

Suicide Prevention Annual Plan Dayton School District #8

**A GUIDE TO YOUTH SUICIDE PREVENTION, INTERVENTION AND POSTVENTION
PROCEDURES FOR DAYTON SCHOOLS**

Updated: September 2026

Suicide Prevention Annual Plan Dayton School District #8

A GUIDE TO YOUTH SUICIDE PREVENTION, INTERVENTION AND POSTVENTION PROCEDURES FOR DAYTON SCHOOLS

Table of Contents

School Counselors & School Therapists

Introduction and Purpose of the District Policy on Suicide

Definitions

Preventions

- Evidence-based Trainings and Programs available in Oregon**
- Student Suicide Prevention**
- Confidentiality**
- Warning Signs and Risk Factors**
- Populations or Groups at Elevated Risk for Suicidal Ideations**

Interventions

- Dayton School District Suicide Intervention Protocol Flowchart**
- Referral Procedure**
- Procedure for Self-Harm**
- Procedure for Suicidal Ideation**
- Suicide Screening Form - Level 1**
- Safety Plan**
- Guardian Letter/ Notification**
- Re-Entry Plan**
- Staff Instructions When a Student Returns to School After Suicide Attempt or Hospitalization**

Postventions

- District- Wide Crisis Team**
- Resources**
- Appendix**

School	Position	Name	Phone	Email
HS	Counselor	Candace Ruiz	503.864.2273 ext. 530	Candace.Ruiz@dayton.k12.or.us
JH	Counselor	Kathryn Nelson-Davis	503.864.2246 ext. 536	Kathryn.Nelson-Davis@dayton.k12.or.us
DGS	Counselor	Jaime Turley	503.864.2217 ext. 474	Jaime.Turley@dayton.k12.or.us
K-12	Director of Student Services	Eric Palacios	503.864.2217 ext. 472	Eric.Palacios@dayton.k12.or.us

This document was adopted from the following resources

Model School District Policy on Suicide Prevention
American School Counselor Association, National Association of School Psychology, Trevor Project, and American Foundation for Suicide Prevention

Suicide Prevention, Intervention, and Postvention: Step by Step
Lines for Life and the Willamette Education Service District

Introduction and Purpose of the Dayton School District Suicide Prevention Model

The purpose of this plan is to follow board policy to protect the health and well-being of all Dayton School District students by having procedures in place to prevent, assess risks of, intervene in, and respond to suicides. Senate Bill 52 “Adi’s Act” requires each school district in the state of Oregon to adopt a comprehensive suicide prevention policy for grades K-12. Suicide is the 3rd leading cause of death for adolescents and young adults ages 10-19 in Oregon (American Foundation of Suicide Prevention, 2017). On average, a young person dies by suicide every two hours in the US. For every young person who dies by suicide, an estimated 100 youths make suicide attempts (Trevor Project, 2016). The school environment can be a place of support and resilience for students who are struggling. The school is critical for supporting students' development in youth. Responding appropriately to the risk of suicide is an unspoken duty of educators. By having clear policies and support, educators can feel more confident and feel more supported when working with students who are struggling with suicidal ideation.

There are many resources for educators and mental health providers when working with students who are at risk. This model is specifically to help educators feel confident by giving a toolkit that will allow them to be more likely to intervene when they see risk signs in students. By providing educators with procedures and skills to help recognize the physical, behavioral and emotional components that are part of mental health, one is able to provide and help protect all students in the Dayton School District. Doing so helps make sure that attempts or

students in crisis are referred appropriately to the correct resources as well as guardian involvement has been achieved following best practices.

The model is divided into three sections: prevention, intervention and postvention. Prevention are the steps to stop dying by suicide and attempts from occurring. This is done by educating and familiarizing oneself with the warning signs and risk factors of suicide. Interventions are the immediate action steps that can be taken when a student expresses suicidal ideation or plans to attempt. Postvention are the organized responses in the aftermath of a suicide. This facilitates the healing of students and staff from the grief and distress of suicide loss. Postvention can also help prevent suicide contagion from occurring.

Definitions

It is important to start with the same language and understanding.

1. **At risk-** A student who expresses suicidal ideation or has previous attempts of suicide.
2. **Crisis team-** A multidisciplinary team consisting primarily of administration, mental health and staff who focus on crisis preparedness, intervention and recovery. These professionals are trained in crisis protocols and support.
3. **Postvention-** A crisis intervention strategy designed to reduce the risk of suicide and/or suicide contagion. It is to help bring support to survivors, address the social stigma with suicide and spread factual information after the completion of a suicide of a member in the school community.
4. **Risk assessment-** An evaluation of a student who may be at risk of harm or suicide. This is conducted by appropriate school staff such as school counselors or school based mental health counselors.
5. **Risk Factors-** Characteristics that increase the chances a person may attempt to take their life. The risk of suicide tends to be higher based on the number of risk factors one has at a certain time.
6. **Self-Harm-** Deliberate behavior that is self-directed that either results in an injury or has the potential to result in one. Although self-harm often lacks suicidal intent, youths who engage in self-harm are more likely to attempt suicide.
7. **Suicide-** Death caused by self-directed injuring behavior with the intent to die as the result of this behavior.
8. **Suicide attempt-** A behavior causing self-injury where there is evidence that the person had some intent to kill themselves.
9. **Suicidal behavior-** Suicide attempts, intentional injury to self associated with at least

some intent (a plan or strategy for suicide or even gathering the means for of suicide) may be thoughts indicating intent to end one's life.

