

Yamhill Carlton School District

Youth Suicide Prevention, Intervention, and Postvention: Procedural Guide



Revised October 2026

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Prevention

Gatekeeper(s)

Gatekeepers are typically counselors, behavior specialists, deans of students, and, in some cases, building administrators. They are designated as the staff members authorized to conduct suicide risk assessment screenings.

Gatekeepers are trained in QPR (Question, Persuade, and Refer), ASIST (Applied Suicide Intervention Skills Training), and Connect (Postvention) programs. Each school should have a minimum of two trained gatekeepers on staff. In the event that a gatekeeper is unavailable during a crisis, neighboring school staff will provide support to fulfill the role.

Gatekeepers are required to complete ASIST and Connect training at least once every five years and QPR training at least once every three years.

Administrators (Non-Gatekeepers)

All administrators, regardless of level, will receive QPR (Question, Persuade, and Refer) training at a minimum. Administrators may also pursue additional training as appropriate, including ASIST, Connect, and other resources listed below. They are responsible for monitoring SafeOregon, to respond to situations indicating that students may be at high risk.

All Staff (Non-Gatekeepers)

All staff, across every level and classification, will complete Vector Solutions Youth Suicide Awareness training at least once per year as part of the district's annual Safe Schools training. In addition, all staff will participate in QPR training every three years, as offered by the district and WESD.

Curriculum and Mental Health Supports for Students

Developmentally appropriate, student-centered educational materials will be integrated into the K-12 curriculum. The content of these 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, 3) help-seeking strategies for oneself or others, including how to engage school resources and refer friends for help.

Elementary Schools

The elementary school's approach to social-emotional learning and student well-being is supported by both The Great Body Shop health curriculum and CharacterStrong's PurposeFull People curriculum. Together, these programs provide students with developmentally appropriate instruction designed to strengthen emotional health, interpersonal skills, resilience, safety, and help-seeking behaviors.

The Great Body Shop, which has been purchased by YCSD as the core health curriculum, explicitly integrates Social and Emotional Learning performance objectives throughout its ten core grade-level instructional units. Reinforcement lessons, activities, and the Social/Emotional Learning Journal further support the development of the five competencies identified by the Collaborative for Academic, Social, and Emotional Learning (CASEL): self-awareness, self-management, social awareness, social management, and responsible

decision-making. These skills are important foundations for mental health because they help students recognize and regulate emotions, develop healthy relationships, respond appropriately to challenges, and make safe and responsible choices.

CharacterStrong's PurposeFull People, complements this instruction by integrating SEL with broader student well-being and prevention programming. Its three primary pillars—Be Kind, Be Strong, and Be Well—focus on skills such as emotional regulation, positive relationships, resilience, and executive functioning. Across grade levels, students develop character traits including courage, perseverance, empathy, and cooperation through developmentally appropriate lessons.

Importantly, PurposeFull People also connects universal SEL instruction with school safety and prevention efforts. Through its broader programming and Safe and Supported framework, it addresses areas such as bullying prevention, personal safety, substance-abuse prevention, mental health, and age-appropriate suicide-awareness concepts. At the elementary level, the emphasis is appropriately placed on prevention and protective factors rather than clinical suicide intervention.

In this context, suicide prevention is not limited to a single lesson about suicide. Rather, students receive universal instruction that helps establish the conditions and skills associated with positive mental health. Students learn to:

- Identify and express emotions and recognize when something does not feel right.
- Develop healthy coping and emotion-regulation strategies.
- Build supportive relationships and a sense of belonging.
- Demonstrate empathy, cooperation, and responsible decision-making.
- Recognize that asking a trusted adult for help is a strength.
- Identify trusted adults and other sources of support.
- Develop resilience and perseverance when facing challenges.
- Understand personal safety and how to seek assistance when they or someone else may need help.
- Reduce stigma around discussing emotions, mental health, and getting support.

