Suicide Prevention and Risk Assessment Procedures
SUICIDE PREVENTION

Suicide Prevention

Training for Students

✓ **SOS-Signs of Suicide curriculum** is taught every year in all middle schools and high schools. Each school has a representative who has access to the Google Doc and will update the date the program will be taught. They will also state if Crisis Team members are needed.

✓ **Safe2Tell and Text-a-Tip** are anonymous ways for students to report risk-taking behavior to adults. All tips are investigated and many tips have resulted in positive interventions with students for a variety of problems. These are to be taught at all levels, Elementary-High School. There is a link on each school website. 1-877-542-SAFE-(7233)

✓ **ACT – Acknowledge-Care-Tell**. This acronym is taught in SOS. All secondary schools are encouraged to publicize the importance of informing an adult of all worrisome behaviors.

✓ **Suicide Intervention Protocols** are completed by psychologists, social workers and counselors should a student make suicidal statements to peers or an adult. Based on the assessment, appropriate follow up resources are given to the family.

✓ **District Crisis Team support** – in the event of a suicide attempt or completed suicide, District Crisis Team members provide support and evidence-based suicide prevention and postvention services for schools.

Training for Staff

✓ **Applied Suicide Intervention Skills Training (ASIST)** is an internationally recognized “gatekeeper” program designed to give adults skills to be more comfortable, confident and competent in helping prevent the immediate risk of suicide. All Mental Health and Counselors are trained upon entering the District.

✓ **ASSIST –refresher training.** Each year, we will offer refresher training for all mental health staff. This is an opportunity to improve skills and practice with colleagues.

✓ **PREPARE Training**- PREPARE is the model we use for Crisis Response and Recovery. All mental health and counselors are encouraged to be trained in this model. We offer both PREPARE 1 and PREPARE 2 each year.

✓ **Safe Talk**- A model for all staff, (Teachers, Paras, Custodial, bus drivers, etc…) to respond to students who may be at-risk for suicide. This gives staff a common language and awareness, as well as the skills to access support for students.
SUICIDE ASSESSMENT PROCEDURES

Suicide Assessment Procedures

1. Any concerns about suicidal thinking or behavior must be referred. The referral for suicide risk may come from parents, staff, students, or other credible sources. Concerns about depression, suicidal thinking, verbalization or behaviors must be referred. All referrals will be taken seriously and result in a suicide risk assessment.

2. All such referrals will be given immediately to the school counselor, social worker or psychologist in the building where the student attends. If the school counselor, social worker or psychologist is not present in the building at the time of the concern, a building administrator must be notified. The building administrator must contact the school counselor, social worker or psychologist by phone immediately so they can respond.

3. Students with potential for self-harm should not be left alone and should be supervised until a risk assessment has been completed.

4. The suicide risk assessment will be conducted by a two-person team. The team must include a school counselor, social worker or psychologist who will then identify a second member of the team; a mental health provider. (See Suicide Risk Intervention Report on pages 6-7).

5. The Intervention Team will perform the following functions:
   a. The school counselor, social worker or psychologist will interview the student using the ASIST model guidelines.
   b. A second team member may accompany the interviewer when talking with the student or consultation may be obtained at any step in the process.

6. After consultation, the team will determine the level of risk using the Suicide Risk Assessment Worksheet (page 9). Note: Accurate ratings may not always be easily determined. A student may try to minimize their feelings, superficially lowering the risk. Likewise, the team may have information from a source other than the student that increases the level of concern. Contact with the student’s parent/guardian may also give pertinent information in determining risk. Professional judgment will need to be used in determining the level of risk.

7. Steps to be taken by the school counselor, social worker or psychologist according to the level of risk:
   Level I Risk (Beginning):
   a. Discuss resources and support with the student, provide a copy of a Crisis Resource card to student and parent.
   b. Have the student develop and sign Recover/Support plan and provide a copy for the student. (Re-evaluate risk if student refuses to sign.)
   c. Call the parent/guardian. The school counselor, social worker or psychologist will always notify the parent/guardian when a student overtly or covertly expresses self-harming ideation.
   d. Discuss concerns and recommendations with the parent/guardian.
   e. Allow the student to return to class after consultation with the parent (if appropriate).
   f. Mail home a copy of:
      (1) Completed Suicide Risk Intervention Report
      (2) Community Resource list
      (3) Release of Information form (if appropriate)
      (4) Tips for Keeping Your Child Safe
   g. Follow up with student/parent as needed
   h. Complete and sign Recovery/Support Plan
Level II Risk (Moderate):