10. Suicide contagion- The process by which suicidal behavior or a suicide influences other students' behaviors.

11. Suicidal ideation- Thinking about, considering, or planning self-injury which might lead to 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.

Prevention

Evidence-based Trainings and Programs available in Oregon.

By having staff members trained, there is a universal understanding of the process, policies, procedures and best practices for intervening with students and/or staff at risk of suicide.

Through training, the staff can also become more comfortable addressing this topic.

Title	Description	Length	Who/Access/Sign up
District Suicide Prevention Policy and Plan	Review of school policies, procedures and protocols.	30 minutes	All District Staff - Yearly with staff handbook and staff meetings
QPR (Question, Persuade, Refer)	QPR offers in an hour a guide to recognize the signs of suicidal, identify a crisis and direct the person to the correct care.	60 minutes	https://qprinstitute.com/organization-training All District Staff - *Requirement for new staff and every 2 years for current staff

Students should learn and receive information about suicide prevention. The purpose of the curriculum is to teach students the importance of safe and healthy choices as well as coping strategies and resiliency. They should also have information to access help at school for themselves, their peers, or others in the community.

Grade level	Description	When
Kindergarten - 5th grade	Character Strong, SEL, GEM, Stanford Harmony	In the classroom during lessons
6th grade	Prevention Curriculum	6th-grade seminar
7th grade	Lines for Life Presentation	November each school year
8th grade	Suicide Prevention Unit	Health
9th grade	Suicide Prevention Unit	Health 1

10th & 11th grade	Suicide Prevention Unit Lines for Life Presentation	Health 2 November each school year
All students and Families	Access to the District Suicide Prevention Plan through the Student/Parent Handbook and the District website	Annually through the Student/Parent Handbook and the District website

Confidentiality

HIPPA and FERPA

School employees, with the exceptions of nurses, counselors, and psychologists who are bound by HIPPA, are bound by laws of The Family Education Rights and Privacy Acts of 1974; commonly known as FERPA.

There are situations when confidentiality must NOT BE MAINTAINED; if at any time, a student has shared information that indicates the student is in imminent risk of harm/danger to self or others, that information MUST BE shared. The details regarding the student can be discussed with those who need to intervene to keep the student safe. This complies with the principles of FERPA and HIPAA, known as “minimum necessary disclosure”.

Request from student to withhold from parents

If a student is expressing suicidal ideation or plans to attempt, legal guardian(s) must be informed. They are an important part of ongoing safety for the student. If the student doesn't want to tell his/her parents, the staff member can inquire and validate their fears about telling their parents. Nevertheless, legal guardian(s) must be informed.

EXCEPTIONS for parental notification: Abuse or neglect

Parents need to know about a student's suicidal ideation unless a result of parental abuse or neglect is possible. The counselor or staff member is in the best position to make the determination. The school staff will need to let the student know that other people will need to get involved on a need-to-know basis.

If a student makes a statement such as “My dad/mom would kill me” as a reason to refuse, the school staff can ask questions to determine if parental abuse or neglect is involved.

If there is no indication that abuse or neglect is involved, compassionately disclose that the parent needs to be involved.

Warning Signs and Risk Factors

Suicidal risk is higher when a student (or person) has a number of these signs at the same time. Warning signs are actions or behaviors a student might exhibit, while risk factors are conditions that increase the chance of a person dying by suicide.

Warning Signs

Talk

- Saying they want to kill themselves
- Expressing helplessness
- Being a burden to others
- Not having a reason to live
- Feeling trapped

Behavior

- Extreme fatigue
- Giving away precious or prized belongings
- Sleeping a lot or sleeping very little
- Isolating from friends and family
- Increasing risky behaviors
- Increasing use of alcohol and/or drugs
- Researching ways to end their lives
- Calling loved one and saying goodbye

Mood

- Depressive
- Loss of interest
- Anger
- Anxiety
- Shame
- Relief

Risk Factors

Health Factors

- Mental health conditions such as depression, anxiety, bipolar, schizophrenia, and other personality disorders.
- Traumatic Brain Injuries
- Serious health conditions that include constant pain.

Environmental Factors

- Access to lethal means like drugs or a firearm.
- Prolonged stress such as bullying, peer problems or family problems.
- Exposure to traumatic life events- divorce, suicide or other life transition.

