"> • Counselor • Principal • School Psychologist • Assistant Principal 	<p>2145F4 Student Re-Entry Plan (required only if in imminent or high risk of harm)</p> <p>2145F5 Student Care Plan (required only if in imminent or high risk of harm)</p>	<p>CPS Reporting Form (if needed)</p>

Responding to an Attempt or Verbalization - Flow Chart





Suicidal Screening Documentation Form - 2145F2

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Student Name _____ Date _____ Time _____

School _____ Grade Level _____

Special Education	504
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No

Staff member who referred student _____

Staff member who met with student and documented report _____

Student Disclosure

Are you intending to kill yourself?

- Yes
- No

Have you ever thought about or intended to kill yourself?

- Yes
- No

When, where, and how would this happen? _____

Do you have the means to carry out your suicide plan? _____

Intervention Notes

Resources and support provided _____

Suicidal Screening Documentation Form-2145F2

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What action steps are being taken to ensure safety? (i.e., Development of Care Plan, resources and/or referral to MH agencies, schedule student re-entry meeting)

Steps to be taken by school team	Steps to be taken by parent/guardian	Steps to be taken by student

Plan of action	Name of person contacted	Date	Time
Administer notified			
Parent/guardian notified			
Mental health clinician notified (if applicable)			

- Care plan (separate document) completed and distributed to student, parent/guardian and school support team.

This document is intended to be a sole possession record to be used as a memory aid and recording tool for the responding staff member.



Suicide and Crisis Parent/Guardian Acknowledgement Form - 2145F3

Student Name _____ Date _____ Time _____

School _____ Grade Level _____

Name of parent/guardian contacted _____

Name of staff member making contact _____

Was the parent/guardian aware of the student’s suicidal thoughts/plans? Yes No

Was the parent/guardian committed to seeking supports (i.e., a therapist, primary care doctor, and/or substance abuse screening)? Yes No

What is the parent’s/guardian’s perception of the level of risk?

The staff member completing this screening has taken the following steps:

- Yes No Provided parent/guardian crisis resources.
- Yes No Set up a time to check in with student and parent/guardian date/time of check in.
- Yes No Does the student have access to potentially lethal weapons? If yes, school personnel should share: *Firearms are the responsibility of the owner. The same can be said about other potentially lethal items such as knives, sharps, medications, or substances. Do not assume the student has not learned the “hiding place,” combination to a safe, or the location of the key. A key can be removed and duplicated, and combinations have been discovered through a variety of means. Consider changing keys/combinations or removing all firearms from the home. Consider securing other potentially lethal items.*

Yes No School counselors will notify the appropriate school administration/staff, caregiver of concerns regarding student’s health and safety; follow any mandated reporting practices; and participate in review of this plan.

The parent/guardian acknowledges:

This acknowledgement verifies I have spoken with the school staff member who completed screening on the date listed, concerning my child’s suicidal thoughts and/or behaviors.

- I have provided parent/guardian crisis response resources.
- I have advised parent/guardian to remove access to all lethal weapons (firearms, knives, sharps, etc.) and any medications (pills/drugs) which could be used by my child to harm her/himself.
- I have informed parent/guardian and they understand they can use resources that have been provided to them.
- Parent/guardian understands a follow-up check by a school staff person will be made with the child, the treating agency (if appropriate), and school staff.

Parent/guardian has been informed that Snohomish School District employees have a duty and authority to report to the proper cause if there is belief that a child has suffered abuse or neglect (RCW26.44.030)

Parent/guardian was notified In-person Phone Email Mail Other

Parent/guardian has requested that a copy be sent to this email address _____

Staff member name (printed) _____

Staff member signature _____ Date _____

**If you or someone you know needs support now,
call or text 988 or chat 988lifeline.org**

Snohomish School District Crisis, Suicide Prevention, Mental Health, & Substance Abuse Resources
www.sno.wednet.edu/mentalhealthresources