The two curricula therefore work together as complementary components of a comprehensive prevention approach.

The core Health Curriculum, *The Great Body Shop*, has been purchased by YCSD.

The Great Body Shop curriculum actively supports the effort to make our schools more socially and emotionally healthy places to work and learn, and to help students develop greater social and emotional competence. This curriculum integrates Social and Emotional Learning performance objectives into each of the ten-core grade level instructional units. In addition, there are many reinforcement lessons and activities, as well as the Social/Emotional Learning Journal, all of which are designed to build the following five competencies noted by the Collaborative for Academic, Social and Emotional Learning (CASEL): Self-awareness, Self-management, Social-awareness, Social-management, and Responsible Decision-making.

Middle Schools

The middle school health and social-emotional learning curricula address suicide prevention through a developmentally appropriate, proactive approach that emphasizes mental health literacy, early recognition, help-seeking, resilience, and connection to trusted adults and professional resources.

In grades 6–8, Goodheart-Willcox’s Comprehensive Health Skills for Middle School addresses suicide prevention within Module 4: *Mental and Emotional Health*. The module includes instruction related to mental illnesses, getting help, and Preventing Suicide (Lesson 4.7). Across these lessons, students develop skills for recognizing emotional and behavioral warning signs associated with depression and suicide in themselves and their peers and learn appropriate strategies for seeking assistance.

The health curriculum emphasizes that students should not manage a mental health crisis alone or keep a peer’s suicidal thoughts or struggles secret. Students learn to tell a trusted adult, school counselor, or other appropriate professional and to access crisis hotlines and professional mental health services when necessary.

The Wayfinder SEL curriculum provides complementary grade-level instruction that builds protective social-emotional skills across grades 6–8. In 6th grade, the emphasis is on self-awareness and emotions, including identifying intense emotions, understanding their impact, and recognizing personal needs. In 7th grade, instruction focuses on belonging versus fitting in, addressing adolescent isolation and helping students understand how meaningful connection and belonging support mental and emotional well-being. In 8th grade, students focus on purpose, resilience, growth mindset, and durability, developing skills and perspectives intended to help them navigate significant emotional challenges. Across these grade levels, Wayfinder also works to reduce the stigma associated with emotional, behavioral, and mental health concerns so students are more likely to seek support rather than suffer in silence.

Through Wayfinder, students also learn to recognize warning signs, understand the impact of self-harm and suicide on individuals and their families, peers, and communities, and apply appropriate “How to Help” strategies when a friend may be experiencing a serious mental health concern or thinking about suicide.

The core Health Curriculum, Glencoe Teen Health has been purchased by YCSD.

Mental and Emotional Health	1	Your Mental & Emotional Health	1	Your mental and Emotional Health
			2	Understanding Your Emotions
			3	Managing Stress
			4	Coping with Loss
	2	Mental & Emotional Disorders	1	Mental and Emotional Disorders
			2	Suicide Prevention
			3	Help for Mental and Emotional Disorders

High Schools

The Comprehensive Health Skills for High School curriculum by Goodheart-Willcox has been purchased by YCSD. It is a skills-based health education program for grades 9–12 that dedicates specific instructional modules to mental health and suicide prevention: Module 2: *Building Mental and Emotional Health* and Module 3: *Stress, Mental Health Conditions, and Coping Strategies*.

The curriculum approaches the topic of suicide through several core components:

- Recognizing Warning Signs: Students learn to identify behavioral, emotional, and verbal indicators that a peer or individual may be struggling with severe distress, depression, or thoughts of self-harm (such as sudden withdrawal, drastic mood changes, or giving away possessions).
- Supportive Communication & Empathy: The text trains students in interpersonal communication skills, teaching them how to express care, listen without judgment, and engage in empathetic, supportive dialogue with someone in crisis.
- Actionable Intervention Strategies: Students are guided on how to ask directly about suicide if they are concerned, take immediate warning signs seriously, and connect individuals to professional help. This includes teaching them to utilize and share immediate crisis resources, such as contacting the 988 Suicide & Crisis Lifeline.
- Coping with Grief and Loss: The lessons also address how to process trauma, cope with the aftermath of suicide or loss, and manage personal emotional well-being.
- Skill-Based Application & Workbooks: Supplemental materials (including the student workbook and digital interactive modules) feature dedicated activities such as Suicide Prevention exercises and Skill Development that place students in realistic scenarios to practice safety planning and resource advocacy.

