

IUSD: Crisis Intervention



IUSD

Date Revised: March, 2014

Table of Contents

SECTION A: CRISIS INTERVENTION	4
CRISIS INTERVENTION COMMUNICATION STRUCTURE	5
CRISIS INTERVENTION TEAM ROLES AND RESPONSIBILITIES	6
CRISIS INTERVENTION BOX (CONTENTS)	7
CRISIS INTERVENTION FOLDER (CONTENTS)	7
RESPONSE	8
Recovery	8
Debrief/Evaluate/Revise Plan	8
Forms List (also see Appendix A and E).....	9
 SECTION B: THREAT ASSESSMENT	 10
Transient threats:	10
Substantive threats:	11
THREAT ASSESSMENT SCHOOL VIOLENCE WARNING SIGNS.....	12
THREAT ASSESSMENT GUIDELINES FLOW CHART	12
THREAT ASSESSMENT TEAM SUBJECT INTERVIEW PROCESS	14
THREAT ASSESSMENT AND RESPONSE PROTOCOL	14
THREAT ASSESSMENT – STABILIZATION PHASE	15
THREAT ASSESSMENT STEP PROCESS GUIDELINES	16
Forms List (also see Appendix B and E).....	17
 SECTION C: SUICIDE ASSESSMENT	 18
FACTORS THAT INCREASE THE RISK OF SUICIDE AMONG TEENS INCLUDE:.....	18
WARNING SIGNS	19
ACTION PLAN	20
Tips for Teachers:	20
SUICIDE ASSESSMENT STEP PROCESS GUIDELINES	21
SEVERITY LEVEL RISK TABLE	22
DEPRESSION/SUICIDE REFERRAL PROCESS GUIDELINES	22
RESOURCES	24
Forms List (also see Appendix C and E).....	24
 SECTION D: SCHOOL VIOLENCE	 25
SCHOOL VIOLENCE: WARNING SIGNS	26
SCHOOL VIOLENCE: ACTION PLAN	27
BULLYING	28
RESOURCES	28
 APPENDIX A: CRISIS INTERVENTION TEAM RESOURCES	 29
Site Specific Crisis Response Plan	30
CRISIS RESPONSE STUDENT CONTACT LOG	35
Crisis Intervention Debriefing Form	36

APPENDIX B: THREAT ASSESSMENT FORMS AND RESOURCES 37

[THREAT ASSESSMENT SUMMARY AND RESPONSE](#) 38

[THREAT ASSESSMENT REFERRAL](#) 40

[THREAT LEVEL DETERMINATION: STUDENT INTERVIEW](#) 41

[THREAT SEVERITY RISK TABLE](#) 42

[THREAT REVIEW: OBSERVED BEHAVIOR CHECKLIST](#) 43

[PARENT NOTIFICATION CHECKLIST](#) 45

[PARENT INTERVIEW](#) 46

[TEACHER INTERVIEW FORM](#) 47

[TEACHER OBSERVATION OF STUDENT BEHAVIOR](#) 49

[Threat Assessment Form: General Information](#) 50

[RE-ENTRY PLAN](#) 51

[VIOLENCE FREE CONTRACT](#) 52

APPENDIX C: SUICIDE ASSESSMENT FORMS AND RESOURCES 53

[SUICIDE REFERRAL FORM](#) 54

[SUICIDE SEVERITY LEVEL DETERMINATION](#) 55

SUICIDE REFERRAL: [PLAN OF ACTION](#) 56

SUICIDE [RISK ASSESSMENT SUMMARY](#) 57

[RE-ENTRY PLAN](#) 59

[TEACHER NOTIFICATION: STUDENT RE-ENTRY LETTER](#) 61

[A MEASURE OF ADOLESCENT POTENTIAL FOR SUICIDE \(MAPS\)](#) 62

[Suicide Risk Assessment:](#) 62

[No Harm Agreement](#) 65

APPENDIX D: SCHOOL VIOLENCE FORMS AND RESOURCES 66

APPENDIX E: GENERAL FORMS AND RESOURCES 67

[CRISIS INTERVENTION RESOURCES](#) 68

[AUTHORIZATION FOR RELEASE AND EXCHANGE OF STUDENT INFORMATION/RECORDS](#) 70

[STUDENT SUPERVISION PLAN](#) 71

[TEACHER NOTIFICATION: STUDENT RE-ENTRY](#) 72

[MEDICAL RELEASE TO RETURN TO SCHOOL](#) 73

SECTION A

IRVINE UNIFIED SCHOOL DISTRICT

Crisis Intervention Preparedness, Response, and Recovery

Crisis Intervention Definition: efforts to provide counseling, screening, and referrals to any individuals potentially affected by a traumatic event.

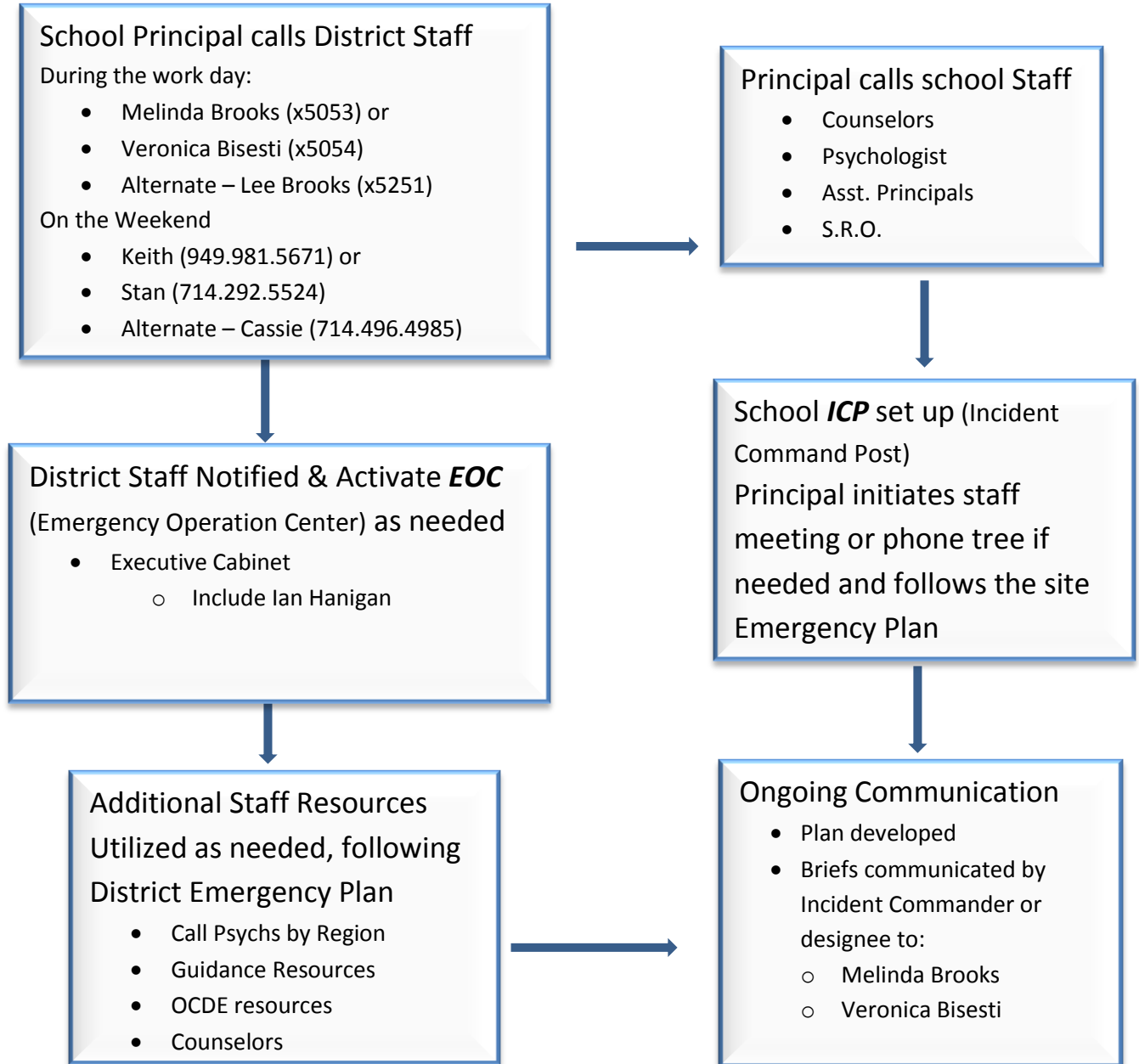
- ❖ Seeks to mitigate the social and psychological effects of the stressful event.
- ❖ May include activities not usually associated with traditional mental health care, such as providing assistance with physical needs, shelter, financial matters, and reunification with family members.
- ❖ Must take into consideration the developmental level of the students/family involved.

Source: **Crisis Intervention: A Guide for School-Based Clinicians (2002)**

- ❖ Please refer to the school site Emergency Plan for general response activities and protocol.

IRVINE UNIFIED SCHOOL DISTRICT

Crisis Intervention Communication Structure



IRVINE UNIFIED SCHOOL DISTRICT

Crisis Intervention Team Roles and Responsibilities

As needed, members of the Crisis Intervention Team will report to specific areas and provide crisis intervention strategies for students, staff and parents. * Please note that **not all** components of this plan will be utilized in every crisis response situation.