Behavioral Factors

- Family history of suicide
- Childhood abuse, neglect and trauma

- Previous suicide attempt

Populations or Groups at Elevated Risk for Suicidal Ideations
Youth living with mental and/or substance use disorders
While the large majority of people with mental disorders do not engage in suicidal behavior, people with mental disorders account for more than 90% of deaths by suicide. Mental disorders, in particular depression, bipolar (manic-depressive) disorders, alcohol or substance abuse, schizophrenia, and other psychotic disorders, borderline personality disorders, conduct disorders, and anxiety disorders, are important risk factors for suicidal behavior among young people. The majority of people suffering from these mental health disorders are not engaged in treatment. Therefore, school staff may play a pivotal role in recognizing and referring the student to treatment.
Youth who engage in self-harm or have attempted
Suicide risk among those who engage in self-harm is significantly higher than the general population. Whether or not they report suicidal intent. People who engage in self-harm are at an elevated risk for dying by suicide within 10 years. A previous suicide attempt is a known predictor of suicide death. Many adolescents who have attempted suicide do not necessarily receive follow-up care.
Youth in and out of home settings
Youth involved in the juvenile justice or child welfare systems have a high prevalence of many risk factors for suicide. Young people in the juvenile justice system die by suicide at a rate about 4x greater than the rate among youth in the general population. Though comprehensive data on youth in foster care does not exist, one researcher found that youth in foster care were more than twice as likely to have considered suicide and almost 4x more likely to have attempted suicide than their peers not in foster care.
Youth experiencing homelessness or houselessness
For youth experiencing homeless and houselessness, rates of suicide attempts are higher than those of the adolescent population in general. These young people also have a higher rate of mood disorders, conduct disorders and PTSD. One student found that more than half of runaway, homeless and houseless youth have had some kind of suicidal ideation. Identified Dayton students will be referred and helped by the Dayton School District's homeless liaison.
American Indian/Alaska Native (AI/AN) youth
In 2009, the rate of suicide among AI/AN youth ages 15-19 are more than twice that of the general youth population. Risk factors that can affect this group more than the general youth population is substance use, discrimination, lack of access to mental health care and historical trauma.

LGBTQ youth

The CDC finds that LGBTQ youth are 4x more likely, and questioning youth are 3x more likely to attempt suicide than their straight peers. The American Association of Suicidology reports that nearly half of young transgender people have seriously considered taking their lives and 25% have reported having made a suicide attempt. Suicidal behavior among LGBTQ youth can be related to experiences of discrimination, family rejection, harassment, bullying, violence, and victimization. For those youth with baseline risk for suicide (especially those with mental health disorders). These experiences can place them at an increased risk. It is these societal factors, in addition to other factors such as mental health history and not the fact of being LGBTQ, which elevate the risk of suicidal behavior in LGBTQ youth.

Youth bereaved by suicide

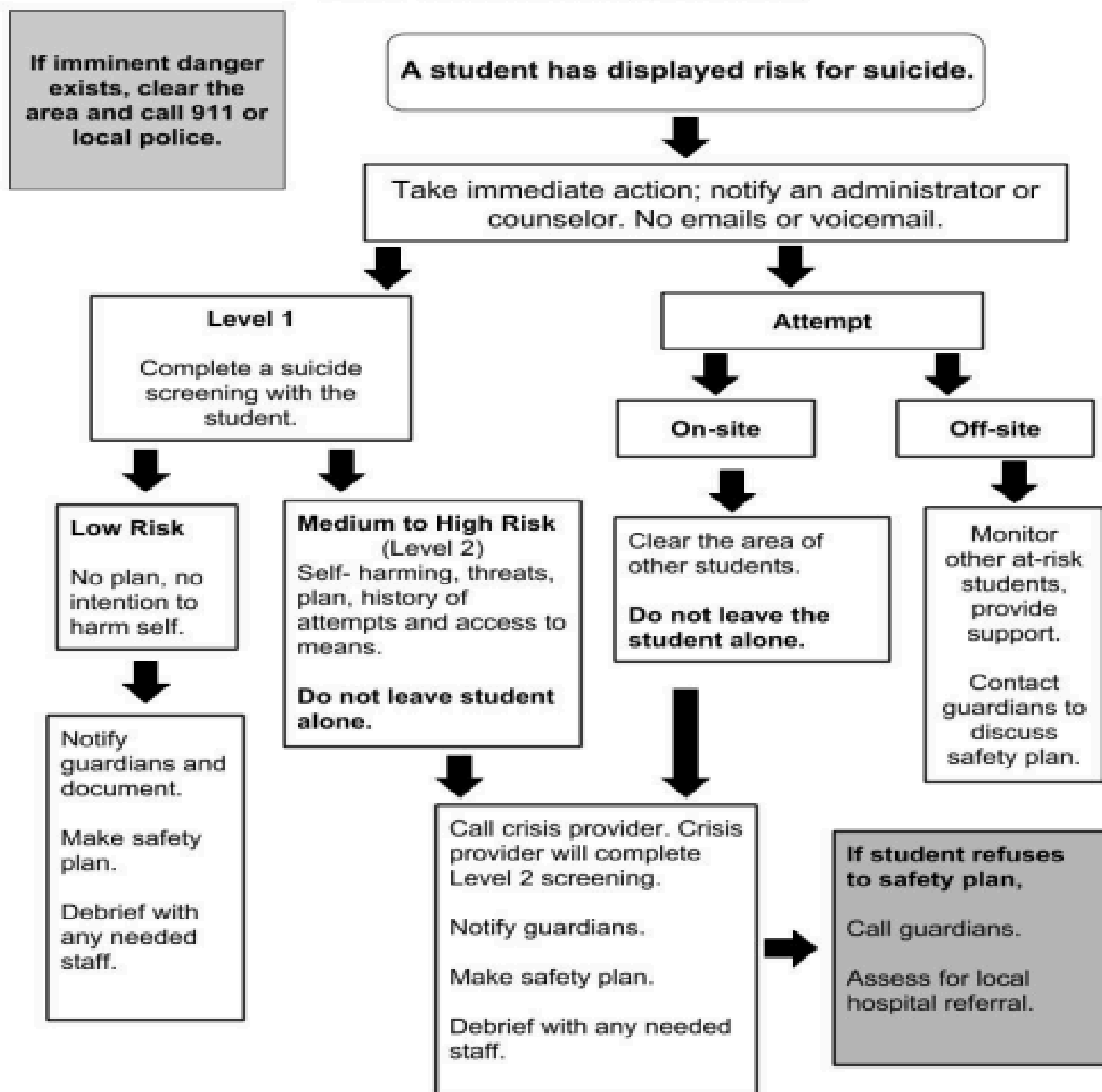
Studies show that those who have experienced suicide loss, through the death of a friend or a loved one, are at an increased risk for suicide themselves. School counselors will provide outreach to students and provide mental health referrals if necessary.