a. Notify the parent/guardian of the concern and request an immediate conference. One team member notifies the building administrator.
b. Make sure a staff member remains with the student.
c. Discuss resources and support with the student, provide a copy of a Crisis Resource card to student and parent.
d. Have the student develop and sign Recovery/Support plan and provide a copy of the plan to the student. If student refuses to sign, re-evaluate risk.
e. Discuss concerns, recommendations, home safety and supervision with the parent/guardian.
f. Discuss and provide a copy:
   (1) Completed Suicide Risk Intervention Report
   (2) Community Resource list
   (3) Release of Information form (if appropriate)
   (4) Have parents sign Notification of Emergency form and provide a copy
   (5) Tips for Keeping Your Child Safe

g. Develop your action and intervention plan and timeline for follow-up.
h. Complete and sign Recovery/Support Plan

Level III Risk (Emergent):

a. Call the parent/guardian and ask them to come to the school immediately. One team member notifies the building administrator, and SRO (if appropriate).
b. Make sure a staff member always remains with the student until a parent/guardian arrives. One team member notifies the building administrator.
c. Discuss resources and support with the student, provide a copy of a Crisis Resource card to student and parent.
d. See if the student will develop and sign Recovery/Support plan. If student refuses to sign, re-evaluate risk and safety needs, if appropriate.
e. Discuss concerns with the parent/guardian and recommend immediate assessment and develop an action and intervention plan to obtain assessment.
f. Determine safe mode of transportation to access further assessment.
g. Discuss home safety and supervision with the parent/guardian.
h. Discuss and provide a copies of:
   (1) Completed Suicide Risk Intervention Report (copy to parents for ER)
   (2) Suicide Risk Assessment worksheet (copy to parents for ER)
   (3) Ask parent/guardian to sign a Release of Information form for the ER and chosen counselor/therapist, if appropriate (copy to parents)
   (4) Have parent/guardian sign the Notification of Emergency form
   (5) Community Resource list
   (6) Tips for Keeping Your Child Safe

i. Before the student returns to school, conduct re-entry meeting to determine follow-up plan.
j. Complete and sign Recovery/Support Plan, if appropriate, may need to be done at time of re-entry.

8. Keep a copy of the Suicide Risk Assessment Worksheet and the Suicide Risk Intervention Report in a central confidential file at the school (near abuse reports) and enter the intervention in the school Suicide Intervention Log (paper copy).

9. Complete form online to document Suicide Risk Assessments using the email link provided by Student Services. Enter student information into a shared Google Doc shared amongst Counseling, Deans, and Administration.
SUICIDE INTERVENTION PROCEDURES FLOWCHART

1. Office or staff member receives information indicating suicidal ideation; verbalization or behavior.

2. The referral is given immediately to the school counselor, social worker or psychologist in the building where the student attends. The building administrator will contact the psychologist, social worker, or counselor if they are out of the building.

3. Students with potential for self harm should not be left alone.

4. A 2-person Intervention Team will be identified. The team must consist of a school counselor, social worker or psychologist and a 2nd Mental Health Provider.

5. The counselor, social worker or psychologist will interview the student using the ASIST model guidelines. A second team member may accompany the interviewer when talking with the student or consultation may be obtained at any step in the process.

6. The Intervention Team determines the level of risk using the Suicide Risk Assessment worksheet.

7. Intervention Team determines an appropriate action and intervention plan.

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**STEPS FOR RISK LEVEL I**

- Discuss resources and support with the student and give them and parent a Crisis Resource card
- Develop Recovery/Support Plan
- Always call the parent/guardian
- Discuss concerns and recommendations with the parent/guardian
- Allow the student to return to classes (if appropriate)
- Mail Home:
  1. Completed Suicide Risk Intervention Report
  2. Community Resource list
  3. Release of Information form (if appropriate)
  4. Tips for Keeping Your Child Safe
  5. Follow up with student/parent, as needed

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**STEPS FOR RISK LEVEL II**

- Call the parent/guardian and request an immediate conference
- Notify the building administrator
- Make sure a staff member remains with the student
- Discuss resources and support with the student and give them and parent a Crisis Resource card
- Discuss concerns, recommendations, safety and supervision with the parent/guardian
- Discuss and provide copies of:
  1. Completed Suicide Risk Intervention Report
  2. Community Resource list
  3. Release of Information form (if appropriate)
  4. Notification of Emergency form (complete with parent/guardian signature)
  5. Tips for Keeping Your Child Safe
- Develop your action and intervention plan and timeline for follow-up
- Develop Recovery/Support Plan

