Sec. 1. PURPOSE

Academy of Accelerated Learning, Inc. (AAL) recognizes that physical, mental, behavioral, and emotional health are each important components of a student's educational outcomes. The purpose of this policy is to protect the health and well-being of all students by establishing procedures to assess the risk of, prevent, intervene in, and respond to suicide.

This policy is intended to be paired with other policies supporting the mental, behavioral, and emotional health of students, including but not limited to Policy PG-1.404 (Crisis and Trauma Response). As part of that intention, this policy is meant to be applied in accordance with AAL's Child Find obligations under federal law.

Sec. 2. SCOPE

This policy applies to actions that take place on school property during the school day, at school-sponsored events, and on school buses or vehicles. This policy applies to the entire school community, including educators, staff, students, parents/guardians, and volunteers. This policy will also cover appropriate school responses to suicidal or high-risk behaviors that take place outside of the school environment of which school personnel become aware.

Sec. 3. DEFINITIONS

a) *At risk*

A student who is defined as high risk for suicide is one who has made a suicide attempt, has the intent to die by suicide, or has displayed a significant change in behavior suggesting the onset or deterioration of a mental health condition. The student may have thought about suicide, including potential means of death and may have a plan. In addition, the student may exhibit feelings of isolation, hopelessness, helplessness, and the inability to tolerate any more pain. This situation would necessitate a referral in accordance with this policy.

b) *Crisis team*

A multidisciplinary team of primarily administrative, mental health, safety professionals, and support staff whose primary focus is to address crisis preparedness, intervention/response, and recovery. These professionals have been specifically trained in crisis preparedness through recovery and take the leadership role in developing crisis plans, ensuring school staff can effectively execute various crisis protocols, and may provide mental health services for effective crisis interventions and recovery supports.

AAL may designate the threat assessment and safe and supportive school team established under Texas Education Code § 37.115 as the crisis team for purposes of this policy.

© 2025 Schulman, Lopez, Hoffer & Adelstein, LLP
All rights reserved.

c) *Mental health*

A state of mental and emotional being that can impact choices and actions that affect wellness. Mental health problems include mental and substance use disorders.

d) *Postvention*

A crisis intervention strategy implemented after a suicide death in the school community designed to reduce the risk of suicide and suicide contagion, provide the support needed to help survivors cope, address the social stigma associated with suicide, and disseminate factual information.

e) *Risk assessment*

An evaluation of a student who may be at risk for suicide, conducted by the appropriate school staff (e.g., school psychologist, school counselor, or school social worker). This assessment is designed to elicit information regarding the student's intent to die by suicide, previous history of suicide attempts, presence of a suicide plan and its level of lethality and availability, presence of support systems, and level of hopelessness and helplessness, mental status, and other relevant risk factors.

f) *Warning signs or risk factors for suicide*

Characteristics or conditions that increase the chance that a person may try to take his or her life. Suicide risk tends to be highest when someone has several risk factors at the same time. Risk factors may encompass biological, psychological, and or social factors in the individual, family, and environment. Warning signs may include declining academic performance, depression, anxiety, isolation, unexplained changes in sleep or eating habits, and destructive behavior toward self and others.

g) *Self-harm*

Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. It can be categorized as either nonsuicidal or suicidal. Although self-harm often lacks suicidal intent, youth who engage in self-harm are more likely to attempt suicide.

h) *Suicide*

Death caused by self-directed injurious behavior with any intent to die as a result of the behavior. Note: The coroner's or medical examiner's office must first confirm that the death was a suicide before any school official may state this as the cause of death.

© 2025 Schulman, Lopez, Hoffer & Adelstein, LLP
All rights reserved.
SLHA Schulman, Lopez, Hoffer & Adelstein, LLP

i) ***Suicide attempt***

A self-injurious behavior for which there is evidence that the person had at least some intent to kill himself or herself. A suicide attempt may result in death, injuries, or no injuries. A mixture of ambivalent feelings such as wish to die and desire to live is a common experience with most suicide attempts. Therefore, ambivalence is not a sign of a less serious or less dangerous suicide attempt.

j) ***Suicidal behavior***

Suicide attempts, intentional injury to self, associated with at least some level of intent, developing a plan or strategy for suicide, gathering the means for a suicide plan, or any other overt action or thought indicating intent to end one's life.

k) ***Suicide contagion***

The process by which suicidal behavior or a suicide influences an increase in the suicidal behaviors of others. Guilt, identification, and modeling are each thought to play a role in contagion. Although rare, suicide contagion can result in a cluster of suicides.

l) ***Suicidal ideation***

Thinking about, considering, or planning for self-injurious behavior which may result in death. A desire to be dead without a plan or intent to end one's life is still considered suicidal ideation and should be taken seriously.