Youth living with medical conditions and disabilities

Many physical conditions are associated with an elevated risk for suicidal behavior. Some of these conditions include chronic pain, loss of mobility, disfigurement, cognitive styles that make problem-solving a challenge, and other chronic limitations. Adolescents with asthma are more likely to report suicidal ideation and behavior than those without asthma. Additionally, studies show that suicide rates are significantly higher among people with certain types of disabilities. Such as those with multiple sclerosis or spinal cord injuries. Individual 504 and IEP plans are created for students to add specific accommodations at school and to provide support as needed.

Intervention

Dayton School District Suicide Intervention Protocol Flowchart



Referral Procedure

Referral procedure to Family and Youth Mental Health through the Dayton School District school based mental health. This is for students who are low to medium risk. If a student is high risk and in imminent danger, notify the school counselor and administration immediately or call 911.

Role of the School Counselor: Provides counseling to students on a regular basis, facilitates group skills training for multiple students, consults with teachers, administrators and families. Assists with the implementation of PBIS and SEL interventions in the classroom. Can do classroom observations to evaluate particular students' areas that need support using PBIS and/or the Growth Mindset model. Point person for screenings and potential referrals for intensive MH services.

School Counselor's areas of expertise:

- **Mild to moderate** social, emotional, and behavioral issues with peers, in the classroom, at home
- Defiance toward adults
- Academic performance issues
- Providing resources to parents
- Psychoeducation in the classrooms
- Risk assessment (Level 1 Threat; Level 1 Sexual and ASIST and Level 1 Suicide)
- Staff consultation
- Trauma-sensitive services
- Safety planning

Role of the Mental Health Therapist: Provides intensive individual and family therapy to students who meet medical necessity (per OARs) and who require a higher level of support to succeed emotionally and socially, co-facilitates group skills training with the School Counselor as needed. Consults with teachers, administrators, and families. Provides psychoeducation to teachers, classrooms, and other community partners. Assists in safety/risk evaluations that are present in the school environment. Assists in implementing trauma-sensitive school-based services to students and staff.

Mental Health Therapist's areas of expertise:

- Moderate to severe social, emotional, and behavioral issues *that significantly impact academic and social functioning*
- Risk assessments (Level I & II Threat Assessments, CAMS)
- Safety planning
- Referrals for specialty screenings (i.e., early psychosis and intervention, medication management)
- Psychoeducation in the classrooms
- Trauma-sensitive services
- EMDR
- Play therapy techniques
- Consultation with staff, families and community partners

Procedure for referrals for counseling services:

1. Referral form to school counselor initiated by administrator, teacher or student self-referral
2. The student will have at least five supportive check-ins with the counselor to see if problems can be resolved.
3. If no resolution of social, behavioral, or emotional problems, then refer to Yamhill County Mental Health
4. Referrals for MH services –
 - a. School Counselor will consult/brief the case with Mental Health
 - Does a student likely meet medical necessity for services?
 - Does a student have OHP?
 - b. The School Counselor will send home the Yamhill County Mental Health Counseling Permission Form with the student.
 - c. Mental health will complete orientation paperwork with the family and set up a time to do a clinical assessment.
5. Formal assessment and initial treatment plan completed with Family and Youth (1.5 - 2hrs)

What do I do if I see, hear, or read something about...