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**STEPS FOR RISK LEVEL III**

- Call the parent/guardian and ask them to come to the school immediately
- Notify the building administrator, and SRO (if appropriate)
- Make sure a staff member remains with the student
- Discuss resources and support with the student and give them and parent a Crisis Resource card
- Discuss concerns with parent/guardian, recommend immediate assessment, and develop an action and intervention plan
- Determine safe mode of transportation
- Discuss home safety and supervision with parent/guardian
- Discuss and provide copies of:
  1. Completed Suicide Risk Intervention Report
  2. Suicide Risk Assessment worksheet
  3. Ask parent/guardian to sign a Release of Information form for ER (if appropriate)
  4. Notification of Emergency form (if appropriate – complete with parent/guardian signature)
  5. Community Resource list
  6. Tips for Keeping Your Child Safe
- Conduct a re-entry meeting before student returns to school to determine a follow-up plan
- Develop Recovery/Support Plan when return.

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8. Keep a copy of the Suicide Risk Assessment Worksheet and the Suicide Risk Intervention Report in a central confidential file at the school (near abuse reports) and enter the intervention in the school Suicide Intervention Log.

9. Complete form online to document Suicide Risk Assessments using link provided by Student Support Services.
Suicide Risk Assessment Worksheet

**Instructions:** Use as a checklist to summarize information for risk assessment.  
**Keep in central confidential file at school.**

<table>
<thead>
<tr>
<th>1. Current Suicide Plan</th>
<th>Level I Risk (Beginning)</th>
<th>Level II Risk (Moderate)</th>
<th>Level III Risk (Emergent)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Details</td>
<td>Vague</td>
<td>Some specifics</td>
<td>Well thought out, knows when, where, how</td>
</tr>
<tr>
<td>B. Availability of means</td>
<td>Not available, will have to get</td>
<td>Available, close by</td>
<td>Has in hand</td>
</tr>
<tr>
<td>C. Time</td>
<td>No specific time or in future</td>
<td>Within a few hours</td>
<td>Immediately</td>
</tr>
<tr>
<td>D. Lethality of method</td>
<td>Pills, slash wrists</td>
<td>Drugs/alcohol, car wreck, carbon monoxide</td>
<td>Gun, hanging, jumping</td>
</tr>
<tr>
<td>E. Chance of intervention</td>
<td>Others present most of the time</td>
<td>Others available if called upon</td>
<td>No one nearby, isolated</td>
</tr>
</tbody>
</table>

Notes:

<table>
<thead>
<tr>
<th>2. Previous Suicide Attempts</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>None or one of low lethality</td>
<td>Multiple of low lethality or one of medium lethality; history of repeated threats</td>
<td>One of high lethality or multiple moderate</td>
</tr>
</tbody>
</table>

Notes:

<table>
<thead>
<tr>
<th>3. Stress</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No significant stress</td>
<td>Moderate reaction to loss and environmental changes</td>
<td>Severe reaction to loss or environmental changes</td>
</tr>
</tbody>
</table>

Notes:

<table>
<thead>
<tr>
<th>4. Symptoms</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Coping Behavior</td>
<td>Daily activities continue as usual with little changes</td>
<td>Some daily activities disrupted; disturbance in eating, sleeping, school work</td>
<td>Gross disturbances in daily functioning</td>
</tr>
<tr>
<td>B. Depression</td>
<td>Mild; feels slightly down</td>
<td>Moderate; some moodiness, sadness, irritability, loneliness, and decrease of energy</td>
<td>Overwhelmed with hopelessness, sadness, and feelings of worthlessness</td>
</tr>
</tbody>
</table>

Notes:
5. Resources

| Help available; significant others concerned and willing to help | Family and friends available but unwilling to help consistently | Family and friends not available or hostile, exhausted, injurious |

Notes:

6. Communication Aspects

| Very indirect or nonverbal expression of internalized suicidal goal (guilt, worthlessness) | Inter-personalized suicidal goal, “They’ll be sorry – I’ll show them” | Direct expression of feelings and suicidal intent |

Notes:

7. Life Styles

| Stable relationships, personality, and school performance | Recent acting-out behavior and substance abuse; acute suicidal behaviors unstable personality | Suicidal behavior in unstable personality; emotional disturbance; repeated difficulty with peers, family, and teachers |

Notes:

8. Medical Status / Mental Health

| No significant medical/mental health problems | Acute but short-term or psychosomatic illness or mental health issues | Chronic debilitating or acute catastrophic illness or chronic mental health symptoms |

Notes:

Total Checks: _____ Level I  _____ Level II  _____ Level III  Student willingly signed Recovery/Response Plan:  Yes  No

Student Name: _____  Infinite Campus #: _____

Date: _____  Time: _____  Counselor(s): _____

Adapted from Suicide Risk Assessment Worksheet by J. Smith, 1988s, unpublished manuscripts, Dallas Independent School Districts, Dallas, TX

This assessment reflects current concerns as presented by the student and/or third parties. As always, a mental health assessment reflects information presented during this interview and may change, becoming more or less concerning, with time.
NOTIFICATION OF EMERGENCY

The undersigned, the parent/guardian of __________________________________________ was involved in a conference with school personnel indicated below on ____________________.

☐ I have been advised that my child appears to be in a state of psychological emergency (**danger of hurting self / suicidal ideation**).

☐ I have been further advised that I should seek some psychological/psychiatric consultation as soon as possible/immediately.

☐ I have been provided with a list of resources and emergency numbers.

☐ I have been informed of home safety and supervision.

☐ I understand that Adams 12 Five Star School District is not responsible for the provision of or payment for these services, but is alerting me to this emergency just as they would inform me of any health problem. Any further action that I undertake in regard to this matter is of my own decision and my own financial responsibility.

☐ I understand a re-entry meeting must occur upon my child’s return to school.

________________________________________________________  Parent or Legal Guardian

________________________________________________________  Parent or Legal Guardian

______________________________  Date

Staff Members Present at Conference:

_____________________________________________________

_____________________________________________________

_____________________________________________________

_____________________________________________________

School: _________________________________
**TIPS FOR KEEPING YOUR CHILD SAFE**

**WHAT DO I NEED TO KNOW ABOUT YOUTH SUICIDE?**

Risk factors for exhibiting suicidal behavior:

- Loss of a significant other
- Previous suicide of a peer or family member
- Family and personal stress
- Substance Abuse
- Depression and other mental health issues
- Problems at school
- Access to weapons or other means of harming oneself
- Questions regarding sexual orientation

Students who are having suicidal thoughts may exhibit a variety of symptoms including, but not limited to:

- Significant changes in behavior such as change in appearance, changes in grades, withdrawing from friends, changes in eating or sleeping habits.
- Making suicidal threats – either direct “I want to die” or indirect “Things would be better if I weren’t here.”
- Appears sad or hopeless
- Reckless behavior
- Self inflicted injuries
- Giving away prized possessions
- Saying good bye to friends and family
- Making out a will

It is important to remember the signs and risk factors listed are generalities. Not all students who contemplate or die by suicide will exhibit these kinds of symptoms AND not all students who exhibit these behaviors are suicidal.

**WHAT CAN I DO TO KEEP MY CHILD SAFE?**

- **ASK.** Talking about suicide does not make a student suicidal. Asking if someone is having suicidal thoughts gives him/her permission to talk about it. Asking sends the message that you are concerned and want to help.

- **TAKE SIGNS SERIOUSLY.** Studies have found that more than 75% of people who die by suicide showed some of the warning signs in the weeks or months prior to their death.

- **GET HELP.** If you have concerns that your child is suicidal, seek immediate help from a mental health practitioner. Suicidal students need to be evaluated by an expert in assessing risk and developing treatment plans. Parents can contact school counselors, social workers or psychologists for a listing of resources. Parents may also want to consult with their insurance company to obtain a list of mental health providers covered by their policy. When you call to make an appointment, tell the person on the phone that your child is suicidal and needs to be seen as soon as possible.

- **LIMIT ACCESS TO WEAPONS, PRESCRIPTION DRUGS, MEDICATIONS AND OTHER MEANS.**

- **DO NOT LEAVE HIM OR HER ALONE.** It is important that parents surround themselves with a team of supportive friends or family members who can step in and help as needed.

- **REASSURE YOUR CHILD THAT LIFE CAN GET BETTER.** Many suicidal people have lost all hope that life can improve. They may have difficulty problem solving even simple issues. Remind your child that no matter how bad things are the problem can be worked out. Offer your help.