The core Health Curriculum, Good-Heart Wilcox Health, has been purchased by YCSD. It is the recommendation that all Health 1 courses include material from the RESPONSE and Health 2 use Signs of Suicide (SOS) supplemental materials.

	Good-Heart Wilcox Health	Supplemental
Health 1	Chapter 17	<u>RESPONSE</u>
Health 2	Chapter 17	<u>Signs of Suicide</u>

	<u>ASIST</u>	BARK	<u>QPR</u>	Youth Mental Health First Aid	CONNECTION Postvention	Youth Suicide Awareness Training (Safe schools)
Initial	16 hrs		1.5 hrs	8 hrs	4-6 hrs	30 mins
Refresher	repeat every 3 years		repeat every 3 years	every five years	every 5 years	annually
Gatekeepers	Required	Required	Required		Required	Required
Administrators (non-gatekeepers)		Required	Required			Required
Counselors			Required			Required
Secondary (6-12) Health Teachers			recommended	recommended		recommended
All other Staff			Required			Required
Parents			Available			

Intervention

Forms, Directions and Protocol Steps:

Suicide Intervention Protocol: All Staff

What you are looking for:

Warning signs are the changes in a person's behavior, feelings, and/or beliefs about oneself that indicate risk. Many signs are similar to the signs of depression. Usually, these signs last for a period of two weeks or longer, but some youth behave impulsively and may choose suicide as a solution to their problems very quickly, especially if they have access to firearms.

Warning signs that indicate an immediate danger or threat:

- Someone threatening to hurt or kill themselves
- Someone looking for ways to kill themselves (seeking access to pills, weapons, or other means)
- Someone talking or writing about death, dying, or suicide

Warning signs that should be reported to an ASIST trained gatekeeper for further assessment:

- Hopelessness or feeling no sense of purpose
- Rage, anger, seeking revenge
- Acting recklessly or engaging in abnormal risky behaviors
- Feeling trapped – like there is no way out
- Increasing use of alcohol or drugs
- Lack of interest in activities that were previous interests
- Withdrawal from family and/or friends
- Changes in appetite or sleep patterns (too much or too little)
- Anxiety, agitation
- Talking or writing about death and/or suicide
- Giving away belongings

Optional questions for staff to ask: (only if comfortable. You can make referral to gatekeeper without talking to student first)