Self-Harm

Although self-harm is not an indication of suicidal ideation, it is unsafe and potentially lethal. If you notice a student who has suspicious injuries that may look self-inflicted, please follow the procedure below:

1. Stay Calm! You got this!
2. Inquire about injury and suicidal ideation.
3. Report to counselor or administration.
4. Counselor or administration makes a safety plan.
5. Contact guardian(s).
6. Make copies of the safety plan for home and school.
7. Notify teachers who need to know.
8. Revisit safety plan in 2 weeks.

Suicidal Ideation

1. Stay Calm! You got this!
2. Inquire about suicidal ideation, utilize QPR for added direction (see resources).
 - a. If the student has expressed (verbal, written, or behavioral) suicidal ideation to you or you overheard it, try to find a private setting away from other students. Then proceed to ask something like “Have you ever thought of killing yourself?” (Remember that this question, although uncomfortable to ask at first, does not make people complete suicide. So ask it!)
 - b. A good follow-up question if they say yes, “do you have a plan? (to kill yourself)”
 - c. At this point, move on to step number 3. If the student has a plan, do not leave

- alone.
3. Report to the counselor or administration within the hour in person.
 4. Counselor or administration makes a safety plan.
 - a. If a student refuses a safety plan, contact guardian(s) and/or assess for referral to a local hospital.
 - b. If the student has an active suicide plan, contact guardian(s) to see if they can transport to hospital. If not, hold the student at school and call 911.
 5. Contact guardian(s).
 6. Make copies of the safety plan for home and school.
 7. Notify teachers who need to know.
 8. Revisit safety plan in 1 week

SUICIDE SCREENING FORM – LEVEL 1

(To be completed by school counselor, administration or mental health specialist)

Date: _____

Time: _____

1. IDENTIFYING INFORMATION

Name: _____ ID: _____

School: _____ DOB: _____

Age: _____ IEP/504? _____

Medicine/Health information: _____

Address: _____

Parent/Guardian #1 name/phone # (s): _____

Parent/Guardian #2 name/phone # (s): _____

Screener's name: _____ Position: _____

Contact Info: _____

2. REFERRAL INFORMATION

Who reported concern: ☐ Self ☐ Peer ☐ Staff ☐ Parent/Guardian ☐ Other When was concern

disclosed: _____ Contact information (If applicable): _____

What information did this person share that raised concern about suicide risk?

3. WARNING SIGNS/RISK FACTORS

☐ Expressions of wanting to die, of being gone, or of death in any manner in their:

o Writing o Drawing

o Verbal o Social Media

☐ Withdrawal from others ☐ Giving away possessions

☐ Preoccupation with death ☐ Recent changes in appetite, behavior, sleep ☐ Feelings of

hopelessness/self-hate ☐ Family problems

☐ Substance Abuse ☐ Crisis within the last 2 weeks

☐ Current psychological/emotional pain ☐ Mental Health concerns

☐ Discipline problems ☐ Conflict with others (friends/family)

☐ Experiencing bullying or being a bully ☐ Engages in high risk behavior

☐ Unmet basic needs ☐ Self-Injury (see NSSI Assessment & Protocol) ☐ Current/past trauma

(domestic/relational/sexual abuse)

☐ Stresses from: gender ID, sexual orientation, ethnicity

- ☐ Exposure and/or access to weapons, violent video games
- ☐ Recent personal or family loss or change (i.e., suicide, death, divorce)
- ☐ Other signs: _____

4. COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS) –

Fill out and attach separate screening form ☐ LOW RISK ☐ MEDIUM RISK ☐ HIGH RISK

5. PROTECTIVE FACTORS

- ☐ Engaged in effective health and/or MH care ☐ Resiliency
- ☐ Positive problem-solving skills ☐ High frustration tolerance ☐ Positive coping skills
- ☐ Emotional regulation
- ☐ Restricted access to means to kill self ☐ Does well in school
- ☐ Stable living environment ☐ Willing to access support/help ☐ Positive self-esteem ☐
- Does well in school
- ☐ Cultural and/or religious beliefs that discourage suicide ☐ Has responsibility for others
- ☐ Feels well connected to others (family, school, friends)

6. PARENT/GUARDIAN CONTACT

Name of parent/guardian contacted: _____

Date contacted: _____

☐ Left a Voicemail Date: _____ T ime: _____ o Parent/Guardian Called Back Date: _____ T ime: _____	☐ Parent/Guardian Answered Was the parent/guardian aware of the student's suicidal thoughts/plans? Yes ☐ No ☐ Parent/Guardian's perception of threat _____ _____
---	---

Student Name: _____

Screener Name: _____

Date: _____

COLUMBIA-SUICIDE SEVERITY RATING SCALE

Screen Version - Recent

SUICIDE IDEATION DEFINITIONS AND PROMPTS	Past month	
Ask questions that are bolded and <u>underlined</u> .	YES	NO
Ask Questions 1 and 2		
1) <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u>		
2) <u>Have you actually had any thoughts of killing yourself?</u>		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) <u>Have you been thinking about how you might do this?</u> <i>E.g. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it."</i>		
4) <u>Have you had these thoughts and had some intention of acting on them?</u> <i>As opposed to "I have the thoughts but I definitely will not do anything about them."</i>		
5) <u>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</u>		
6) <u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u> Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. If YES, ask: <u>Was this within the past three months?</u>		

- Low Risk
- Moderate Risk
- High Risk

NOTES:

Student Name:_____ DOB:_____ Date of Plan:_____

Warning signs that I am not safe:

- 1.
- 2.
- 3.