Resources for Immediate Assistance- 24/7 Support			
Emergency Services	911	For life threatening emergencies	
Snohomish County Crisis Line	800-584-3578 Text 988	Locally monitored. Will help assess the situation and send emergency services	https://snohomishcountywa.gov/604/Snohomish-County-Crisis-Services
National Suicide Lifeline	Text 988 or 800-273-8255	Connecting families with trained crisis workers from their local center	https://988lifeline.org/
Crisis Care TEXT Line	Text HOME to 741741	Volunteer Crisis Counselors	www.crisistextline.org/
National Resource/Referral	211	Helps families find local resources and referrals	www.211.org/
Additional Crisis Resources			
Washington’s Mental Health Referral Services for Children and Teens	833-303-5437	Connects families with outpatient mental health providers who have openings in their schedule and can meet your child’s needs and insurance coverage	www.seattlechildrens.org/healthcare-professionals/access-services/partnership-access-line/washingtons-mental-health-referral-service-children-teens/
Child Protective Services	866-829-2153 24-hour hotline 866-END-HARM	For reporting child abuse or neglect	https://snohomishcountywa.gov/435/Child-Abuse
National Parent Helpline	855-427-2736	Emotional support for families	www.nationalparenthelpline.org/
Emergency Housing			
Cocoon House- Everett	425-259-5802	Provides short-term shelter (Monroe) and long-term housing (Everett) for youth in need of a safe place to stay	www.cocoonhouse.org/
Cocoon House- Monroe	360-805-9282		
Transitions Housing Program	425-312-7232		

Crisis Resources for Families
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Domestic Violence/Relational Violence			
National Domestic Violence Hotline	Text START to 88788 800-799-7233	Assistance for victims of domestic violence	www.thehotline.org/ 24-hour live chat available through website
Providence Hospital Intervention Center for Assault and Abuse	425-252-4800 (24-hour hotline)	Services for those impacted by sexual, physical and/or relationship violence	www.providence.org/locations/wa/intervention-center-for-assault-and-abuse-everett
Drug and Alcohol Treatment			
Sea Mar Community Health Center	425-312-0277	Behavioral Health services for youth and families	www.seamar.org/snohomish-bh-everett-family.html
Sea Mar Visions	360-647-4266	Female only substance abuse rehab center in Bellingham	www.seamar.org/whatcom-bh-vytcc.html
Everett Recovery Café	425-258-5630	Safe place to find support in recovery	www.everettrecoverycafe.org/contact/
LGBTQIA+ Services			
The Trevor Project (lifeline) 24/7	866-488-7386 Text 678-678	National program for LGBTQ youth in crisis	www.thetrevorproject.org/ Live chat available through website
Trans Lifeline	877-565-8860	Peer support for LGBTQ youth	https://translifeline.org/
Lambert House	206-322-2515	Safe place for LGBTQ youth	www.lamberthouse.org/
King County Trans Resource and Referral Guide	206-568-5454	Assistance and resources	https://kctransguide.org/
PFLAG		Support, education, and advocacy group	https://pflag.org/
Hospitals/Medical Services		Counseling Agencies/Mental Health Options	
Fairfax Behavioral Health	425-821-2000	Nami Snohomish County	425-339-3620
Seattle Children's Hospital	206-978-2000	North Sound Behavioral Health Administrative Organization	800-684-3555
Smokey Point Behavioral Hospital	360-651-6400	Behavioral Health Crisis Services	800-584-3578
		Compass Health	800-457-9303
		Monroe Counseling	425-297-3225
		Youth Eastside Services	425-747-4937

Authorization for Release/Exchange - Psychological and Medical Records-3231F2

PURPOSE: As a parent/guardian or student, you have the right to give permission for the release of your child's records with other persons or agencies. This request provides you with the opportunity to approve or not approve such a request unless release of records is allowed under the Family Education Rights and Privacy Act, FERPA, or its implementing regulations (for example, transfer of records from one school district to another). **Form is to be completed by the parent/guardian.**

Today's date _____

Student name _____

Student birthdate _____

I hereby authorize the release of records:

From

Name of school _____

Address of school _____

Phone number _____

To

Name of school _____

Address of school _____

Phone number _____

Name of person making the request _____

Describe the records to be disclosed:

- | | |
|---|---|
| <input type="checkbox"/> Health Records | <input type="checkbox"/> Educational Records |
| <input type="checkbox"/> Psychological/Counseling Records | <input type="checkbox"/> Communication/Exchange of information between an agency and school |
| <input type="checkbox"/> Special Education Records | <input type="checkbox"/> Other |
| <input type="checkbox"/> Transcripts | |

Release Requiring Specific Consent: Specific consent is required for release of the following information. Minor signature is also required at the ages specified below. Medical records are regulated by RCW70.02. Mental health services for minors are regulated under RCW Chapter 71.34; Drug and alcohol abuse and treatment records are protected under 42.C.F.R.2; Information related to HIV/AIDS or sexually transmitted disease diagnosis and treatment of minors is provided under RCW70.24.110.

I specifically authorize the release of records relating to:

- | | |
|---|---|
| <input type="checkbox"/> Reproductive care | <input type="checkbox"/> Drug/alcohol abuse (age 13 and older) |
| <input type="checkbox"/> Mental health/illness (age 13 and older) | <input type="checkbox"/> Sexually transmitted diseases or HIV/AIDS (age 14 and older) |

Reason for disclosing the record(s)

- | | |
|---|--|
| <input type="checkbox"/> Evaluation or reevaluation process | <input type="checkbox"/> Support therapeutic goals |
| <input type="checkbox"/> Program review | <input type="checkbox"/> Other |
| <input type="checkbox"/> IEP being developed | |

I understand and acknowledge the following:

- Released information will be treated in a confidential manner by the school district under the provisions of the Family Education Rights and Privacy Act (FERPA). FERPA prohibits disclosure of personally identifiable information without consent except in limited circumstances. If the request is for health or medical information received by the district is protected under FERPA privacy standards by a school district and not the Health Insurance Portability and Accountability Act (HIPAA).
- The information released in response to this authorization may be re-disclosed to other parties.
- My consent for the release of records is voluntary and I can withdraw my consent at any time, except to the extent that information has already been released in reliance upon this authorization. Revocation must be in writing.

This authorization is valid from _____ to _____ (valid for 1 year)

Parent/guardian signature _____

Date _____

Student signature _____

Date _____

Student Re-Entry Plan-2145F4

The Student Re-Entry Plan is to facilitate, and coordinate supports between the student, home, and school. The Student Re-Entry Plan should be aligned to the Student Care Plan (if a Student Care Plan exists) and should be created in partnership with school leadership, support staff, parent/guardian, and student. Examples are provided below. Please modify to fit the needs of the parent/guardian, student, and schedule a review meeting two weeks after last re-entry plan meeting to adjust the plan per student progress. Release of information cannot be required from the student and/or family.