Sec. 4. STAFF TRAINING

AAL is required to provide suicide prevention training to all educators, as required by Texas Education Code § 21.451(d), and aligned with recommended best practice-based programs and research-based practices, as dictated by Texas Education Code § 38.351. AAL is encouraged to maintain training records and appropriately document the name and attendance for each educator who has participated in the mandated suicide prevention training, as described above. *19 Tex. Admin. Code § 153.1013; Tex. Educ. Code § 38.351.*

Sec. 5. PREVENTION

a) ***Policy Implementation***

The Superintendent shall designate a district-wide suicide prevention coordinator. The suicide prevention coordinator will be responsible for planning and coordinating AAL's implementation of this policy.

© 2025 Schulman, Lopez, Hoffer & Adelstein, LLP
All rights reserved.

Each school Principal shall designate a campus-level suicide prevention coordinator to act as a point of contact in each school for issues relating to suicide prevention and policy implementation. All staff members shall report students they believe to be at elevated risk for suicide to the school suicide prevention coordinator.

Each campus-level suicide prevention coordinator shall assemble a crisis team for their school in accordance with definition provided above.

b) ***Youth Suicide Prevention Education***

Developmentally-appropriate, student-centered education materials will be integrated into the curriculum of all AAL health classes. The content of these age-appropriate materials will include: 1) the importance of safe and healthy choices and coping strategies, 2) how to recognize risk factors and warning signs of mental disorders and suicide in oneself and others, and 3) help-seeking strategies for oneself or others, including how to engage school resources and refer friends for help. AAL may also provide supplemental small-group suicide prevention programming for students.

c) ***Publication and Distribution***

Notice of this policy will be distributed annually and included in all student and employee handbooks. The policy will be available online on the AAL website. A copy of this policy will also be available in campus and district administrative offices.

Sec. 6. INTERVENTION

a) ***Assessment and Referral***

When a student is identified by a AAL staff member, peer, or other source as potentially suicidal, e.g., verbalizes about suicide, presents overt risk factors such as agitation or intoxication, an act of self-harm occurs, or expresses or otherwise shows signs of suicidal ideation, the student shall be seen by a school-employed mental health professional, such as a school psychologist, school counselor, school social worker, within the same school day to assess risk and facilitate referral if necessary. AAL staff shall also be aware of written threats and expressions about suicide and death in school assignments. Such incidences require immediate referral to the appropriate school-employed mental health professional.

If there is no mental health professional available, a designated staff member (e.g., school nurse or administrator) shall address the situation according to AAL protocol until a mental health professional is brought in.

© 2025 Schulman, Lopez, Hoffer & Adelstein, LLP
All rights reserved.
SLHA Schulman, Lopez, Hoffer & Adelstein, LLP

b) ***At-Risk Students***

AAL staff shall continuously supervise the student to ensure their safety until the assessment process is complete. The campus principal and school suicide prevention coordinator shall be made aware of the situation as soon as reasonably possible.

The school-employed mental health professional or principal shall contact the student's parent or guardian, as described in the Parental Notification and Involvement section and in compliance with existing state law/district policy (if applicable), and shall assist the family with urgent referral.

Urgent referral may include, but is not limited to, working with the parent or guardian to set up an outpatient mental health or primary care appointment and conveying the reason for referral to the healthcare provider; in some instances, particularly life-threatening situations, the school may be required to contact emergency services, or arrange for the student to be transported to the local Emergency Department, preferably by a parent or guardian.

If parental abuse or neglect is suspected, a report must immediately be made within 24 hours to the appropriate authorities (i.e. local law enforcement and/or the Department of Family and Protective Services), as required under Chapter 261 of the Texas Family Code.

Staff will ask the student's parent or guardian, and/or eligible student, for written permission to discuss the student's health with outside care providers, if appropriate.

If the parent(s) or guardian(s) are unwilling or unable to transport the student for immediate evaluation, the Counselor or Principal shall contact local emergency services, as appropriate, and consider a referral to the Department of Family and Protective Services.

c) ***Law Enforcement Involvement***

When a student is actively suicidal and the immediate safety of the student or others is at-risk (such as when a weapon is in the possession of the student), AAL staff shall call 911 immediately. The staff calling shall provide as much information about the situation as possible, including the name of the student, any weapons the student may have, and where the student is located. School staff may tell the dispatcher that the student is a suicidal emotionally disturbed person, or "suicidal EDP", to allow for the dispatcher to send officers with specific training in crisis de-escalation and mental illness.