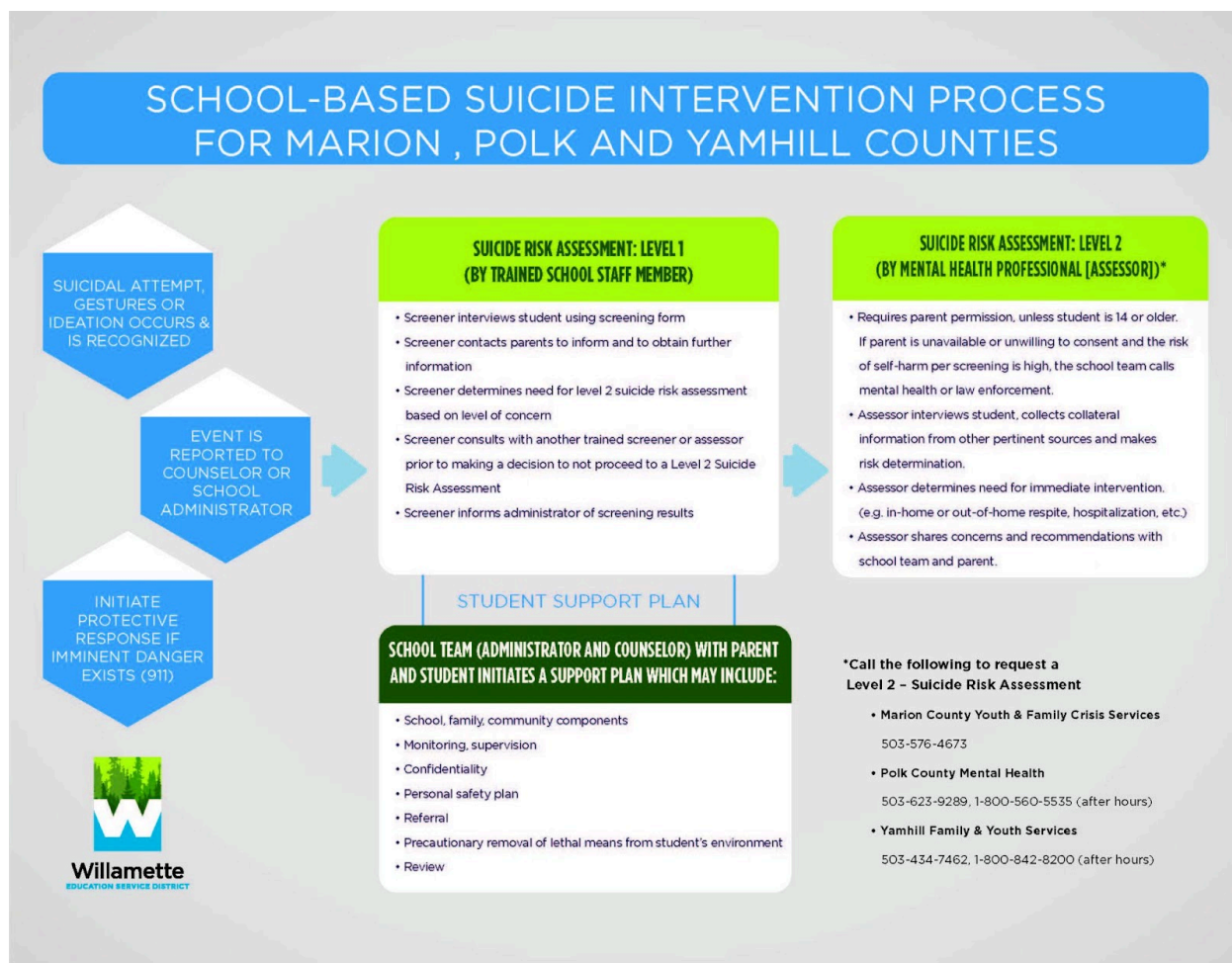
- "I've noticed _____ recently, and I'm worried about you. How are you doing?"
- Give examples of what you've seen from the student, then ask directly about suicide. (Example: "sometimes when someone says they feel hopeless and depressed and they write about death in their papers, they are thinking about suicide. Are you thinking about suicide?")
- "This is serious, and I think we need more help. Will you go down to speak to _____ with me? S/he can help us know where to get more help and work through this."
- Any employee who reasonably believes that a student is at risk of suicide shall report such belief to the designated staff member and/or administrator as soon as possible, but no later than the end of the school day

Suicide Intervention Protocol: Gatekeeper

For staff that have been trained in ASIST (Applied Suicide Intervention Skills Training)

- Upon notification or referral,
 - Designated staff member and/or administrator shall complete a [Suicide Risk Assessment Level 1](#). If warranted, the student will be placed under continuous adult supervision during this time. Emergency services will be contacted immediately if an imminent threat and/or an in-school attempt is made. Parents' contact information will be completed as appropriate.