- **LISTEN.** Avoid making statements such as “I know what it’s like” or “I understand.” Instead make statements such as “Help me understand what life is like for you right now.”

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**KNOW AND BE READY TO USE EMERGENCY RESOURCES (such as):**

**Maine Crisis Services—1-888-568-1102**

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicide Prevention Lifeline</td>
<td>1-800-273-TALK (1-800-273-8255)</td>
</tr>
<tr>
<td>Police</td>
<td>911</td>
</tr>
<tr>
<td>Community Reach Center</td>
<td>303-853-3500</td>
</tr>
</tbody>
</table>

For more information about depression and suicide:

- American Foundation for Suicide Prevention [www.afsp.org](http://www.afsp.org)
- American Association of Suicidology [www.suicidology.org](http://www.suicidology.org)
- National Mental Health Association [www.nmha.org](http://www.nmha.org)
- American Academy of Pediatrics [www.aap.org](http://www.aap.org)
- Man Therapy [www.mantherapy.org](http://www.mantherapy.org)

APPS: MY3 and Safety Net
SUICIDE RISK ASSESSMENT REPORT

Student Name: ______________________________ Date: ____________________

Grade: ______ Date of birth: __________ Gender: ☐ M ☐ F

Ethnicity:
☐ American Indian ☐ African American ☐ Hispanic/Latino ☐ Caucasian
☐ Asian ☐ Pacific Islander/HI ☐ Other

School: ___________________________ Referred by: _________________________

Form completed by: ______________________ Phone: ________________________

(Must be Mental Health and/or Counselor)

Reason for assessment: _________________________________________________________
_____________________________________________________________________

☐ Team process implemented
Participants: Minimum of 2 staff members MUST be part of the Assessment Team. Team MUST include Mental Health and/or Counselor. All participants must initial.

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Initial</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>_____</td>
<td>Interview</td>
</tr>
<tr>
<td></td>
<td></td>
<td>_____</td>
<td>Consult</td>
</tr>
<tr>
<td></td>
<td></td>
<td>_____</td>
<td>Support</td>
</tr>
</tbody>
</table>

☐ Mental Health/Counselor contacts student and conducts risk assessment

☐ Student supervised until released

☐ Parent/Guardian Notification Time: ______________
   ☐ Parent notified by phone Spoke to: ________________________
   ☐ Parent came to school for conference Parent: ________________________
   ☐ Emergency Card Contact Spoke to: ________________________

☐ Student Released To:
☐ Parent/Guardian ____________________________
☐ Emergency Card Contact ____________________________
☐ Law Enforcement ____________________________
☐ Student returned to class ____________________________
☐ Other ____________________________

☐ Community Resource list provided/mailed (circle) to parent/guardian
☐ Discussion of Home Safety/Supervision (access to weapons, drugs, RX’s, etc)
☐ Tips for Keeping Your Child Safe brochure provided/mailed (circle)
☐ Release of Information Signed for ER/Therapist (circle) Name: _______________________

☐ Notification of Emergency signed by parent/guardian
☐ Action and Intervention Plan developed (Page 2)
☐ Follow-Up Action, Intervention and Support Plan developed (Page 2)
☐ Outpatient Therapist/MD notified (if applicable) Name: _______________________

☐ Other ____________________________________
SUICIDE RISK ASSESSMENT REPORT

**Action, Intervention and Support Plan:**
A Safety Plan was established with: ☐ student    ☐ school    ☐ family

☐ Recovery/Support Plan completed and signed: ____________________________

(Comments)

☐ Contact current therapist / counselor:
   Name: ____________________________    Phone: ____________________________

☐ Other resources given:

________________________________________________________________________

________________________________________________________________________

**FOLLOW-UP PLAN:** School based follow-up services are uniquely designed for each student. Indicate the school personnel who will provide follow-up to this intervention, provide contact information and briefly describe what types of follow-up services will be provided.

Follow-up plan will be coordinated with parent/guardian by:

☐ Counselor    Name: ____________________________    Phone: ____________________________

☐ Psychologist Name: ____________________________    Phone: ____________________________

☐ Social Worker Name: ____________________________    Phone: ____________________________

☐ Administrator Name: ____________________________    Phone: ____________________________

☐ Other: ____________________________________________________________

☐ Inform parent re-entry meeting must be held --Date of re-entry meeting:______________

Plan and follow-up:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Other Comments: __________________________________________________________

________________________________________________________________________

________________________________________________________________________

☐ Give/send a copy of this report to the parent/guardian.