A. Duties and Procedures

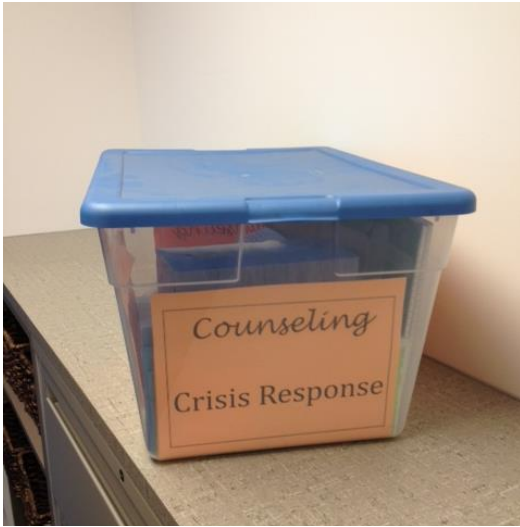
Start-Up Actions (Preparedness)	<ul style="list-style-type: none"> ▪ Crisis Intervention Team leader report to Command Post for instruction. ▪ Put on ICS Vest for identification and obtain supplies. ▪ Review safety procedures and assignments with First Aid Team staff. ▪ Set up a Crisis Intervention treatment area separate from the First Aid Area.
Operational Duties (Response)	<ul style="list-style-type: none"> ▪ As needed, members of Crisis Intervention Team will report to specific areas and provide crisis intervention strategies. ▪ When not needed, members of Crisis Intervention Team will report to Student Supervision Team to assist in supervising students and managing anxiety. ▪ If needed, team members will remove students from First Aid or Student Supervision Areas for treatment in a separate area. ▪ Team members must report student names to recorder before removing from area for treatment so that we have an accurate record of student locations. ▪ Provide counseling as needed for parents of injured or deceased students. Crisis Team will be notified to respond when parents of injured or deceased students arrive at the Student Release Team gate. Crisis Team members will remove parent and provide information and support in a private area. ▪ Identify other students and staff that may be at-risk (psychological triage model). ▪ Counseling strategies and resources for working with students who have experienced trauma. <p><i>NOTE: When using the two-way radio, do not use the names of injured or deceased.</i></p>
Closing Down (Recovery)	<ul style="list-style-type: none"> ▪ Return equipment and unused supplies to Logistics. ▪ Complete all paperwork and turn it in to the Documentation Unit. ▪ Student accountability / log sheets ▪ Follow-up with students and families and staff ▪ Debrief/evaluate/revise plan.

B. Equipment

- ✓ Crisis Box
- ✓ Crisis Folder
- ✓ Clipboards, paper, pencils, pens
- ✓ Student rosters
- ✓ List of students with medical problems/needs
- ✓ Walkie Talkie
- ✓ Games, books, etc. to assist with student distraction

C. Recommended Training - Crisis communication and training

Crisis Intervention Box (contents)

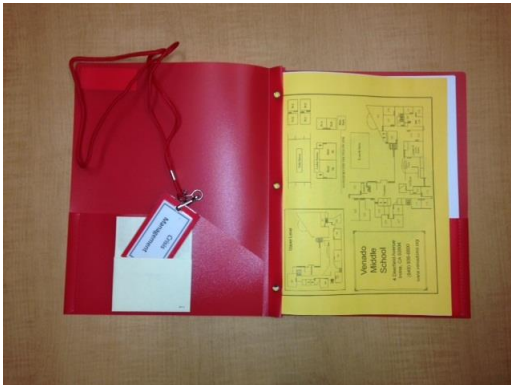


Box should be identifiable.

Contents:

- Tissue
- Paper
- Pens
- Labels
- Call Slips
- Clip Board with Sign-In Sheet
- Dixie Cups
- Colored Paper
- Colored Pencils (several packages)
- Note Cards
- Crisis Folders (see Crisis Folder page)

Crisis Intervention Folder (Contents)



Contents of folder:

- Map of School
- ID Badge
- Sign-In Log for Students
- Community Resources
- Tips for Talking to Children about Grief
- Triage Model

Response

- As needed, members of Crisis Intervention Team will report to specific areas and provide crisis intervention strategies.
- When not needed, members of Crisis Intervention Team will report to Student Supervision Team to assist in supervising students and managing anxiety.
- If needed, team members will remove students from First Aid or Student Supervision Areas for treatment in a separate area.
- Team members must report student names to recorder before removing from area for treatment so that we have an accurate record of student locations.
- Provide counseling as needed for parents of injured or deceased students. Crisis Team will be notified to respond when parents of injured or deceased students arrive at the Student Release Team gate. Crisis Team members will remove parent and provide information and support in a private area.
- Identify other students and staff that may be at-risk (psychological triage model).
- Counseling strategies and resources for working with students who have experienced trauma.

NOTE: When using the two-way radio, do not use the names of injured or deceased.

The following pages provide a site specific sample plan (courtesy of Northwood High School Crisis Intervention Team)

Recovery

- Return equipment and unused supplies.
- Complete all paperwork and turn it in to the EOC Command Center.
- Crisis Response Student Contact Log
- Follow-up with students and families and staff

Debrief/Evaluate/Revise Plan

- Who do we loop out to?
- What did we learn?
- Crisis Intervention Debrief Form (See Appendix A)

Forms

Found in Appendix A

- ❖ Site Specific Crisis Response Plan Template
- ❖ Crisis Response Student Contact Log

Found in Appendix E

- ❖ Crisis Intervention Resources: Additional Help

SECTION B

IRVINE UNIFIED SCHOOL DISTRICT Threat Assessment

Threat Assessment and Response: Teachers, Staff and Volunteers

There are generally two categories: transient and substantive.

Transient threats: are easily resolved because they are not serious threats. Readily identified as expressions of anger or frustration that dissipate quickly when the student reflects on the meaning of what he or she has said.

Substantive threats: are serious in that they pose a continuing risk or danger to others. They represent a sustained intent to harm someone beyond the immediate incident.

Substantive Threats

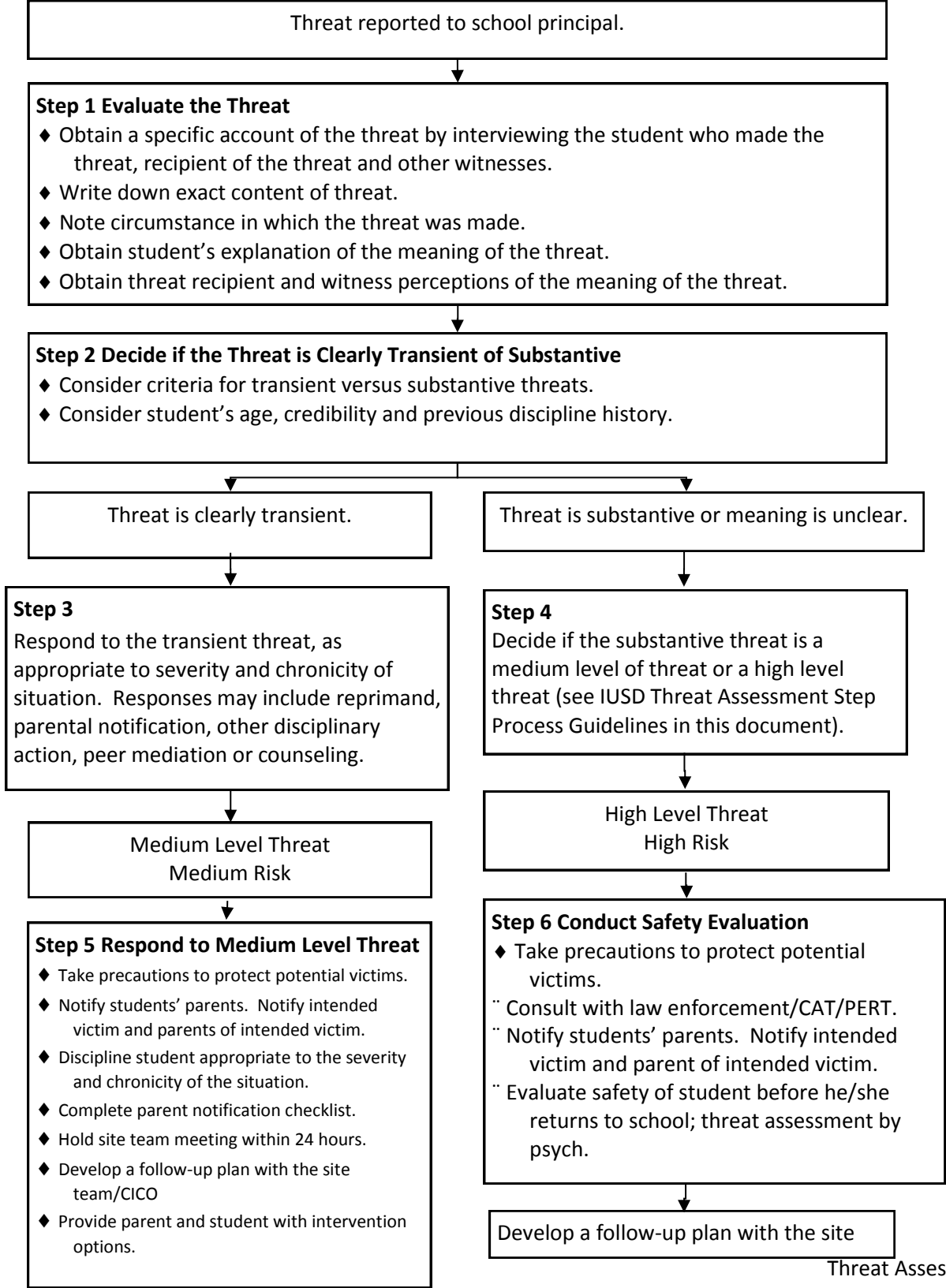
1. All threats are serious threats.
2. A threat could be a picture, remark, graffiti, part of a written assignment or a rumor.
3. Immediately separate the threat-maker from the person who is threatened.
4. Immediately capture and protect any documentation and/or evidence of the threat.
5. Report all threats immediately. Do not attempt to assess the level of seriousness of a threat by yourself. Threat assessment will be conducted by site administration and the District Threat Assessment Team. Members of the site and District threat assessment teams have been extensively trained in evaluating threats and threat-makers.
6. All certificated staff, classified staff, and all other responsible adults on campus are responsible for reporting threats.
7. The alert progression for this site/facility is to **immediately contact:**

Name	Contact Number
First:	
Second:	
Third:	

Threat Assessment School Violence Warning Signs

<p>Verbal Clues:</p> <ul style="list-style-type: none"> • Threatening/harassing phone calls or e-mails • Hopeless statements • Bragging of violent behavior or fantasies • Excessive profanity (contextually inappropriate) • Increase in challenging or intimidating statements • Increased name-calling or abusive language <p>Bizarre Thoughts:</p> <ul style="list-style-type: none"> • Persecutory delusions with self as victim • Paranoia • Command hallucinations • General and grandiose delusions that involve power, control and destruction • Deteriorated thought processes <p>Physical/Behavioral Clues:</p> <ul style="list-style-type: none"> • Multiple physical altercations/assaults upon others • Inappropriate weapon possession • Drawings and other creative outlets with persistent or intense violent themes • Violent/paramilitary identified attire • Physical intimidation of peers/young children • Short-fused/ losses emotional control • Destroys/vandalizes property • Continuous or enhanced acts of bullying • Deterioration of physical appearance and self-care 	<p>Obsessions:</p> <ul style="list-style-type: none"> • Increased sense of self as victim • Extreme grudges and deep resentments • Increased attention given to particular objects of desire • Perceived injustice, humiliations, and disrespect • Thoughts of death or other incidents of violence • A narrow focus of life issues – “Sees no way out” • Public acts of violence • Increased time with music and other media • Increased interest/attention to weapons • Stalking <p>Stalking:</p> <ul style="list-style-type: none"> • Displays of obsessive interest in individuals • Actions to demand/control the actions and associations of others • Following/tracking the location of another • Multiple contact attempts on a daily basis • Secretly attaining information about others • Offering multiple, inappropriate gifts • Frequent attempts of contact after an initial meeting
---	---

IUSD Threat Assessment Guidelines Flowchart



Threat reported to school principal.