Sec. 7. PARENTAL NOTIFICATION AND INVOLVEMENT

The campus principal, designee, or school mental health professional shall notify the student's parent or guardian on the same school day, or as soon as possible, any time a student is identified as having any level of risk for suicide or the student has made a suicide attempt.

© 2025 Schulman, Lopez, Hoffer & Adelstein, LLP
All rights reserved.
SLHA Schulman, Lopez, Hoffer & Adelstein, LLP

a) ***Counseling Alternatives***

Following parental notification and based on initial risk assessment, the principal, designee, or school mental health professional may offer recommendations for next steps based on perceived student need. These can include but are not limited to, an additional, external mental health evaluation conducted by a qualified health professional or emergency service provider.

AAL will provide a list of mental health facilities, local counselors, and other resources for parents to consider when their child is identified as possibly in need of early mental health intervention and/or suicide prevention. These resources are not in any way connected to AAL nor are they necessarily recommended above other resources the parent(s) or guardian(s) may find on their own; the parent or guardian is free to select providers of their choice.

b) ***Means Counseling***

When a student indicates suicidal intent, the campus principal, designee, or school mental health professional shall attempt to discuss safety at home, or "means safety" with the parent or guardian. This includes limiting the student's access to mechanisms for carrying out a suicide attempt (*e.g.*, guns, knives, pills, etc.) and may also include safety planning. It is imperative to ask parents whether or not the student has access to a firearms, medication, or other lethal means.

AAL staff will seek parental permission, in the form of a Release of Information form, to communicate with outside mental health care providers regarding the student's safety plan and access to lethal means.

i. *Firearms*

The AAL staff member engaging in means counseling with the parent or guardian will:

1. Inquire of the parent or guardian if firearms are kept in the home or are otherwise accessible to the student.
2. Recommend that parents store all guns away from home while the student is struggling, *e.g.*, following state laws, store their guns with a relative, gun shop, or police.
3. Discuss parent or guardian concerns and help problem-solve around off-site storage, including notice to parent or guardian that off-site storage is an effective, immediate way to protect the student.
4. Explain that in-home locking is not as safe as off-site storage, as children and adolescents sometimes find the keys or get past the locks.

If there are no guns at home, AAL staff member will also ask about guns in other residences (*e.g.*, joint custody situation, access to guns in the homes of friends or other family members)

© 2025 Schulman, Lopez, Hoffer & Adelstein, LLP
All rights reserved.

If the parent or guardian is unwilling or unable to store firearms off-site, the AAL staff member will inform the parent or guardian that the next safest option is to unload guns, lock them in a gun safe, and lock ammunition separately (or do not keep ammunition at home). If guns are already locked, the AAL staff member will ask parents to consider changing the combination or key location in case the student is aware of the combination or location.

ii. *Medications*

The AAL staff member engaging in means counseling with the parent or guardian will:

1. Recommend the parent or guardian lock up all medications (except rescue meds like inhalers), either with a traditional lock box or a daily pill dispenser.
2. Recommend disposing of expired and unneeded medications, especially prescription pain pills.
3. Recommend parent or guardian maintain possession of the student's medication, only dispensing one dose at a time under supervision.

If the parent or guardian is unwilling or unable lock medication away from student access, the AAL staff member will advise they prioritize and seek specific guidance from a doctor or pharmacist regarding: (1) prescriptions, especially for pain, anxiety or insomnia; (2) over-the-counter pain pills; and (3) over-the-counter sleeping pills.

Sec. 8. IN-SCHOOL SUICIDE ATTEMPTS

In the case of an in-school suicide attempt, the health and safety of the student is paramount. In these situations:

1. First aid will be rendered until professional medical treatment and/or transportation can be received, following district emergency medical procedures.
2. AAL staff will supervise the student to ensure his or her safety.
3. Staff will move all other students out of the immediate area as soon as possible.
4. If appropriate, staff will immediately request a mental health assessment for the youth.
5. Staff will immediately notify the campus principal or school suicide prevention coordinator regarding in-school suicide attempts.
6. The principal, designee, or school mental health professional will contact the student's parent or guardian, as described in the Parental Notification and Involvement section.
7. AAL will engage as necessary the crisis team to assess whether additional steps should be taken to ensure student safety and well-being.