☐ Keep an original of this report and the Suicide Risk Assessment Worksheet in a central confidential file in your building.

☐ Enter the intervention in your Suicide Intervention Log.

☐ Share Recovery and Support Plan with parents

☐ Notify (in person) school personnel who were identified in the support plan and have a conversation of how to support that student.
## Recovery/ Support Plan

<table>
<thead>
<tr>
<th>Step 1: Warning signs (thoughts, images, mood, situations, behavior) that a crisis may be developing:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
</tr>
<tr>
<td>2.</td>
</tr>
<tr>
<td>3.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 2: Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
</tr>
<tr>
<td>2.</td>
</tr>
<tr>
<td>3.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 3: People and social settings that provide distraction:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: Phone:</td>
</tr>
<tr>
<td>Name: Phone:</td>
</tr>
<tr>
<td>3. Place:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 4: People whom I can ask for help:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Name: Phone:</td>
</tr>
<tr>
<td>2. Name: Phone:</td>
</tr>
<tr>
<td>3. Name: Phone:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 5: Professionals or agencies I can contact during a crisis:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapist Name: Phone:</td>
</tr>
<tr>
<td>Emergency Contact #:</td>
</tr>
<tr>
<td>Maine Crisis Services—1-888-568-1102</td>
</tr>
<tr>
<td>Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)</td>
</tr>
<tr>
<td>Contact Police: 911</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 6: Making the environment safe:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
</tr>
<tr>
<td>2.</td>
</tr>
</tbody>
</table>

**Staff Signature:** _________________________________ Date ______ Review Dates: ________

MH/Counselor

**Student Signature:** _________________________________ Date ______

**Parent/Guardian:** _________________________________ Date ______
**REQUEST TO RELEASE OR SECURE CONFIDENTIAL INFORMATION**
(Not required for release to another Administrative Unit)

Legal Name of Child/Student: ___________________________ Date: ___________________________

This permission shall be valid for the following duration. Beginning __________ and shall terminate __________

<table>
<thead>
<tr>
<th>Indicate Consent</th>
<th>Records/information to be released or secured:</th>
<th>Indicate Consent</th>
<th>Records/information to be released or secured:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes ☐ No</td>
<td>☐ Audiometric</td>
<td>☐ Yes ☐ No</td>
<td>☐ Psychological</td>
</tr>
<tr>
<td>☐ Yes ☐ No</td>
<td>☐ Educational</td>
<td>☐ Yes ☐ No</td>
<td>☐ Physical Therapy</td>
</tr>
<tr>
<td>☐ Yes ☐ No</td>
<td>☐ IEP</td>
<td>☐ Yes ☐ No</td>
<td>☐ Social Work</td>
</tr>
<tr>
<td>☐ Yes ☐ No</td>
<td>☐ Medical</td>
<td>☐ Yes ☐ No</td>
<td>☐ Speech/Language</td>
</tr>
<tr>
<td>☐ Yes ☐ No</td>
<td>☐ Occupational Therapy</td>
<td>☐ Yes ☐ No</td>
<td>☐ Other: ________________________________</td>
</tr>
<tr>
<td>☐ Yes ☐ No</td>
<td>☐ Psychiatric</td>
<td>☐ Yes ☐ No</td>
<td>☐ Other: ________________________________</td>
</tr>
</tbody>
</table>

Agency To and From

Address ____________________________________________

City, State, Zip ______________________________________

All information released or secured will be in compliance with the Family Education Rights and Privacy Act and the Colorado Open Records Law. No additional information will be released or secured without prior approval from the parent, except as provided by law.

**PARENTAL CONSENT**

I understand that consent is voluntary and may be revoked at any time in writing. I hereby authorize the transfer of information as indicated above.

Signature (Parent/Guardian/ESP) ___________________________ Date ___________________________

☐ Date consent received by District/Administrative Unit: ___________________________
<table>
<thead>
<tr>
<th>Student Name</th>
<th>Grade</th>
<th>Date of Intervention</th>
<th>Gender</th>
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*1 = American Indian  
2 = Asian  
3 = African American  
4 = Hispanic / Latino  
5 = Caucasian  
6 = Pacific Islander / HI  

Risk Levels:  
I = Beginning  
II = Moderate  
III = Emergent