Step 1 Evaluate the Threat

- ◆ Obtain a specific account of the threat by interviewing the student who made the threat, recipient of the threat and other witnesses.
- ◆ Write down exact content of threat.
- ◆ Note circumstance in which the threat was made.
- ◆ Obtain student’s explanation of the meaning of the threat.
- ◆ Obtain threat recipient and witness perceptions of the meaning of the threat.

Step 2 Decide if the Threat is Clearly Transient or Substantive

- ◆ Consider criteria for transient versus substantive threats.
- ◆ Consider student’s age, credibility and previous discipline history.

Threat is clearly transient.

Threat is substantive or meaning is unclear.

Step 3
Respond to the transient threat, as appropriate to severity and chronicity of situation. Responses may include reprimand, parental notification, other disciplinary action, peer mediation or counseling.

Step 4
Decide if the substantive threat is a medium level of threat or a high level threat (see IUSD Threat Assessment Step Process Guidelines in this document).

Medium Level Threat
Medium Risk

High Level Threat
High Risk

Step 5 Respond to Medium Level Threat

- ◆ Take precautions to protect potential victims.
- ◆ Notify students’ parents. Notify intended victim and parents of intended victim.
- ◆ Discipline student appropriate to the severity and chronicity of the situation.
- ◆ Complete parent notification checklist.
- ◆ Hold site team meeting within 24 hours.
- ◆ Develop a follow-up plan with the site team/CICO
- ◆ Provide parent and student with intervention options.

Step 6 Conduct Safety Evaluation

- ◆ Take precautions to protect potential victims.
- “ Consult with law enforcement/CAT/PERT.
- “ Notify students’ parents. Notify intended victim and parent of intended victim.
- “ Evaluate safety of student before he/she returns to school; threat assessment by psych.

Develop a follow-up plan with the site

Threat Assessment and Response Protocol

1. Separate and isolate the threat-maker and the intended victim(s).
2. Capture and protect any documentation and/or evidence of the threat.
3. Notify the School Resource Officer to respond, to consult, or to be on alert.
4. Begin investigating. Convene sit threat assessment team if appropriate. Interview the threat-maker, all intended victims, teachers, counselors, the threat-makers friends. Be sure to ascertain and record context of all statements and actions reported in interviews. Use the *Threat Assessment Form* to guide your investigation.
5. Warn all intended victims-students, staff or community members—and his/her parents (of student victims).
6. Contact threat-makers' parents and immediately enlist their help in preventing the threat from being carried out.
7. Consult with site District Threat Assessment Team – counselors, psychologists, administrators, campus supervisors and SRO's.
8. Begin mental health assessment, if appropriate.
9. Impose student discipline appropriate to the severity of the threat. Most threats should warrant, at the least, a "Notification of Inappropriate Expression Form" to the parent(s)/guardian.
10. Depending on the severity of the threat, keep the District Office informed concerning the threat and the steps being taken in response.
11. If a student is suspended for making a threat, a Safety Evaluation should be conducted before he or she is allowed to return to school.
12. Finish completing the Threat Assessment Form. Send one copy to the District Office, Pupil Personnel Services.
13. Consult with the site and/or District Threat Assessment Team to develop appropriate monitoring processes and support services for the student.

Threat Assessment – Stabilization Phase

1. Separate and isolate the threat-maker and the intended victim(s).
2. Capture and protect any documentation and/or evidence of the threat.
3. Notify the School Resource Officer to respond, to consult, or to be on alert.
4. Begin investigation. Use the Threat Assessment Form to guide your investigation and response.
5. Warn the intended victim of his/her parents.
6. Contact threat maker's parents and immediately enlist their help in preventing the threat from being carried out.
7. Consult with site and/or District Threat Assessment Team – counselors, psychologists, administrators, campus supervisors and SRO's.
8. Impose student discipline appropriate to the severity of the threat. Most threats should warrant, at the least, a "Notification of Inappropriate Expression Form." Suspension is often appropriate.

IRVINE UNIFIED SCHOOL DISTRICT

Threat Assessment Step Process Guidelines

STEP ONE: REFERRAL

STEP TWO: ASSESS SEVERITY	
SEVERITY LEVEL	
NON-EXISTENT	➤ No identifiable threat
LOW	<ul style="list-style-type: none"> ➤ Poses a minimal risk to the victim and public safety ➤ Is vague and indirect ➤ Information is inconsistent, implausible, or lacks detail ➤ Content suggests the person is unlikely to carry out the threat
MEDIUM	<ul style="list-style-type: none"> ➤ Could be carried out, although it does not appear totally realistic ➤ More direct and more detailed than a low level of threat ➤ Wording suggests some thought has been given to how the act will be completed ➤ Includes a general indication of place and time, but still falls well short of a detailed plan ➤ No strong indication and preparatory steps have been taken ➤ Statements seek to convey that the threat is not empty (i.e. "I'm serious!" or "I really mean it!")
HIGH	<ul style="list-style-type: none"> ➤ Direct, specific, and plausible ➤ Appears to pose imminent and serious danger to the safety of others ➤ Suggests detailed steps have been taken (i.e. stalking or acquisition of weapons) ➤ Almost always require involving law enforcement
STEP THREE: PLAN OF ACTION	
NON-EXISTENT	➤ No action needed at this time
LOW	➤ Monitor and provide needed supports
MEDIUM	<ul style="list-style-type: none"> ➤ Complete Parent Notification Checklist ➤ Hold site team meeting within 24 hours of threat ➤ Develop Student Supervision Plan and monitor ➤ Provide parents with intervention options (i.e. list of community resources and/or school district resources)
HIGH	<ul style="list-style-type: none"> ➤ Complete Parent Notification Checklist ➤ Hold site team meeting within 24 hours of threat ➤ Complete Teacher Information Forms ➤ Conduct parent/guardian interviews ➤ Implement Plan of Action and monitor ➤ Provide parents with intervention options (i.e. list of community resources and/or school district resources)
STEP FOUR: FOLLOW UP	
NON-EXISTENT	➤ No action needed at this time
LOW	➤ Make direct contact with student for the next 2-3 days
MEDIUM	➤ Set a meeting date to review student's status for return – discuss a support plan
HIGH	<ul style="list-style-type: none"> ➤ Make contact to assess student status on return to school ➤ Inform parent/guardian student will not be allowed to return without a medical release
STEP FIVE: RE-ENTRY	

FORMS

Found in Appendix B

- ❖ Threat Assessment Summary & Response (form to identify steps to be taken)
- ❖ Threat Assessment Referral Form
- ❖ Threat Level Determination: Student Interview
- ❖ Observed Behavior Checklist
- ❖ Parent Notification Checklist
- ❖ Parent Interview Form
- ❖ Teacher Interview Form
- ❖ Teacher Observation Form
- ❖ Threat Assessment Form – General Information
- ❖ Re-entry Plan
- ❖ Violence Free Contract

Found in Appendix E

- ❖ Records Release Form
- ❖ Student Supervision Plan
- ❖ Student Re-entry Plan
- ❖ Medical Release to Return to School

SECTION C

IRVINE UNIFIED SCHOOL DISTRICT

Suicide Assessment

Suicide Assessment Introduction

Suicide is a tragic event with strong emotional repercussions for its survivors and for families of its victims. More than 36,000 people in the U.S. kill themselves every year, according to a 2010 study from the Centers for Disease Control and Prevention.

Teen suicide is the third leading cause of death among people between the ages of 15 and 24, according to the Centers for Disease Control and Prevention, with about 4,400 lives lost each year. Males comprise 84% of all suicides. It is also thought that at least 25 attempts are made for every completed teen suicide.

Factors that increase the risk of suicide among teens include:

- a psychological disorder, especially depression, bipolar disorder, and alcohol and drug use (in fact, approximately 95% of people who die by suicide have a psychological disorder at the time of death)
- feelings of distress, irritability, or agitation
- feelings of hopelessness and worthlessness that often accompany depression
- a previous suicide attempt
- a family history of depression or suicide
- emotional, physical, or sexual abuse
- lack of a support network, poor relationships with parents or peers, and feelings of social isolation
- dealing with bisexuality or homosexuality in an unsupportive family or community or hostile school environment

Warning Signs

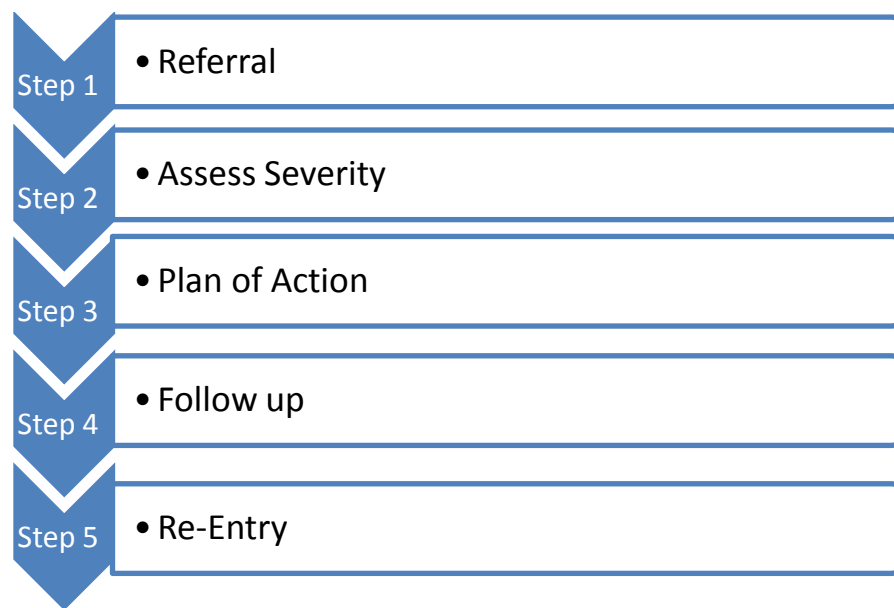
- Talking about wanting to die or to kill themselves.
- Looking for a way to kill themselves, such as searching online or buying a gun.
- Talking about feeling hopeless or having no reason to live.
- Writing stories and poems about death, dying or suicide.
- Talking about feeling trapped or in unbearable pain.
- Talking about being a burden to others.
- Increasing their use of alcohol or drugs.
- Begins neglect hygiene and other matters of personal appearance
- Risk taking behaviors
- Acting anxious or agitated; behaving recklessly.
- Sleeping too little or too much.
- Withdrawing or isolating themselves.
- Showing rage or talking about seeking revenge.
- Displaying extreme mood swings.
- Begins to give away sentimental possessions.
- Spends time online interacting with people who glamorize suicide and maybe even form suicide pacts.