Things I can do to keep myself safe (in the case that I was thinking about suicide):

- 1.
- 2.
- 3.

An adult I can talk to at home when I feel it would be better if I were not alive:

An adult I can talk to at school when I feel it would be better if I were not alive:

My plan to reduce or stop use of alcohol/drugs:

- 1.
- 2.
- 3.

Identify reasons for living:

- 1.
- 2.
- 3.

I can call any of the numbers below for 24 Hour Crisis Support.

National Suicide Prevention Lifeline 1-800-273-TALK [8255]

Oregon Youthline 1-877-968-8491 or text teen2teen to 839-863

Marion County Crisis Line: (503) 576-HOPE (4673)

Polk County Crisis Line: (503) 623-9289, 1-800-560-5535 (after hours)

Yamhill Crisis Line: 503-434-7462, 1-800-842-8200 (after hours)

My follow-up appointment is:_____with_____

Provide copies to student; home; teacher(s); safety file and counselor.

Letter for Guardian

We are concerned about the safety and welfare of your child, _____. We have been made aware that your child has made statements or gestures and may be suicidal. All expressions of suicidal behavior are taken very seriously within Dayton School District and we would like to support you and your student as much as possible during this time. To assure the safety of your child, we strongly suggest the following:

1. Your child needs to be supervised closely. Research shows the risk of suicide doubles if a firearm is in the house, even if the firearm is locked up. Assure that your child does not have access to firearms or other lethal means, including medication, weapons or alcohol at your house or at the house of neighbors, friends or other family members. The local police department can discuss with you different ways to store, remove or dispose of such items.
2. When a child is at risk for suicide, it is extremely important they are seen by a qualified mental health professional for assessment. The counselor or the principal at your child's school can assist you in finding resources or you can contact your insurance company directly.
3. Your child will need support during this time. Your child may need reassurance that you love them and will get them the care they need. Be patient and calm, but also convey that you are concerned. Show love and seek out the help your child needs with no strings attached. Take threats and gestures seriously. Don't tease, challenge or be sarcastic. Keep communication open and non-judgmental and show empathy, warmth and respect. Please be careful not to display anger towards your child for bringing up this concern or show resentment due to any experience inconvenience in order to ensure your child's safety.
4. We may need to develop a plan to assure that your child feels safe and supported before returning to school. You might be contacted by the school to schedule a meeting with you, your child and school staff members. This is to ensure your child's safety while at school.

If you have an immediate concern for your child's safety, please call the Yamhill County Crisis Line at (503) 434- 7523 or at 1-844-842-8200. Counselors are available 24 hour a day and can advise you on the most appropriate action to keep your child safe.

In case of an emergency, call 911 or go to any hospital emergency room.

The closest hospitals are:

Providence Newberg Medical Center Willamette Valley Medical Center 1001 Providence Dr,
Newberg, OR 97132 2700 SE Stratus Ave, McMinnville, OR 97128 (503) 537-1555 (503)
472-6131

If you have any questions, concerns or need further assistance from the school, please feel free
to contact me by phone at _____.
Sincerely,

Record for Guardian

This form documents contact with the parent/ guardian has been made. This form states
that parents/guardians were informed of the student’s behavior and advised on the next steps.

**Dayton School District
Guardian Contact Acknowledgment Form**

This form is to verify that I have spoken with Dayton School staff member, _____ on
_____ (date), concerning my child’s suicidal ideation. I have been advised to seek the
services of a mental health agency or therapist immediately. I have also been informed of the safety plan
and procedure the school will be taking to help keep my student staff.

I understand a follow-up check by this staff member _____ will be made with
my child and myself within the next two weeks to see how things are progressing.

Parent Signature

_____ Date: _____

Faculty Member Signature

_____ Date: _____

Additional Notes: _____
Additional ontacts made with parent/guardian on: _____

Given in person
Talked on phone
Mailed home
Other _____

Re-entry Plan

This plan should be used for students returning to school following a suicide attempt or
psychiatric hospitalization. Please reassure the student and family that sharing information with
school personnel will be done on a need-to-know basis. Faculty and staff that have direct
contact should be informed.

Plans should be discussed before student re-entry and should include the following personnel: student, legal guardian/parent, principal/vice principal, school counselor, and homeroom teacher.