© 2025 Schulman, Lopez, Hoffer & Adelstein, LLP
All rights reserved.

Sec. 9. OUT-OF-SCHOOL SUICIDE ATTEMPTS

If a AAL staff member becomes aware of a suicide attempt by a student that is in progress in an out-of-school location, the staff member will:

1. Call the police and/or emergency medical services, such as 911.
2. Inform the student's parent or guardian.
3. Inform the campus suicide prevention coordinator and Principal.

If the student contacts the staff member and expresses suicidal ideation, the staff member should maintain contact with the student (either in person, online, or on the phone). The staff member should then enlist the assistance of another person to contact the police while maintaining verbal engagement with the student.

Sec. 10. RE-ENTRY PROCEDURE

For students returning to school after a mental health crisis (*e.g.*, suicide attempt or psychiatric hospitalization), the campus principal, designee, or school mental health professional will meet with the student's parent or guardian, and if appropriate, meet with the student to discuss re-entry.

The meeting shall address next steps needed to ensure the student's readiness for return to school, plan for the first day back, and ease the transition back into the school environment (*e.g.*, whether or not the student will be required to make up missed work, the nature of check-in/check-out visits, etc.). Any necessary accommodations shall also be discussed and documented.

Following a student hospitalization, parents may be encouraged to inform the school mental health professional of the student's hospitalization to ensure continuity of service provision and increase the likelihood of a successful re-entry. While not a requirement for re-entry, AAL may coordinate with the hospital and any external mental health providers to assess the student for readiness to return to school.

A school mental health professional or other designee shall be identified to coordinate with the student, their parent or guardian, and any outside health care providers. The mental health professional shall meet with the student and their parents or guardians to discuss and document a re-entry procedure

The designated staff person shall periodically check-in with the student to help with readjustment to the school community and address any ongoing concerns, including social or academic concerns.

The school mental health professional shall check-in with the student and the student's parents or guardians at an agreed upon interval depending on the student's needs either on the phone or in

© 2025 Schulman, Lopez, Hoffer & Adelstein, LLP
All rights reserved.
SLHA Schulman, Lopez, Hoffer & Adelstein, LLP

person for a mutually agreed upon time period (*e.g.*, for a period of three months). These efforts are encouraged to ensure the student and their parents or guardians are supported in the transition, with more frequent check-ins initially, and then fading support.

The administration shall disclose to the student's teachers and other relevant staff (without sharing specific details of mental health diagnoses) that the student is returning after a medically-related absence and may need adjusted deadlines for assignments. The school mental health professional shall be available to teachers to discuss any concerns they may have regarding the student after re-entry.

Sec. 11. POSTVENTION

a) *Development and Implementation of an Action Plan*

The crisis team will develop an action plan to guide school response following a death by suicide. A meeting of the crisis team to implement the action plan should take place immediately following news of the suicide death. The action plan may include the following steps:

1. **Gather facts.** The crisis response coordinator or other designated school official (*e.g.*, the campus principal or superintendent) will confirm the death and determine the cause of death through communication with the student's parent or guardian, the coroner's office, local hospital, or police department. Before the death is officially classified as a suicide by the coroner's office, the death shall be reported to staff, students, and parents or guardians, with an acknowledgement that its cause is unknown. When a case is perceived as being an obvious instance of suicide, it shall not be labeled as such until after a cause of death ruling has been made. If the cause of death has been confirmed as suicide but the parent or guardian prefers the cause of death not be disclosed, the school may release a general statement without disclosing the student's name (*e.g.*, "We had a ninth-grade student die over the weekend"). If the parents do not want to disclose cause of death, an administrator or mental health professional from the school who has a good relationship with the family shall be designated to speak with the parents to explain the benefits of sharing mental health resources and suicide prevention with students. If the family refuses to permit disclosure, schools may state "The family has requested that information about the cause of death not be shared at this time." Staff may also use the opportunity to talk with students about suicide.

2. **Assess the situation.** The crisis team shall meet to prepare the postvention response according to the crisis response plan. The team shall consider how the death is likely to affect other students, and determine which students are most likely to be affected. The crisis response team shall also consider how recently other traumatic events have occurred within the school community and the time of year of the suicide. The team

© 2025 Schulman, Lopez, Hoffer & Adelstein, LLP
All rights reserved.

and principal shall triage staff first, and all teachers directly involved with the victim shall be notified in-person and offered the opportunity for support.