Lifeline: 1-800-273-TALK (8255)

Action Plan

What to do:

1. Listen and reassure them that there is help and they will not feel like this forever.
2. Provide constant supervision.
3. Remove means of self-harm
4. Take student directly to a counselor, school psychologist or administration.
 - Peers should not agree to keep the suicidal thoughts a secret.
5. The Assessment Team will conduct a suicide risk assessment.
6. Notify parents.
7. Provide recommendations and referrals to community services.
8. Provide follow up and support



Tips for Teachers:

1. **Know the warning signs!**
2. **Know the school's responsibilities.** Schools have been held liable in the courts for not warning the parents in a timely fashion or adequately supervising the suicidal student.
3. **Encourage students to confide in you.** Let students know that you are there to help, that you care. Encourage them to come to you if they or someone they know is considering suicide.
4. **Refer student immediately.** Do not “send” a student to the school psychologist or counselor. **Escort the child** yourself to a member of the school’s crisis team. If a team has not been identified, notify the principal, psychologist, counselor, nurse or social worker.
5. **Join the crisis team.** You have valuable information to contribute so that the school crisis team can make an accurate assessment of risk.
6. **Advocate for the child.** Sometimes administrators may minimize risk factors and warning signs in a particular student. Advocate for the child until you are certain the child is safe.

IRVINE UNIFIED SCHOOL DISTRICT

Suicide Assessment Step Process Guideline

STEP ONE: REFERRAL

STEP TWO: ASSESS SEVERITY	
SEVERITY LEVEL	
NON-EXISTENT	<ul style="list-style-type: none"> ➤ No identifiable suicide ideation
LOW	<ul style="list-style-type: none"> ➤ Suicidal ideation of limited frequency ➤ No intent (Student has had thoughts of suicide in last 6 months but has no plan of action) ➤ Few risk factors
MODERATE	<ul style="list-style-type: none"> ➤ Frequent suicidal ideation with limited intensity and duration ➤ Mild intent (Student has had thoughts of suicide recently & may have some non-specific plans) ➤ Some risk factors
HIGH	<ul style="list-style-type: none"> ➤ Frequent/Enduring/Intense suicidal ideation ➤ Clear Intent (Student is threatening or making an attempt on his/her life at the present time and has specific/concrete plans and a weapon or means of carrying out the plan) ➤ Many risk factors
STEP THREE: PLAN OF ACTION	
NON-EXISTENT	<ul style="list-style-type: none"> ➤ No action needed at this time
LOW	<ul style="list-style-type: none"> ➤ Under 12, parent/guardian is notified ➤ Older than 12, consider notifying parent/guardian (if calling parent places the child at risk, notify CPS)
MODERATE	<ul style="list-style-type: none"> ➤ Initiate "Team" intervention ➤ Immediate contact with parent/guardian and ask to come to school ➤ Provide written authorization for release of information to parent/guardian ➤ If student is under care of a therapist, contact is made from the office ➤ Facilitate appropriate intervention – therapist, hospital, medical doctor ➤ Inform parent/guardian student will not be allowed to return without a medical release
HIGH	<ul style="list-style-type: none"> ➤ Call 991, SRO or other police ➤ Notify parent that you have called an emergency number ➤ Notify principal, psychologist, nurse and other "Team" members ➤ Provide available school and community resources to student and family
STEP FOUR: FOLLOW UP	
NON-EXISTENT	<ul style="list-style-type: none"> ➤ No action needed at this time
LOW	<ul style="list-style-type: none"> ➤ Make direct contact with student for the next 2-3 days ➤ Complete "Risk Assessment Summary" and place a copy in the student Health file
MODERATE	<ul style="list-style-type: none"> ➤ Set a meeting date to review student's status for return – discuss a support plan ➤ Complete "Risk Assessment Summary" and place a copy in the student Health file
HIGH	<ul style="list-style-type: none"> ➤ Make contact to assess student status on return to school ➤ Inform parent/guardian student will not be allowed to return without a medical release ➤ Complete "Risk Assessment Summary" and place a copy in the student Health file
STEP FIVE: RE-ENTRY	

SEVERITY LEVEL RISK TABLE

NON-EXISTENT	<ul style="list-style-type: none"> ➤ No identifiable suicide ideation
LOW	<ul style="list-style-type: none"> ➤ Suicidal ideation of limited frequency ➤ No intent (Student has had thoughts of suicide in last 6 months but has no plan of action) ➤ Few risk factors (Prior diagnosis and on medication, but stable) ➤ Presence of protective factors ➤ Student may experience mild depression at times but has overall good self-esteem ➤ May have experienced some kind of significant challenge recently
MODERATE	<ul style="list-style-type: none"> ➤ Frequent suicidal ideation with limited intensity and duration ➤ Mild intent (Student has had thoughts of suicide recently & may have some non-specific plans) ➤ Some risk factors (Prior diagnosis, on medication, prior attempt, social supports lacking, some anxiety) ➤ Student is moderately depressed (Feels life is overwhelming, unbearable, feels worthless) ➤ May have experienced a traumatic or hazardous situation recently
HIGH	<ul style="list-style-type: none"> ➤ Frequent/Enduring/Intense suicidal ideation ➤ Clear Intent (Student is threatening or making an attempt on his/her life at the present time and has specific/concrete plans and a weapon or means of carrying out the plan) ➤ Many risk factors (Prior diagnosis, on medication, currently in treatment, prior attempt, social supports lacking, rational thought loss, severe anxiety, severe agitation, severe panic attacks) ➤ Student is severely depressed (Sense of hopelessness) ➤ Experienced a traumatic or hazardous situation recently ➤ Limited self-control ➤ Low level of rescue and reversibility of plan ➤ Reports writing a suicide note ➤ Refuses to sign a "No Harm" Agreement

Depression/Suicide Referral Process Guidelines

	STEP TWO: Assess Severity	STEP THREE: Plan of Action	STEP FOUR: Follow-up
Low	<ul style="list-style-type: none"> • Student is depressed • Has thoughts of suicide in last 6 months but has no plan of action • Feels life is overwhelming at times • May have experienced some kind of significant challenge recently 	<ul style="list-style-type: none"> • Under 12, parent/guardian is notified • Older than 12, consider notifying parent/guardian (if calling parent places the child at risk, notify CPS) • Follow-up: Make direct contact with student for the next 2-3 days • Fill out Risk Assessment Summary and keep a copy in the student Health file 	
Moderate	<ul style="list-style-type: none"> • Seriously depressed • Has given thoughts how he/she might end his/her life • Feels life is overwhelming, unbearable, feels worthless • May have experienced a traumatic or hazardous situation recently • Might have a plan or means of carrying out the plan 	<ul style="list-style-type: none"> • Initiate 'Team' Intervention • Immediate contact with parent/guardian and asked to come to school • Provide written authorization for release of information to parent/guardian • If student is under care of a therapist, contact is made from the office • Facilitate appropriate intervention – therapist, hospital, medical doctor • Inform parent/guardian student will not be allowed to return without a medical release • Set a meeting date for all, to review student's status for return – discuss a support plan • Complete a 'Risk Assessment Summary' and keep a copy in the student's Health file 	
High	<ul style="list-style-type: none"> • Student is threatening or making an attempt on his/her life at the present time • Has a plan and a weapon or a means to carry out the plan • Refuses to sign a No Harm Agreement 	<ul style="list-style-type: none"> • Call 911, SRO or other police • Notify parent that you have called an emergency number • Notify principal, psychologist, nurse other Team members • Provide available school and community resources to student and family • Follow-up, making contact to assess student status on return to school • Complete 'Risk Assessment Summary' and keep a copy in the student's Health file • Inform parent/guardian student will not be allowed to return without a medical release 	

Resources

National Suicide Prevention Lifeline	1-800-273-8255
National Hopeline Network	1-800-784-2433
TTY - Hearing & Speech Impaired	1 -800-799-4889
CrisisChat.org	On-line emotional support – hours vary
IMAlive.org	Online Crisis Network
Trevor Lifeline (provides crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender and questioning youth)	1-866-488-7386

FORMS

Found in Appendix C

- ❖ Suicide Referral Form
- ❖ Suicide Severity Level Determination
- ❖ Suicide Referral Plan of Action
- ❖ Risk Assessment Summary
- ❖ Re-Entry Plan
- ❖ Student Re-Entry Letter
- ❖ A Measure of Adolescent Potential for Suicide (MAPS)
- ❖ Suicide Risk Assessment
- ❖ No Harm Agreement

Found in Appendix E

- ❖ Records Release Form
- ❖ Student Supervision Plan
- ❖ Teacher Notification: Student Re-Entry Form
- ❖ Medical Release to Return to School

SECTION D

IRVINE UNIFIED SCHOOL DISTRICT

School Violence: Introduction

What is School Violence? School violence is a subset of youth violence. Violence is the intentional use of physical force or power, against another person, group or community with the behavior likely to cause physical or psychological harm. (CDC)

Examples of violent behavior include:

- Bullying
- Fighting
- Weapon use
- Electronic aggression
- Gang violence

School violence occurs:

- On school property
- On the way to or from school
- During a school-sponsored activity
- On the way to or from a school-sponsored activity

Reasons for Violence: There is never a simple answer but people often commit violence because of one or more of the following:

- **Expression:** Some people use violence to release feelings of anger or frustration. They think there are no answers to their problems and turn to violence to express their out of control emotions.
- **Manipulation:** Violence is used as a way to control others or get something they want.
- **Retaliation:** Violence is used to retaliate against those who have hurt them or someone they care about.