- If a referral for a Suicide Risk Assessment Level 2 is determined, after a Level 1 is completed, see WESD's School-Based Suicide Intervention Flowchart below.
- Prior to contacting the student's parent/guardian, a determination will be made if further harm will result from notification.
 - If parent/guardian notification is determined, the designated staff member or administrator will:
 - Inform if emergency services were contacted
 - Share results of the Suicide Risk Assessment Level 1, including if a referral for a Level 2 was made
 - Provide names of community mental health resources, if appropriate
 - Request written permission from student/parent/guardian to discuss the student's health with outside care providers, if appropriate
- After an attempt, prior to the student returning to school, a school support team shall meet with the student and the parent/guardian to develop a safety plan (see [WESD Student Re-Entry Plan](#))



Level 2 Resources:

Yamhill County Family & Youth Services

- Call 503-434-7462
- 1-800-842-8200 (after hours)

School Safety Plan

During the screening process, the gatekeeper develops a safety plan for the student while at school, which should involve the participation of both the student and a parent or guardian (participation by phone is acceptable).

This step is a critical part of the process and can have a meaningful impact on the student's well-being. It is essential that the counselor, gatekeeper, or designated staff member monitors the implementation and effectiveness of the safety plan.

If the student experiences another incident requiring a screening, the safety plan should be reviewed and updated to better address the student's needs.

Important Risk Assessment Guidance Information:

- Staff cannot transport to Yamhill County Mental Health (YCMH) unless they have proper transportation documents on file, and the parent/guardian has given permission. Staff must have administrative permission for each incident (no blanket permission for transports in general), and they must have a second staff member present for the transport. A staff member cannot be alone with the student during the transport process.
- If, after communicating with the student's parent/guardian, staff has a concern about the student's safety, they are mandated to make a DHS report.
- YCMH can serve students with private insurance, OHP, and those who are uninsured.
- Always request a Release of Information signed by the student/parent for YCMH for student coping plan.
- After assessing the student, ensure all forms are kept in a locked secure location and include the Level 1 Assessment form. No one should have access to the student's coping plan except for the necessary "need to know" staff.

Storing Student Forms:

- Place forms in a sealed manila envelope in the student cumulative file.
- Mark the envelope "CONFIDENTIAL" and write the following statement on the outside of the envelope:

This envelope contains sensitive and confidential information. It is only to be opened and/or reviewed by a school counselor or building administrator. If the envelope is opened, please return the paperwork to a new sealed envelope and place these instructions on the outside.

- Date and sign the envelope

School Safety Plan Resources:

School Coping Plans

While most suicides and attempts occur outside of school, a student's school experiences can impact their mental health and contribute to suicidal thoughts. When a student is experiencing these thoughts, a [School Coping Plan](#) should be developed to address school-related stressors and triggers and support the student's well-being both during and outside of school.

Key Steps:

- Identify specific stressors or triggers in the student's school experience.
- Use this information to guide the School Coping Plan.
- Discuss strategies the student can use to stay safe outside of school.

Samples of what could go in a School Coping Plan:

- Daily check-ins with a trusted adult (counselor, teacher, etc.)
- Adjusting a student's schedule
- Breaks for a student when they become anxious/stressed/etc.
- Have the student/parent sign a ROI with their mental health counselor
- Have the parent/guardian call weekly for check-ins (especially helpful with younger students so the lines of communication are open. Monday morning calls are a great way to learn about their weekend)
- Connect the student with a club or group

Suicide Postvention

Even with comprehensive suicide prevention and intervention efforts, not all suicidal behavior can be prevented. It is equally important to be prepared for prevention, intervention, and for responding in the event of a suicide attempt or completed suicide.

The school's primary responsibility in these situations is to respond in a way that supports students and the school community affected by the tragedy. This includes coordinating with all relevant groups, such as students, staff, parents, community members, media, and law enforcement.

In the event of a completed suicide, YCSD will contact the WESD Crisis Response Team to guide and support all district postvention procedures and activities.