Student Re-Entry Plan

Student: _____

Date: _____ School: _____

Grade: _____ Date to be Reviewed: _____

Primary School Contact:

Secondary School Contact:

Accommodations:

Student's Schedule:

- ☐ Return to previous full day schedule
- ☐ Return on a full day schedule but with class changes made to the schedule
- ☐ Return with a reduced day schedule
- ☐ Change of placement
- ☐ Other: _____

Coursework: *The student may have missed a number of days of school. How can we accommodate for work missed?*

- ☐ Shortened assignments
- ☐ Extended time for work
- ☐ Provide alternative work
- ☐ Working lunch
- ☐ Other: _____

Behavior Accommodations:

- ☐ Allow student to take breaks inside classroom
- ☐ Allow student to take breaks outside of classroom- location: _____
- ☐ Preferential seating
- ☐ Allow student to check in with counselor when needed
- ☐ Other: _____

Staff Instructions When Dealing with a Student Returning to School After Suicide Attempt or Hospitalization

1. Welcome the student's return to school as you would any other student returning from an extended absence.
2. Let the student know you are glad they are back, "Good to see you".
3. Keep the reason for the student's absence CONFIDENTIAL.
4. Please respect the student's wishes for the way in which the absence is discussed. If the attempt is common knowledge, help the student prepare for questions from peers, faculty and/or staff. If no one is aware, help the student create a short response to explain the absence. Being prepared helps reduce anxiety and helps the student feel more in control.
5. Discuss missed classwork and homework and make arrangements for completion. Adjust expectations if needed. If possible, provide alternative assignments instead of having the student try to make up all the missed work.
6. Be aware that the student may be adjusting to medication and may be dealing with side effects including fatigue, or jitteriness.
7. Keep an eye on the student's academic performance as well as his/her social and emotional interactions. If you see that he/she is isolating or being shunned by peers or is falling further behind in assignments, please follow up with the student's school contact person and/or the legal guardian(s).
8. Pay close attention to further absences, lateness and requests to be excused during classes. If you are concerned, please alert the appropriate staff at school.
9. Encourage the student to use the school counselor for additional support.
10. Please monitor student's behavior and report concerns to the designated school contact person.

Postvention

Dayton School District #8 - Suicide Postvention

Schools must be prepared to respond and offer postvention support following a suicide attempt or completed suicide. Suicide postvention, as defined by the American Association of Suicidology, involves providing crisis intervention, support, and assistance to those affected. Implementing postvention strategies after such events is crucial. Schools should recognize that youth and others connected to these incidents are at increased risk for suicide contagion, meaning they are more vulnerable to suicidal behavior. Families and communities may be particularly sensitive after a suicide. The primary role of schools is to handle the situation in a supportive manner that benefits students and the entire school community. This involves establishing a system to coordinate efforts with various groups, including students, staff, parents or guardians, the community, law enforcement, and media.

Purpose

- While schools implement prevention and early-intervention strategies, not all suicide-related behaviors can be prevented. Therefore, the school shall maintain a crisis-response framework to address suicide attempts or completed suicides in a timely, coordinated, and compassionate manner.
- In the event of a suicide attempt or death, the school's primary responsibility is to support the emotional and psychological well-being of students, staff, and the broader school community. The school shall activate its crisis response team to provide appropriate support services, including counseling, referrals, and staff guidance.
- All communication regarding the incident shall be handled sensitively and responsibly. The school shall avoid language or actions that could glorify or sensationalize suicide, recognizing the risk of suicide contagion. Communications with students, families, staff, and media shall follow established guidelines that emphasize safety, accuracy, and respect for privacy.
- The school shall respond to all completed suicides consistently to ensure fairness, clarity, and emotional safety across the school community, while remaining attentive to the unique needs of those impacted.

Response

- Dayton School District utilizes a Flight Team model in which licensed and trained administrators, counselors, Crisis Response Team, and Yamhill County services are deployed to a school site to implement coordinated systems of support for students, families, and staff following a crisis or other traumatic event. The DSD Flight Team follows established postvention procedures governing communication, activities, and support in the event of a completed suicide.
- The objective of the DSD Flight Team is to promote emotional stabilization, support psychological safety, and assist the school community in returning to instructional and operational routines in a timely and developmentally appropriate manner.
- Members of the DSD Flight Team are participating members of the Crisis Response Team with Willamette ESD, which provides coordinated, inter-district support when additional assistance is needed following a tragedy. When requested, DSD may provide support to other school districts within Yamhill County to assist students and staff during crisis response and recovery efforts.
- The district recognizes that families and the broader community may experience heightened vulnerability and sensitivity following a suicide. Accordingly, DSD shall respond in a manner that is compassionate, culturally responsive, and consistent with established Flight Team protocols, applicable district policies, and relevant legal and ethical standards, including confidentiality and student privacy requirements.

Postvention Goals

- **Support the grieving process** by providing developmentally appropriate, culturally responsive, and trauma-informed supports for students, staff, and families affected by the loss.
- **Reduce the risk of suicide contagion** through responsible communication, consistent messaging, and consistency with established postvention best practices.

- **Re-establish and maintain a healthy school climate** that promotes emotional safety, stability, and a return to normal routines.
- **Provide ongoing monitoring and follow-up** to identify and support individuals who may be at elevated risk over time.
- **Strengthen protective factors** by fostering connectedness, promoting positive coping skills, building resilience, and engaging families and community partners.