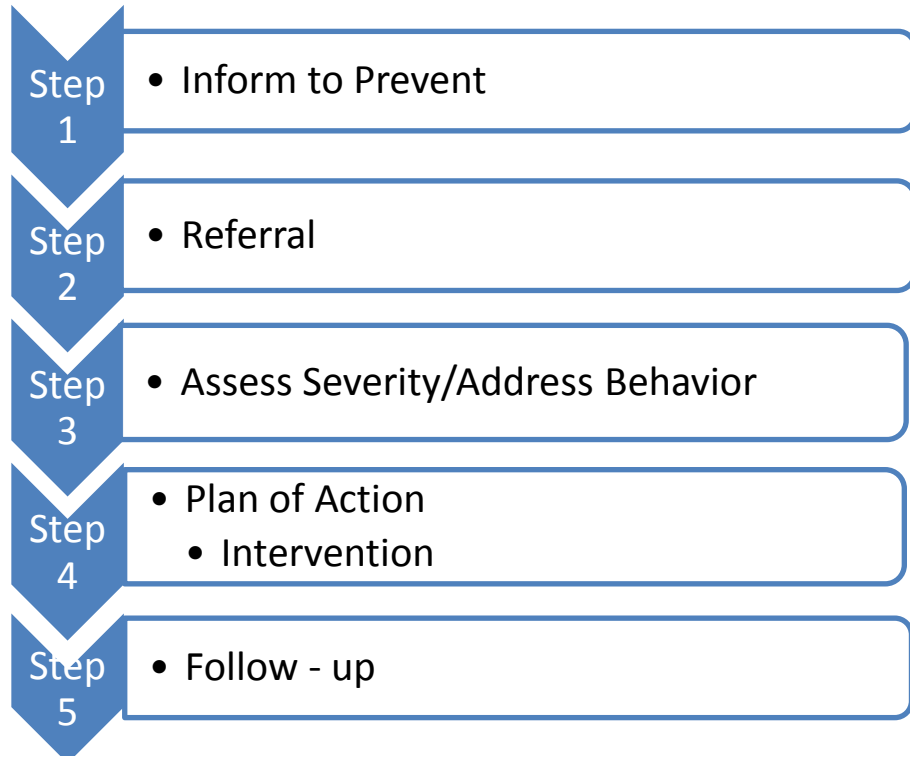
Factors that contribute to violent behavior include:

- Peer Pressure
- Need for attention or respect
- Feelings of low self-worth
- Early childhood abuse or neglect
- Witnessing violence at home, in the community or in the media
- Easy access to weapons

School Violence: Warning Signs

<ul style="list-style-type: none"> • Social Withdrawal • Excessive feelings of isolation and being alone • Excessive feelings of rejection • Being a victim of violence • Feelings of being picked on and/or persecuted • Low school interest and poor academic performance • Expression of violence in writings and drawings • Uncontrolled anger • Patterns of impulsive hitting and chronic hitting, intimidating and bullying behaviors • History of discipline problems • Past history of violent and aggressive behavior • Intolerance for differences and prejudicial attitudes • Drug use and alcohol use • Inappropriate access to, possession of, and use of firearms • Serious threats of violence • Affiliation with gangs 	<p>Imminent Warning Signs May Include:</p> <ul style="list-style-type: none"> • Serious physical fighting with peers or family members • Severe destruction of property • Severe rage of seemingly minor reasons • Detailed threats of lethal violence • Possession and/or use of firearms and other weapons • Other self-injurious behaviors or threats of suicide
--	--

School Violence: Action Plan



Bullying

Bullying is a form of emotional or physical abuse that has three defining characteristics:

1. **Deliberate**—a bully’s intention is to hurt someone
2. **Repeated**—a bully often targets the same victim again and again
3. **Power Imbalanced**—a bully chooses victims he or she perceives as vulnerable

Bullying occurs in many different forms, with varying levels of severity. It may involve:

- **Physical Bullying**—poking, pushing, hitting, kicking, beating up
- **Verbal Bullying**—yelling, teasing, name-calling, insulting, threatening to harm
- **Indirect Bullying**—spreading rumors, telling lies, getting others to hurt someone

For additional information, go to IUSD Intranet, Student Services.

<https://intranet.iusd.org/studentserv/>

Resources

School Violence Hotline	1-866-748-7047
Text	847411 using keyword, “Reportit” – include school name and city

APPENDIX A

Crisis Intervention Team Resources

SITE SPECIFIC CRISIS RESPONSE PLAN

Site Specific: Crisis Intervention Team Members

Crisis Intervention Team: Please notify any of the following members if you suspect a student is a direct threat to themselves or others.

Title	Name	Phone	Email Address
Psychologist			
Counselor			
Counselor			
Counselor			
Counselor			
Counselor			
Principal			
Administrator			
Administrator			
Administrator			
Administrative Assistant			
School Nurse			
SRO			
CCA			

CRISIS RESPONSE TEAM PLAN & MANAGEMENT CHECKLIST

1. Arrange for a Crisis Response Team meeting.

Team Members	Home Number	Alternate Phone Number
Principal		
Assistant Principal		
Psychologist		
Counselor		
School Nurse		
SRO		
CCA		
Admin. Asst.		

2. Check the facts of the crisis and inform as appropriate: (See Communication Flow Chart)

IUSD Emergency Response	936-5350	IUSD Ext. 5350
Police/Fire (Depts.) Dispatch	724-7200	
IPD Res. Officer: _____		
Superintendent: _____		IUSD Ext. 5250
PTSA: President: _____		
PTSA 1 st Vice Pres: _____		
IUSD Health Services: _____		
Special Education: _____		
Guidance Resources Staff	936-7982	

3. Adapt our general plan to fit the crisis.

Review the following procedures to accommodate current incident.

- Make a copy of the announcement and faculty responsibilities to give to the staff.
- Estimate the severity of reactions to the death.
- How well known was the person who died? Was the individual a long-time member of our school community?
- When did staff and students hear the tragic news? Has there been time for processing emotions?
- How did the death occur? Violent/unexpected deaths are harder to handle.
- Are there siblings or spouses or other family members in this or other schools?

4. How will we announce the event to our school community?

How will we tell the staff?

Place _____

Time _____

Method of Contact (i.e., phone tree): _____

Person presiding _____

Who on staff should be told?

Teachers _____	Bus Drivers _____
Food Service _____	Custodial/Maintenance _____
Secretarial _____	PTA _____

How will we announce the incident to students/parents/community?

Method of contact _____

Person(s) announcing: _____

Place _____

Time _____

Written announcement:

(Attach)

5. Counselors' & school psychologist's Responsibilities

Check off what needs to be done during the crisis:

- Announce event in the classroom, provide accurate information.
- Identify students in need of counseling.
- Notify Counseling Office of the number of students wanting Services.
- Remove very distraught students from the class by having them escorted to the counselor's office or library/media center.
- Discuss the crisis; focus on helping students cope with the loss (see list of suggestions). Give permission for a range of emotions.
- Postpone testing.
- Eliminate, shorten and structure assignments for a few days.
- Discuss with and prepare students for funeral attendance.
- Follow up with staff and students

- Reschedule the following activities:

- If needed, call on outside staff (IUSD, community) who can work with our students: See Flow Chart

6. Faculty Responsibilities

Completed By Whom: _____

- Obtain food and beverages for crisis team and other staff. _____
- Provide name tags for staff. _____
- Follow the schedule of the deceased and visit classrooms of close friends. _____
- Inform feeder and area schools so they can provide support for students affected at their campuses. _____
- Maintain a list of students counseled for follow-up. _____
- Call parents of very distressed students for continued support or referral. _____
- Select and inform those students who should participate in a memorial service in either an active or advisory capacity. _____
- Brainstorm and identify who might be at-risk. _____

Administrator Responsibilities

- Assign security to school's entrance for monitoring access.
- Contact district personnel to inform and, if needed, support (see previously listed names/phone numbers).
- Assign extra clerical help to counseling areas (e.g., Admin. Building, Library/Media).
- Stop notifications on student activity (i.e., Eagle data system) from being sent to the home of a family whose teenager has died.
- Remove personal items from desks and lockers to save for parents. Collect homework etc. from classroom teachers.
- Rearrange seating, classes, programs, etc. as dictated by the crisis. Changes to be made _____

- Establish locations for counseling; assign staff:

Name _____ Location _____

Name _____ Location _____

Name _____ Location _____

Name _____ Location _____

- Assign location for additional counseling resources.
- Keep staff updated.
- Identify staff in need of counseling.
- Emphasize the facts and squelch rumors.
- Remain highly visible.
- Arrange for excused absences and possibly transportation for students attending off premises funeral.
- Work with crisis team to arrange for staff debriefing.

Where _____

When _____

Who will preside? _____

- Contact the parents of students who have died _____

8. Handling the Media

- Spokesperson appointed: _____
- Alternate appointed: _____
- Explain how certain coverage can sustain a crisis or contribute to suicide contagion including simplistic explanations for suicide, excessive reporting in the news, sensational coverage, and/or reporting “how to.”
- Students should generally not be allowed access to the media.
- If it is unavoidable, consider a small group of student spokespersons. Be sure to get prior parent permission for this activity.
- Refer to superintendent’s office? School Board?
- Staff assigned to handle the telephone _____
- Message to be given over the telephone _____

- News Release developed
- Establish time and location to meet the media (e.g., gym, theater)
- Identify person(s) to speak to concerned parents: _____

9. Memorial Service

Is a memorial service indicated for this crisis? _____

How many students will be attending? _____

Location _____

Presiding Person _____

Speakers _____

Coordinator _____

Student involvement (i.e., students' names and roles) _____

Activities _____

Area for staff and students not wishing to participate _____

Community people who should be invited _____

10. Crisis Follow-up Responsibilities

Crisis Response team will convene on (date/time): _____

At-risk students will identified for follow-up on (date): _____

Depending on need, 6 to 8 weeks support: _____



CRISIS RESPONSE STUDENT CONTACT LOG

Staff Member or Counselor Name _____

Time	Student Name	Teacher	Grade/ Room #	Issue	Follow-up Yes or No



Crisis Intervention Debriefing Form

1. REVIEW:

- How did it go?
- How do you think you did?
- What themes emerged?
- What was the participation level of group?
- Is there anything that concerns you?