Plan start date _____ Review date (2 weeks after start date) _____

Name of student _____ Grade level _____

Name of school _____

Primary school support staff contact _____

<p>The student agrees to</p> <ul style="list-style-type: none"> <input type="checkbox"/> Student is willing to connect with an identified supportive adult. <input type="checkbox"/> Student will make best effort for daily check-ins with: _____ <input type="checkbox"/> Student is open to following the Student Care Plan and communicate updates if needed. <input type="checkbox"/> Student is willing to sign and maintain a current ROI with an outside provider for school collaboration and support student needs (if age 13 or older). <input type="checkbox"/> Student will attempt to engage in coping skills outline on the Care Plan. <input type="checkbox"/> Student is willing to contact with: _____ or an outside therapist when it appears helpful. <input type="checkbox"/> Student will make best attempt to follow directions from all staff. <input type="checkbox"/> Student is open to working with school staff and advocate for self and ask for support when needed. <input type="checkbox"/> Other: 	<p>The school agrees to</p> <ul style="list-style-type: none"> <input type="checkbox"/> School will provide morning/afternoon check-ins with: _____ <input type="checkbox"/> Collaborate with outside providers when a current ROI is in place. <input type="checkbox"/> Share the Student Care Plan with educators who are supporting the student. <input type="checkbox"/> Allow the student to access a supportive adult and coping strategies when identified warning signs are present. <input type="checkbox"/> Provide referral to outside support resources to the student/family. <input type="checkbox"/> Schedule an upcoming support review meeting (2 weeks after re-entry). <input type="checkbox"/> Other _____ _____ _____ _____
<p>The family agrees to</p> <ul style="list-style-type: none"> <input type="checkbox"/> Communicate concerns and collaborate with school, and support team which may include medical provider, therapist, case manager, etc. <input type="checkbox"/> Help the student access outside support. <input type="checkbox"/> Follow and support Student Care Plan. <input type="checkbox"/> Maintain a safe environment (removal of firearms, sharp objects, prescriptions, etc). <input type="checkbox"/> Maintain a current release of information with outside providers. <input type="checkbox"/> Participate in schedules school meetings to check in on progress and support. <input type="checkbox"/> Provide current emergency contact information. <input type="checkbox"/> Other: 	<p>During a crisis</p> <ul style="list-style-type: none"> <input type="checkbox"/> If the student is at imminent risk of carrying out their response, call 911 to request EMT response. <input type="checkbox"/> Support the student using the Student Care Plan. <input type="checkbox"/> Contact the administrator immediately. <input type="checkbox"/> The administrator will contact the designated support staff to transfer care. <input type="checkbox"/> The administrator/designated support staff will follow the Suicidal Ideation Response Flow Chart. <input type="checkbox"/> Administrator/designated support staff will contact the parent/guardian regarding the crisis. <input type="checkbox"/> Other:

Names of student support staff _____

Student signature _____ Parent/guardian signature _____

Administrator signature _____

Student Care Plan - 2145F5

The Student Care Plan uses student voice. This intervention is to provide insight to identified warning signs, triggers, and concrete strategies to mitigate risk of a crisis and support the student. The care plan can ONLY be sent to the student's support team members as approved by the student and family.

Plan start date _____ Review date (2 weeks after start date) _____

Student's name _____ Grade level _____

School _____

Student identifies as their personal warning signs for suicidal ideation:

- | | |
|---|--|
| <input type="checkbox"/> Evaluation or reevaluation process | <input type="checkbox"/> Putting hood/hat/sunglasses on |
| <input type="checkbox"/> Program review | <input type="checkbox"/> Disrespectful behavior (talking back, being mean) |
| <input type="checkbox"/> IEP being developed | <input type="checkbox"/> Making a joke out of everything. |
| <input type="checkbox"/> Support therapeutic goals | <input type="checkbox"/> Racing thoughts |
| <input type="checkbox"/> Other | <input type="checkbox"/> Perfectionism |
| <input type="checkbox"/> Tension in body (clenched fists/jaws/shoulders/etc.) | <input type="checkbox"/> Getting significantly behind in schoolwork |
| <input type="checkbox"/> Isolating from others | <input type="checkbox"/> Angry outburst |
| <input type="checkbox"/> Not talking | <input type="checkbox"/> Other |

Student's identified coping skills: (i.e., relaxation techniques, coping skills, talking to a supportive adult)

What will be done to ensure the student's environment is safe? (i.e., removal of sharp objects/means to harm self, parental supervision)

Adults the student can contact for support (while at school)

Name	Building location	Phone number

Adults the student can contact for support (while at home)

Name	Phone number

During a crisis

If the student's care plan is unable to support the student and a crisis occurs, use the following steps:

- Keep visual on the student (i.e., look for signs, empathize, listen with understanding)
- Contact the administrator.
- The administrator will contact the designated support staff.
- The administrator/designated support staff will follow the Suicidal Ideation Response Flow Chart.

- If I feel suicidal, I will call Teen Link at 206-296-4990 or the Crisis Hotline at 206-461-3222 or 1-800-273-TALK (8255). I can also text the Crisis Line #741741 or Teen Line #839863**

Student signature _____ Parent/guardian signature _____

Administrator signature _____ Student support staff signature _____