Suicide Attempt Postvention Protocol:

After a student has made a suicide attempt, the counselor, gatekeeper, and/or administrator should meet with the student and a parent or guardian to ensure a successful return to school. This includes addressing the student's educational, social, emotional, and mental health needs through the completion of a Student Re-Entry Plan.

Appendix A: Fillable Web Forms and Printable Forms

Fillable Web Forms:

[Suicide Risk Assessment - Level 1](#)

[STUDENT COPING PLAN](#)

[STUDENT COPING PLAN \(Spanish\)](#)

[Student Re-Entry Plan After a Suicide Attempt](#)

[Safety Plan - Youth SAVE](#)



Willamette

EDUCATION SERVICE DISTRICT

Suicide Risk Assessment - Level 1

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: <ul style="list-style-type: none">☐ Writing☐ Verbal☐ Drawing☐ Social Media | ☐ Recent personal or family loss or change (i.e., suicide, death, divorce) |
| ☐ Withdrawal from others | ☐ Recent changes in appetite, behavior, sleep |
| ☐ Preoccupation with death | ☐ Family problems |
| ☐ Feelings of hopelessness/self-hate | ☐ Giving away possessions |
| ☐ Substance Abuse | ☐ Current/past trauma (domestic/relational/sexual abuse) |
| ☐ Current psychological/emotional pain | ☐ Crisis within the last 2 weeks |
| ☐ Discipline problems | ☐ Stresses from: gender ID, sexual orientation, ethnicity |
| ☐ Conflict with others (friends/family) | ☐ Engages in high risk behavior |
| ☐ Experiencing bullying or being a bully | ☐ Exposure and/or access to weapons, violent video games |
| | ☐ Unmet basic needs |
| | ☐ Mental Health concerns |
| | ☐ Self-Injury (see NSSI Assessment & Protocol) |
| | ☐ 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 | ☐ Cultural and/or religious beliefs that discourage suicide |
| ☐ Stable living environment | ☐ Does well in school |
| ☐ Willing to access support/help | ☐ Feels well connected to others (family, school, friends) |
| ☐ Positive self esteem | ☐ Has responsibility for others |

6. PARENT/GUARDIAN CONTACT

Name of parent/guardian contacted: _____ Date contacted: _____

☐ Left a Voicemail Date: _____ Time: _____ ☐ Parent/Guardian Called Back Date: _____ Time: _____	☐ Parent/Guardian Answered Was the parent/guardian aware of the student's suicidal thoughts/plans? Yes ☐ No ☐ Parent/Guardian's perception of threat _____ _____ _____
Parent Action Plan – ☐ Will transport child to a mental health evaluator (i.e. hospital, County Mental Health, private therapist) ☐ Mental Health evaluation appointment date: _____ ☐ Needs additional support ☐ Other: _____	Additional Notes: _____ _____ _____ _____ _____

7. CONSULTED WITH administrator (recommended) and/or another trained professional

1. _____
2. _____

8. POTENTIAL SCHOOL ACTION PLANS

- ☐ Determined if Student Coping Plan was needed
 - ☐ Limited risk factors; Student Coping Plan not needed
 - ☐ Filled out a Student Coping Plan. One copy given to student, original placed in Confidential file and/or CUM file
- ☐ Provided student and family with resource materials and phone numbers
- ☐ Parent/guardian contacted
- ☐ Released back to class after Limited or NO risk factors noted
- ☐ Released back to class after parent (and/or Agency) contacted and follow up plan established
- ☐ Released to parent/guardian
- ☐ Called 911. Contact name/date/time: _____
- ☐ Parent/guardian took student to hospital
- ☐ Parent/guardian scheduled mental health evaluation appointment - Notes: _____
- ☐ School Counselor/School Psychologist/School Nurse follow up scheduled - Date/Time: _____