2. RESPONSE:

- What did you say that you wish you hadn't?
- Wish you had said?
- How has this intervention affected you?
- What was the hardest part of this for you?

3. REMIND:

- Is there any follow up to be done?
- What are you going to do to take care of yourself?
- What will it take to let go of this?
- Report to Team Coordinator process was done.
- Assign follow-up assignments for your completed intervention.

Resource: OCDE Crisis Response Network

APPENDIX B

Threat Assessment Forms and Resources

Threat Assessment Summary & Response

Use this form to identify steps to be taken

Student Interviewed:

Parent Contact:

• **Parent Name:** _____

• **Form of Contact:** _____

Intended Victim Notified:

Parent Contact:

• **Parent Name:** _____

• **Form of Contact:** _____

Police Notification:

• **Officer:** _____

Case #: _____

School Disciplinary Action

• **Parent/Student Conference**

• **Conflict Mediation**

• **Alternative Means to Suspension**

• **Suspension**

• **In-school suspension**

• **Detention**

• **Recommended expulsion**

• **Modified schedule**

• **Alt. placement request**

Mental Health Assessment Completed (if needed)

• **Name of Agency:** _____

• **In-patient**

• **Out-patient**

• **Authorization for Release of Information received:**

• **Intake Date:** _____

Discharge Date: _____

Threat Assessment Completed (if needed)

School based counseling

Other Safety Precautions:

IRVINE UNIFIED SCHOOL DISTRICT

Threat Assessment Referral

Step 1

STUDENT ID#	DATE OF BIRTH	AGE	GENDER	DATE
				11/1/2012

SCHOOL	GRADE	REFERRED BY	CURRENT PROGRAM

PARENT(S) / GUARDIAN(S) NAME	PARENT(S)/ GUARDIAN(S) EMAIL

ADDRESS

HOME PHONE	WORK PHONE	CELL PHONE

DATE OF THREAT	PERSON REPORTING THE THREAT
INTENDED VICTIM(S) OR RECEIPIENTS (S) OF THREAT	WITNESSES TO THE THREAT (If Any)

REASON FOR REFERRAL

Direct Threat Indirect Threat

<input type="checkbox"/> Response to Rules & Authority	<input type="checkbox"/> Resiliency Dealing with Failure or Criticism
<input type="checkbox"/> Presence of Depression or other Mental Illness	<input type="checkbox"/> Focus of Blame (internal/external)
<input type="checkbox"/> Difficulty Coping with Stress & Conflicts	<input type="checkbox"/> Need for Control
<input type="checkbox"/> Low Tolerance for Frustration	<input type="checkbox"/> Drug & Alcohol Abuse
<input type="checkbox"/> Access to Weapons	<input type="checkbox"/> History of Violent Behavior
<input type="checkbox"/> Difficulty Dealing with Anger, Humiliation & Disappointments	<input type="checkbox"/> Sense of Self-Importance Compared to Others (superior/inferior)
<input type="checkbox"/> Level and Focus of Interests Outside School	<input type="checkbox"/> Strained Family Dynamics
<input type="checkbox"/> Danger to Others	<input type="checkbox"/> Need for Attention
<input type="checkbox"/> Other _____	

DESCRIPTION

--



IRVINE UNIFIED SCHOOL DISTRICT
Threat Level Determination: Student Interview
Step 2

STUDENT ID#	DATE OF BIRTH	AGE	GENDER	DATE

SCHOOL	GRADE	ASSESSOR NAME	ASSESSOR POSITION

MEDICAL HISTORY	YES	NO
Do you currently have a medical diagnosis? (i.e. major depression, bipolar illness and/or psychosis)	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently on any medication?	<input type="checkbox"/>	<input type="checkbox"/>
Do you currently use any recreational drugs?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently in treatment?	<input type="checkbox"/>	<input type="checkbox"/>

It has been reported that you have threatened to harm_____. I need to find out the specifics of this situation from your point of view. Give me your description of what happened, who was involved, and what you said or did (i.e. specific, plausible details including intended victim(s), time and approach.

What steps have you taken or plans have you made toward carrying out the threat?

Do you have access to the _____(gun, knife, bomb materials, etc.) that you would need to do this?

What happened just before this reported incident (student’s perception of precipitating event)?

Can you think of any problems in your life that might have led up to this threat/incident? (seek to determine motivation and purpose of the student’s actions)

Who else have you talked with about your thoughts/plans? How did he/she react?

THREAT SEVERITY LEVEL RISK TABLE

NON-EXISTENT	<ul style="list-style-type: none"> ➤ No identifiable threat ideation
LOW	<ul style="list-style-type: none"> ➤ Threat is vague and indirect ➤ Information contained within the threat is inconsistent, implausible or lacks detail ➤ Threat lacks realism ➤ Content of threat suggests that student is unlikely to have access to resources, lacks intent ➤ Context of threat suggests student is unlikely to have access to resources, lacks intent and motivation, and does not present with a history of conflict or related violent behaviors
MEDIUM	<ul style="list-style-type: none"> ➤ Threat is more direct, details and concrete than low level threat ➤ Wording in the threat suggests that the at-risk student has given some thought to how the act will be carried out ➤ There may be indication of a possible place and time (though these signs still fall well short of a detailed plan) ➤ There is no clear indication that the at-risk student has taken preparatory steps ➤ Context of threat suggests person may have access to resources, indicates possible intent and motivation, and/or presents with a history of conflict or related violent behaviors
HIGH	<ul style="list-style-type: none"> ➤ Threat is direct, specific and plausible ➤ Threat suggests concrete steps have been taken towards carrying it out ➤ Context of threat suggests student has secured resources, has definite intent and motivation, and/or there is a strong history of conflict and previous high-risk behaviors

*Place copy in a secure/confidential file



IRVINE UNIFIED SCHOOL DISTRICT
Threat Review
Observed Behavior Checklist

STUDENT ID#	DATE OF BIRTH	AGE	GENDER	DATE

SCHOOL	GRADE	ASSESSORS

OBSERVED BEHAVIOR CHECKLIST		YES	NO	NMI
AGGRESSION				
Does the student lose his/her temper easily or display unwarranted anger?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the student have a history of, a plan for, or a current record of violent behavior?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the student engaged in severe property destruction or aggression toward animals?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the student exhibited a lack of concern for the safety of others?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEPRESSION				
Does the student display any signs of depression (hopelessness, lethargy)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the student display, have a history of, or a plan, for self-injurious behavior?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the student irritated easily, overly emotional, or anxious?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ALIENTATION				
Does the student have few (3 or fewer), or no close friends?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a lack of participation in extracurricular or community activities?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the student a member of a generally outcast or alienated group of peers?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NARCISSISM				
Does the student react to criticism with hostility, anger or hurt feelings?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the student display a high number of attention-seeking behaviors?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the student seem to believe that he or she is superior to other students?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FAMILY				
Is there a history of caregiver rejection or lack of parental involvement?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the student have access to weapons?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are parental expectations and discipline reasonable and consistent?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCHOOL				
Does the student perceive an attitude of adult acceptance toward bullying or fighting?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the student believe that fellow students shouldn't report one another?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SOCIAL				
Is the student a member of a clique or gang that reinforces antisocial behavior?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the student exhibit significantly poor social skills or peer relations?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there indicators that the student has engaged in, or been the victim of bullying?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PERSONAL			
Does the student have a known fascination with weaponry or violence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the student been found with violent drawings or writings created by self or others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the student appear to be defensive, paranoid, or suspicious of other people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the student seem to be intolerant of the opinions of other people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COPING			
Does the student overreact to minor frustrations or have impulse control difficulties?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the student tend to externalize blame?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the student's problem-solving skills ineffective?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there known signs the student has been involved in drinking alcohol or using drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STRESS			
Has the student experienced the loss of a relative, peer, or pet in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the student experienced significant rejection or humiliation in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the student experienced any other significant stressors (at home, school or elsewhere) in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the student displayed recent and/or sudden changes in behavior?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***Place copy in a secure/confidential file**



IRVINE UNIFIED SCHOOL DISTRICT
Parent Notification Checklist
Step 3

STUDENT ID#	DATE OF BIRTH	AGE	GENDER	DATE
				11/1/2012

SCHOOL	GRADE	REFERRED BY	CURRENT PROGRAM

PARENT(S) / GUARDIAN(S) NAME	PARENT(S)/ GUARDIAN(S) EMAIL

ADDRESS

HOME PHONE	WORK PHONE	CELL PHONE

CHECKLIST

The parent/guardian has been notified of the incident and that this threat screening is being conducted by school personnel and law enforcement, as necessary.

Person (Parent/Guardian) contacted: _____

By Whom: _____

Parent/Guardian Response: _____

Attempt to notify parent(s)/guardian(s) was not successful because: _____

Date/time/contact attempt made by (list each attempt): _____

Was the incident reported to local law enforcement by authorities? Yes No

Person contacted: _____

By Whom: _____

Outcome: _____

***Place copy in a secure/confidential file**



IRVINE UNIFIED SCHOOL DISTRICT

Parent Interview

STUDENT ID#	DATE OF BIRTH	AGE	GENDER	DATE

SCHOOL	GRADE	INTERVIEWER NAME	INTERVIEWER POSITION

Does he/she appear to get along with his/her peers? Who are his/her close friends? Does he/she seem to have a large or small group of friends? Has his/her social group recently changed? Does he/she maintain long-term friendships or does he/she seem to be frequently change his/her friends? Does he/she appear to be isolating himself/herself from others? Are you aware of any recent relationship break?