Reaching these goals

- **Avoid glorifying or romanticizing suicide** in all verbal, written, and visual communications.
- **Communicate about the death with sensitivity and care**, particularly when interacting with media, recognizing the potential impact on vulnerable individuals and the broader community.
- **Address all deaths consistently**, regardless of cause. Differentiating responses based on the manner of death may unintentionally reinforce stigma surrounding suicide and undermine emotional safety.
- **Identify, maintain, and coordinate community-based resources** to ensure timely access to mental health supports for students, families, and staff.

Key Actions - Immediate and Ongoing Postvention Procedures

- **Verify the reported suicide attempt or death** through appropriate administrative channels before initiating schoolwide response actions.
- **Activate the DSD Flight Team** to coordinate crisis response, student support, and recovery efforts.
- **Assess and determine the level of response required**, including staffing, counseling services, and duration of support, based on the school community's needs.
- **Inform faculty and staff in a timely and supportive manner**, guiding how to respond to students and how to access support for themselves. [Do's and Don'ts handout](#)
- **Determine the content, method, and timing of information sharing**, verifying communication is accurate, sensitive, and developmentally appropriate. Information shall not be disseminated via large

assemblies or over the intercom.

- **Identify students and staff who may be at elevated risk**, including close friends, witnesses, individuals with prior vulnerabilities, or those exhibiting signs of distress.
- **Reinforce suicide prevention and referral protocols with faculty and staff**, and encourage prompt reporting and response to warning signs or expressions of concern.
- **Recognize that trauma responses may emerge or persist over time**, and ensure ongoing monitoring, follow-up, and access to supports for weeks or months following the event.

Key Concepts to Share with Students and Families

- **Recognize warning signs and risk factors** to support timely intervention and prevention efforts.
- **Acknowledge that survivors are not responsible** for the suicide, and provide support to reduce guilt and stigma.
- **Understand mental health and contributing factors** as part of the etiology of suicide, emphasizing that it is not a result of personal failure.
- **Normalize and validate emotions**, including anger, sadness, and grief, as part of a healthy coping process.
- **Promote safe alternatives to stress and emotional distress**, teaching adaptive coping skills and problem-solving strategies.
- **Ensure that help and support are available**, and communicate accessible mental health resources for students, staff, and families.

Postvention Cautions and Guidelines

- **Avoid romanticizing, glorifying, or sensationalizing the death**, and do not assign blame or vilify the victim.
- **Limit details about the event**, and do not describe the death as courageous, rational, or heroic.
- **Refrain from eulogizing the individual or holding school-based memorial services** to minimize contagion risk and maintain emotional safety.
- **Acknowledge the loss while minimizing disruption to school routines**, balancing support for grieving students and staff with the need to maintain a safe and stable learning environment.

Postvention Resources

[After a Suicide: Tool Kit for Schools](#)

District Review Procedures
<i>To request the district to review the actions of a school in responding to suicidal risks, make a written request to the Dayton School District's Superintendent.</i>

Resources

Yamhill County Family and Youth: 503-434-7462

Lines for Life: 1-800-237-8255

Oregon YouthLine:

Call- 1-877-968-8491

Text- teen2teen to 839863

Chat online- www.oregonyouthline.org

Depression Hotline: 1-630-482-9696

Suicide Hotline: 1-800-784-8433

Self-Harm Hotline: 1-800-DONT CUT

(1-800-366-8288) Trevor Project: 1-866-488-7386

Eating Disorders Hotline: 1-847-831-3438

Rape and Sexual Assault: 1-800-656-4673

Grief Support: 1-650-321-5272

Runaway: 1-800-843-5200, 1-800-843-5678, 1-800-621-4000

Self-injury Foundation's National Crisis Line: 1-800-334-HELP

Real Help for Teens Help Line: 1-877-332-7333 National

Suicide Prevention Line: 1-800-273-TALK QPR-

<https://qprinstitute.com/>

Appendix

American Foundation of Suicide Prevention. (2017, June). Oregon Suicide Fact and Figures: 2017. Retrieved July 26, 2018, from [http://lanecounty.org/UserFiles/Servers/Server_3585797/File/Budget/FY17-18 Proposed/Oregon-Facts-2017.pdf](http://lanecounty.org/UserFiles/Servers/Server_3585797/File/Budget/FY17-18%20Proposed/Oregon-Facts-2017.pdf)

Trevor Project. (2016). Saving Young LGBTQ Lives. Retrieved June 26, 2018 from <https://www.thetrevorproject.org/#sm.0001midpwidncer6u5c28vbapk76b>

Unknown. (2015, July 07). Bullying and Suicide. Retrieved July 7, 2018, from <http://www.bullyingstatistics.org/content/bullying-and-suicide.html>

Waletich, C. (2018, August). Safety is a Priority. Retrieved July 26, 2018, from <https://www.hsd.k12.or.us/domain/89>

Willamette Education Service District. (2017, August). School Safety Services - SIS / Suicide Prevention. Retrieved June 26, 2018, from <https://www.wesd.org/Page/660>