3. **Share information.** The designated staff person shall inform the other staff that a sudden death has occurred, preferably in an all-staff meeting. The crisis team shall provide a written statement for staff members to share with students and assess staff's readiness to provide this message in the event a designee is needed. The statement shall include the basic facts of the death and known funeral arrangements (without providing details of the suicide method), recognition of the sorrow the news will cause, and information about the resources available to help students cope with their grief.

   Staff shall respond to questions only with factual information that has been confirmed. Staff shall dispel rumors with facts, be flexible with academic demands, encourage conversations about suicide and mental health, normalize a wide range of emotional reactions, and know the referral process and how to get help for a student. Staff will avoid public address system announcements and school-wide assemblies in favor of face-to-face notifications, including small-group and classroom discussions. The crisis response team may prepare a letter (with the input and permission from the student's parent or guardian) to communicate with parents which includes facts about the death, information about what the school is doing to support students, the warning signs of suicidal behavior, and a list of resources available. If necessary, a parent meeting may also be planned. Staff shall direct all media inquiries to the designated school or district spokesperson.

4. **Avoid suicide contagion.** AAL will actively triage particular risk factors for contagion, including emotional proximity (*e.g.*, siblings, friends, or teammates), physical proximity (witness, neighbor) and pre-existing mental health issues or trauma. The designated staff person shall explain in an all-staff meeting that one purpose of trying to identify and provide services to other high-risk students is to prevent another death. The crisis team shall work with teachers to identify students who are most likely to be significantly affected by the death, or who exhibit behavioral changes indicating increased risk. In the staff meeting, the crisis team shall review suicide warning signs and procedures for referring students who present with increased risk. For those school personnel who are concerned that talking about suicide may contribute to contagion, it has been clearly demonstrated through research that talking about mental health and suicide in a nonjudgmental, open way that encourages dialogue and help-seeking does not elevate risk.

5. **Initiate support services.** Students identified as being more likely to be affected by the death will be assessed by a school mental health professional to determine the level of support needed. The crisis team shall coordinate support services for students and staff in need of individual and small group counseling as needed. School mental health

© 2025 Schulman, Lopez, Hoffer & Adelstein, LLP
All rights reserved.
SLHA Schulman, Lopez, Hoffer & Adelstein, LLP

professionals will provide on-going and long-term support to students impacted by the death of the student, as needed. If long-term intensive services by a community provider are warranted, the school mental health professional will collaborate with that provider and the family to ensure continuity of care between the school, home, and community. Together with parents or guardians, crisis team members shall provide information for partner community mental health providers, or providers with appropriate expertise, to ensure a smooth transition from the crisis intervention phase to meeting underlying or ongoing mental health needs. These discussions may include debriefing (orientation to the facts), reflection on memories, reminders for and re-teaching of coping skills, and encouraging spending time with friends and caregivers as soon as possible. Students and staff affected by the suicide death shall be encouraged to return to a normal routine as much as possible, understanding that some deviation from routine is to be expected.

6. **Develop memorial plans.** AAL will not create or permit on-campus physical memorials (*e.g.*, photos, flowers, locker displays), funeral services, or fly the flag at half-mast because it may sensationalize the death and encourage suicide contagion. School should not be canceled for the funeral. Spontaneous memorials may occur from students expressing their grief.

   School shall not be canceled for the funeral or for reasons related to the death. Any school-based memorials (e.g., small gatherings) shall include a focus on how to prevent future suicides and prevention resources available. Any school-based memorials (*e.g.*, small gatherings) will include a focus on how to prevent future suicides and prevention resources available.

b) ***External Communication***

The AAL-appointed spokesperson will be the sole media spokesperson. Staff will refer all inquiries from the media directly to the spokesperson. The spokesperson will:

1. Keep the district suicide prevention coordinator and Superintendent informed of school actions relating to the death.

2. Prepare a statement for the media including the facts of the death, postvention plans, and available resources. The statement will not include confidential information, speculation about victim motivation, means of suicide, or personal family information.

3. Answer all media inquiries. If a suicide is to be reported by news media, the spokesperson should encourage reporters not to make it a front-page story, not to use pictures of the suicide victim, not to use the word suicide in the caption of the story, not to describe the method of suicide, and not to use the phrase “suicide epidemic” –

© 2025 Schulman, Lopez, Hoffer & Adelstein, LLP
All rights reserved.

as this may elevate the risk of suicide contagion. They should also be encouraged not to link bullying to suicide and not to speculate about the reason for suicide. Media should be asked to offer the community information on suicide risk factors, warning signs, and resources available.

© 2025 Schulman, Lopez, Hoffer & Adelstein, LLP
All rights reserved.