What are his/her feelings towards school? Have you noticed any changes in his/her attitude toward school in the past several months? Does he/she appear to be apathetic towards school? Has he/she been having difficulties in school?

How has he/she been getting along with other family members? How is discipline typically handled in your home? How much time do you typically spend together? Is there adult supervision available after school and on weekends? Are there any family stressors going on at this time? Have there been any recent losses or loss of status in his/her life?

What music groups does he/she listen to? Does he/she have a high interest level in violence-based video games, movies, music and/or television? Do you supervise his/her television and internet use?

Does your family own a weapon? Does he/she have access to any weapons in the home? Outside of the family home? Does he/she have experience with weapons?

Has there been physical or verbal aggression displayed by your child with peers or family members? Does he/she tend to do things without considering the consequences of his/her actions first? How does he/she typically express anger? Has he/she displayed destructive behavior towards property at home or in the community? Has he/she intentionally inflicted harm on any animals or younger children? Do you have any suspicion that he/she may be using drugs or alcohol? Has he/she been involved with law enforcement or the courts in the past?

Have you any major concerns regarding your child recently? Has he/she displayed any self-injurious behaviors or made suicide threats? Does he/she appear to overreact to criticism and/or authority? Is there any history of mental health concerns on either side of the family?

Has your child told you of plans or a desire to harm or kill others? What do you think motivated him/her to make the reported threat? Has he/she made any threats to harm others in the past? Have you seen any drawings or writings by your child that were violent in nature? How concerned are you that he/she might follow through with the violent actions?

***Place copy in a secure/confidential file**



IRVINE UNIFIED SCHOOL DISTRICT

Teacher Interview Form

STUDENT NAME	DATE OF BIRTH	AGE/GRADE	GENDER	DATE

TEACHER NAME	SUBJECT	PERSON CONDUCTION INTERVIEW

	YES	NO
Has the student made a threat in your classroom or to your knowledge? If yes, what did that threat look like? (i.e. Verbal, written, nonverbal) Explain below:	<input type="checkbox"/>	<input type="checkbox"/>
Do you have reason to suspect the student has been involved in drinking alcohol and/or taking drugs?	<input type="checkbox"/>	<input type="checkbox"/>
Does the student display aggressive behavior in the classroom? If yes, state behaviors:	<input type="checkbox"/>	<input type="checkbox"/>
Does the student display disruptive behavior in the classroom?	<input type="checkbox"/>	<input type="checkbox"/>
Does the student have poor school achievement?	<input type="checkbox"/>	<input type="checkbox"/>
Does the student have poor school attendance?	<input type="checkbox"/>	<input type="checkbox"/>
Is the student's school productivity declining?	<input type="checkbox"/>	<input type="checkbox"/>
Does the student have difficult with social skills and/or poor peer relations?	<input type="checkbox"/>	<input type="checkbox"/>
Does the student have difficulty controlling impulses?	<input type="checkbox"/>	<input type="checkbox"/>
Does the student have difficulty controlling anger or other emotions?	<input type="checkbox"/>	<input type="checkbox"/>
Has the student displayed a fascination with weaponry and/or acts of violence? If yes, explain below:	<input type="checkbox"/>	<input type="checkbox"/>
Has the student been found with violent drawings and/or writings? If yes, explain below:	<input type="checkbox"/>	<input type="checkbox"/>
Does the student externalize blame?	<input type="checkbox"/>	<input type="checkbox"/>
Has the student displayed an inability to accept criticism?	<input type="checkbox"/>	<input type="checkbox"/>
Are peers and/or staff fearful of the student? If yes, explain below:	<input type="checkbox"/>	<input type="checkbox"/>
Has the student displayed recent drastic changes in behavior?	<input type="checkbox"/>	<input type="checkbox"/>
Does the student appear sad and/or anxious frequently?	<input type="checkbox"/>	<input type="checkbox"/>
Are there indications that the student has engaged in and/or been the target of bullying?	<input type="checkbox"/>	<input type="checkbox"/>

Any additional concerns regarding this student



IRVINE UNIFIED SCHOOL DISTRICT
Teacher Observation of Student Behavior

Person Conducting Interview: _____

STUDENT ID#	DATE OF BIRTH	AGE	GENDER	DATE

SCHOOL	GRADE	TEACHER	SUBJECT

Some concerns have been raised about this student. To assist us in providing supports for this student, we need information from each of his/her teachers about his/her behavior in a variety of settings. The information you provide will be very helpful in developing supports for this student. Please check all boxes that pertain to your direct observations of this student

	YES	NO	COMMENTS
Has the student made a direct threat in your classroom or to your knowledge?	<input type="checkbox"/>	<input type="checkbox"/>	
Was the threat written?	<input type="checkbox"/>	<input type="checkbox"/>	
Was the threat verbal?	<input type="checkbox"/>	<input type="checkbox"/>	
Was the threat non-verbal?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have reason to suspect the student has been involved in driving alcohol and/or taking drugs?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the student display aggressive behavior in the classroom?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the student display disruptive behavior in the classroom?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the student have poor school achievement?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the student have poor school attendance?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the student's school productivity declining?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the student have difficult with social skills and/or poor peer relations?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the student have difficulty controlling impulses?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the student have difficulty controlling anger or other emotions?	<input type="checkbox"/>	<input type="checkbox"/>	
Has the student displayed a fascination with weaponry and/or acts of violence?	<input type="checkbox"/>	<input type="checkbox"/>	
Has the student been found with violent drawings and/or writings?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the student externalize blame?	<input type="checkbox"/>	<input type="checkbox"/>	
Has the student displayed an inability to accept criticism?	<input type="checkbox"/>	<input type="checkbox"/>	
Are peers and/or staff fearful of the student?	<input type="checkbox"/>	<input type="checkbox"/>	
Has the student displayed recent drastic changes in behavior?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the student appear sad and/or anxious frequently?	<input type="checkbox"/>	<input type="checkbox"/>	
Are there indications that the student has engaged in and/or been the target of bullying?	<input type="checkbox"/>	<input type="checkbox"/>	

Please list any additional concerns you may have regarding this student

***Place copy in a secure/confidential file**



IRVINE UNIFIED SCHOOL DISTRICT

*Threat Assessment Form
General Information*

STUDENT NAME	DATE OF BIRTH	AGE	GRADE	GENDER

SCHOOL	PARENT(S) / GUARDIAN(S) NAME

ADDRESS

HOME PHONE	WORK PHONE	CELL PHONE

THREAT DESCRIPTION

DATE OF THREAT	PERSON REPORTING THE THREAT

INTENDED VICTIM(S) OR RECEIPIENTS (S) OF THREAT	WITNESSES TO THE THREAT (If Any)



IRVINE UNIFIED SCHOOL DISTRICT

Re-Entry Plan

Step 5

STUDENT ID#	DATE OF BIRTH	AGE	GENDER	DATE

SCHOOL	GRADE	REFERRED BY	CURRENT PROGRAM

SCHOOL SUPPORT STRATEGIES		
<input type="checkbox"/> Group Counseling	<input type="checkbox"/> Individual Counseling	<input type="checkbox"/> School Support Linkages
<input type="checkbox"/> Self-Help Seeking Strategies	<input type="checkbox"/> Program Modification	<input type="checkbox"/> Violence Free Contract
<input type="checkbox"/> Parent Resource List Provided	<input type="checkbox"/> Other _____	

ADDITIONAL COMMENTS

<i>School Psychologist</i>		Date	<i>Administrator</i>		Date
----------------------------	--	------	----------------------	--	------

<i>Counselor</i>		Date	<i>School Nurse</i>		Date
------------------	--	------	---------------------	--	------

<i>Parent/Guardian</i>		Date	<i>Parent/Guardian</i>		Date
------------------------	--	------	------------------------	--	------

***Place copy in a secure/confidential file**



IRVINE UNIFIED SCHOOL DISTRICT
Violence Free Contract

STUDENT ID#	DATE OF BIRTH	AGE	GENDER	DATE

I _____, agree to abide by the following rules for school behavior

- I promise not to harm myself or others.
- I promise not to bring a weapon on school property.
- I promise not to use alcohol or other harmful drug.
- I promise to express my anger in ways that will not be harmful to myself or others.
- I promise to seek out the assistance of an adult when a conflict starts with a peer.
- I promise that I will actively participate in any counseling activities that are made available to me by the school or my parents/guardians.
- I promise to attend all scheduled monitoring meetings with_____
- I promise to _____

If I begin to have thoughts of harming myself or others, I will do the following until I receive help:

- 1) At school I will go to _____ and notify them of my feelings.
- 2) Get assistance from an adult, such as _____ or _____.
- 3) Tell my parents/guardians how I am feeling.
- 4) If I do not feel I can control my behavior, I will contact 911 or contact the nearest emergency room

If I do not comply with these rules, I understand the following consequences:

- 1) _____
- 2) _____
- 3) _____

Important, supportive people in my life I can contact:

Name	Relationship	Phone #

<i>Student</i>		Date		Date
			<i>Witness/Title</i>	

***Place copy in a secure/confidential file**

Appendix C

Suicide Assessment Forms And Resources



Suicide Assessment Step Process Guidelines

IRVINE UNIFIED SCHOOL DISTRICT

Suicide Referral Form

Step One

STUDENT ID#	DATE OF BIRTH	AGE	GENDER	DATE
SCHOOL	GRADE	REFERRED BY	CURRENT PROGRAM	
PARENT(S) / GUARDIAN(S) NAME		PARENT(S)/ GUARDIAN(S) EMAIL		
ADDRESS				
HOME PHONE	WORK PHONE	CELL PHONE		

DESCRIPTION		
REASON FOR REFERRAL		
<input type="checkbox"/> Direct Threat	<input type="checkbox"/> Signs of Depression	<input type="checkbox"/> Giving Away Prized Possessions
<input type="checkbox"/> Indirect Threat	<input type="checkbox"/> Current Attempt(s)	<input type="checkbox"/> Sudden Changes in Behavior
<input type="checkbox"/> Mood Swings	<input type="checkbox"/> Previous Attempt(s)	<input type="checkbox"/> Danger to Self
<input type="checkbox"/> Drug/Alcohol Abuse	<input type="checkbox"/> Truancy/Running Away	<input type="checkbox"/> Danger to Others
<input type="checkbox"/> Frequent Complaints of Illness/Bodily Aches	<input type="checkbox"/> Other _____	