- ☐ Limited risk factors noted. NO FURTHER FOLLOW-UP NEEDED.
- ☐ Several risk factors noted but no imminent danger. Completed Student Coping Plan with student. Will follow up with student on
Date/time: _____
- ☐ Several risk factors noted and referred for a Suicide Risk Assessment - Level 2 with a crisis worker from the county
(Contact date/time/name): _____

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> 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."			
4) <u>Have you had these thoughts and had some intention of acting on them?</u> As opposed to "I have the thoughts but I definitely will not do anything about them."			
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>		YES	NO

- Low Risk
- Moderate Risk
- High Risk

NOTES:

For inquiries and training information contact: Kelly Posner, Ph.D.
New York State Psychiatric Institute, 1051 Riverside Drive, New York, New York, 10032; posnerk@nyspi.columbia.edu
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Student Re-Entry Plan After a Suicide Attempt

Transition back to school after a suicide attempt can be a difficult one, especially if the attempt was public. The student's privacy going forward is critical and the student and their parent(s) need to be an integral part of the decisions made in the re-entry plan.

The return to school requires individualized attention and planning. It is important that staff who have direct contact with the student be aware of the student's plan in order to monitor potential continued risk.

Counselor/Administrator Guidelines:

Prior to return:

1. Meet with the student and their parent(s) before the return to school and fill out the Student Re-Entry Plan.
2. Respect the student's wishes as to how their absence is discussed. If the attempt is common knowledge, help the student prepare for questions from peers and staff. If no one is aware, help the student create a short response to explain the absence. Role play so that the student can try out different responses to different situations (peer to peer & staff-student), if needed. Being prepared helps reduce anxiety and helps the student feel more in control.
3. Reassure the student and family that sharing information with school personnel will be done on a need to know basis. Staff that have direct contact should be informed so they can actively assist the student academically.
4. Identify the staff that will need to know by name and role.
5. Reassure the student that staff will be available to help the student with any academic issues and that it will be important for the student to reach out if they are feeling worried about school work.
6. Obtain a Release of Information from the parent so the mental health provider can talk to the school counselor.
7. If needed, schedule a student interview team meeting if student has a diagnosis or condition that will last more than 6 months that may hinder access to education. Determine if a 504 plan would be sufficient.

After return to school:

1. Continue to monitor and support the student, as needed.
2. Have regular contact with the student's parent(s) and therapist to provide feedback and gain information on how best to support the student.



Student Re-Entry Plan

Student: _____ Date: _____

School: _____ Grade: _____ Date to be reviewed: _____

Primary School Contact (a qualified school professional who will create and monitor the Support plan):

Secondary School Contact (a qualified school professional available to the student when the primary contact is not):

Re-Entry meeting participants:

Accommodations/Support Options – check those that apply

- ☐ Re-entry meeting with counselor before returning to class
- ☐ Reduced schedule for gradual re-entry
- ☐ Return to previous full-day schedule
- ☐ Return to full-day schedule but with class changes made to the schedule
- ☐ Change of placement
- ☐ Other: _____

- ☐ Shortened assignments
- ☐ Extended time for work
- ☐ Provide alternative work
- ☐ Working lunch
- ☐ Arrange with teachers to not call on student unless hand is raised
- ☐ Assigned classmate as volunteer assistant
- ☐ Preferential seating, near door to allow leaving class for breaks
- ☐ Alternate work environment
- ☐ Other: _____



- ☐ Student allowed to take breaks inside the classroom
- ☐ Student allowed to take breaks outside the classroom
- ☐ Student allowed to check in with the counselor as needed
- ☐ Audio or listening options (i.e. sound cancelling headphones) as deemed appropriate in class
- ☐ Other: _____

School Safety Plan completed

Next steps in case of continued safety concern:

Parental/Guardian/Student needs and/or additional information:



Willamette

EDUCATION SERVICE DISTRICT

STUDENT COPING PLAN

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 _____