*Place copy in a secure/confidential file



Suicide Assessment Step Process Guidelines

IRVINE UNIFIED SCHOOL DISTRICT

Suicide Severity Level Determination

Step Two

STUDENT ID#	DATE OF BIRTH	AGE	GENDER	DATE
SCHOOL	GRADE	ASSESSOR NAME	ASSESSOR POSITION	

MEDICAL HISTORY	YES	NO
Do you currently have a medical diagnosis? (i.e. major depression, bipolar illness and/or psychosis, schizophrenia)	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently on any medication?	<input type="checkbox"/>	<input type="checkbox"/>
Do you currently use any recreational drugs?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently in treatment?	<input type="checkbox"/>	<input type="checkbox"/>

IMMEDIATE ASSESSMENT QUESTIONS	SEVERITY LEVELS			
SUICIDAL THOUGHTS	N/E	LOW	MOD	HIGH
Have you ever thought about suicide (harming yourself)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What causes those thoughts? What's this about? Why?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When was the last time you had those thoughts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you think about it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How long do these thoughts last?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRIOR ATTEMPTS	N/E	LOW	MOD	HIGH
Have you ever tried to commit suicide before?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What caused you to make the attempt?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What method did you choose?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What happened?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IMMEDIATE PLAN	N/E	LOW	MOD	HIGH
Are you feeling suicidal right now?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you considering suicide because you want to die or is it because you want your pain to end?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you now have a plan to kill yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How would you do it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When would you do it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where would you do it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FUTURE PLAN	N/E	LOW	MOD	HIGH
If you don't have a plan right now, do you have a plan for later?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the method you plan available to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you thought about someone to help you with this plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you thinking of taking anyone else with you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does anyone else know about this?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you given away any personal possessions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OVERALL SEVERITY LEVEL (Determine Overall Severity Level and Proceed to Plan of Action)				



Suicide Assessment Step Process Guidelines

IRVINE UNIFIED SCHOOL DISTRICT

*Suicide Referral Plan of Action
Step Three*

ACTION TAKEN			
PHONE CONTACT			
	TEAM MEMBER RESPONSIBLE	PERSON CONTACTED	DATE/TIME
Parent/Guardian			
Child Protective Services			
911/SRO			
Hospital			
Mental Health Provider**			
Medical Doctor**			
Community Resource			
Other:			
Other:			
Teacher(s):			
INTERVENTIONS			
	TEAM MEMBER RESPONSIBLE	PERSON CONTACTED	DATE/TIME
Parent Conference			
Hospitalization			
Referral to Community Agency			
School Support Strategies Offered			
Child Abuse Report Filed			

COMMENTS			

*Place copy in a secure/confidential location
 **Must have a signed authorization for release of information



Suicide Assessment Step Process Guidelines

IRVINE UNIFIED SCHOOL DISTRICT

Suicide Risk Assessment Summary

Step Four

STUDENT ID#	DATE OF BIRTH	AGE	GENDER	DATE

SCHOOL	GRADE	REFERRED BY	CURRENT PROGRAM

PARENT(S) / GUARDIAN(S) NAME	PARENT(S)/ GUARDIAN(S) EMAIL

ADDRESS

HOME PHONE	WORK PHONE	CELL PHONE

REASON FOR REFERRAL		
<input type="checkbox"/> Direct Threat	<input type="checkbox"/> Signs of Depression	<input type="checkbox"/> Giving Away Prized Possessions
<input type="checkbox"/> Indirect Threat	<input type="checkbox"/> Current Attempt(s)	<input type="checkbox"/> Sudden Changes in Behavior
<input type="checkbox"/> Mood Swings	<input type="checkbox"/> Previous Attempt(s)	<input type="checkbox"/> Danger to Self
<input type="checkbox"/> Drug/Alcohol Abuse	<input type="checkbox"/> Truancy/Running Away	<input type="checkbox"/> Danger to Others
<input type="checkbox"/> Frequent Complaints of Illness/Bodily Aches	<input type="checkbox"/> Other _____	

ACTION TAKEN		
<input type="checkbox"/> Parent/Guardian Called	<input type="checkbox"/> Medical Doctor Called	<input type="checkbox"/> 991/SRO Called
<input type="checkbox"/> Hospital Called	<input type="checkbox"/> Mental Health Provide Called	<input type="checkbox"/> Child Protective Services Called
<input type="checkbox"/> Community Resource Called	<input type="checkbox"/> Hospitalization	<input type="checkbox"/> School Support Strategies Offered
<input type="checkbox"/> Child Abuse Report Filed	<input type="checkbox"/> Parent Conference	<input type="checkbox"/> Referral to Community Agency
<input type="checkbox"/> Other _____		

INFORMATION SUMMARY	
Student Verbalized His/Her Intent	<input type="checkbox"/> Yes <input type="checkbox"/> No
Method Chosen	
Means Available	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chose Date/Time for Completion	11/1/2012
Prior Direct/Indirect Threat	<input type="checkbox"/> Yes <input type="checkbox"/> No
Prior Suicide Attempts	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hospitalized for Suicidal Behavior	<input type="checkbox"/> Yes <input type="checkbox"/> No
Received Outpatient Treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Assessed Risk	<input type="checkbox"/> Non-Existent <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High

ADDITIONAL COMMENTS

***Place copy in secure/confidential location**



Suicide Assessment Step Process Guidelines

IRVINE UNIFIED SCHOOL DISTRICT

Re-Entry Plan

Step Five

STUDENT ID#	DATE OF BIRTH	AGE	GENDER	DATE

SCHOOL	GRADE	REFERRED BY	CURRENT PROGRAM

SCHOOL SUPPORT STRATEGIES		
<input type="checkbox"/> Group Counseling	<input type="checkbox"/> Individual Counseling	<input type="checkbox"/> School Support Linkages
<input type="checkbox"/> Self-Help Seeking Strategies	<input type="checkbox"/> Program Modification	<input type="checkbox"/> No Harm Agreement
<input type="checkbox"/> Parent Resource List Provided	<input type="checkbox"/> Other _____	

ADDITIONAL COMMENTS

<i>School Psychologist</i>		Date	<i>Administrator</i>		Date
<i>Counselor</i>		Date	<i>School Nurse</i>		Date
<i>Parent/Guardian</i>		Date	<i>Parent/Guardian</i>		Date
<i>Student</i>		Date			

***Place copy in secure/confidential location**



IRVINE UNIFIED SCHOOL DISTRICT

*Teacher Notification
Student Re-Entry Letter*

CONFIDENTIAL

STUDENT ID#	GRADE	TEACHER	DATE

CONVERSATION RATHER THAN LETTER TO ALL TEACHERS

This letter’s intent is to inform you that this student was recently involved in a suicide risk assessment.

The student has been medically/psychologically evaluated and has been released to return to school. The members of the assessment team are closely monitoring the student’s re-entry. If there are any observable concerns in your class, please contact a school counselor, school psychologist or an administrator.

This letter is confidential and should be kept away from students. **Do not** discuss this information with the student, other students or share information with other staff members who do not work with the student. Please **shred the letter** if you are going to discard it.

Thank you,

<i>Teachers</i>		<i>Date</i>

A Measure of Adolescent Potential for Suicide (MAPS)

Student's Name/ID#: _____ ID# _____ Estimated Risk Level _____

Interviewer: _____

Questions/Areas to address: Suggested points to cover with student/parent.	
<p>1. Past Attempts, Current Plans and View of Death</p> <p><i>Does the individual have frequent suicidal thoughts?</i></p> <p><i>Have there been suicide attempts by the student or significant others in his or her life?</i></p> <p><i>Does the student have a detailed, feasible plan?</i></p> <p><i>Does the student have the means to carry out his/her plan?</i></p> <p><i>Has s/he made special arrangements as giving away prized possessions?</i></p> <p><i>Does the student fantasize about suicide as a way to make others feel guilty or as a way to get to a happier afterlife?</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>2. Reactions to Precipitating Events</p> <p><i>Is the student experiencing severe psychological distress?</i></p> <p><i>Have there been major changes in recent behavior along with negative feelings and thoughts?</i> (Such changes often are related to recent loss or threat of loss of significant others or a positive status and opportunity. This also may stem from sexual, physical, or substance abuse. Negative feelings and thoughts are often related to: extreme loss, abandonment, failure, sadness, hopelessness, guilt and sometimes inwardly directed anger.)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>3. Psychosocial Support</p> <p><i>Is there a lack of a significant other to help the student survive?</i></p> <p><i>Does the student feel alienated?</i></p> <p><i>Is the student currently under the care of a medical doctor/psychiatrist?</i></p> <p>Doctor's/Psychiatrist's Name: _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>4. History of Risk-Taking Behavior</p> <p><i>Does the student take life-threatening risks or display poor impulse control?</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

*Use this checklist as an exploratory guide with students about whom you are concerned. Each yes raises the level of risk, but is no single score indicating high risk. A history of suicide attempts, of course, is a sufficient reason for action. High risk also is associated with very detailed plan that specify a lethal and readily available method, a specific time and a location where it is unlikely the act would be disrupted. Further high-risk indicators include the student having made final arrangements and information about a critical, recent loss.

Cc: Place file in secure/confidential location

Suicide Risk Assessment:

Student ID#: _____ Student ID#: _____ DOB: _____

Date of Referral: _____ Previous Risk Referral: _____

Risk level at time of summary: _____

Persons Present During Assessment: _____

Name	Position
Name	Position
Name	Position

Levels of Suicide Risk Table: (Bryan & Rudd, 2003)

1. Non-Existent	<input type="checkbox"/> No identifiable suicide ideation
2. Mild or Low	<input type="checkbox"/> Suicidal ideation of limited frequency <input type="checkbox"/> No plans <input type="checkbox"/> No intent <input type="checkbox"/> Few risk factors <input type="checkbox"/> Good self-esteem <input type="checkbox"/> Presence of protective factors
3. Moderate	<input type="checkbox"/> Frequent suicidal ideation with limited intensity and duration <input type="checkbox"/> Some plans, not specific <input type="checkbox"/> No intent <input type="checkbox"/> Some risk factors <input type="checkbox"/> History of previous suicide threat/attempt
4. Severe	<input type="checkbox"/> Frequent suicidal ideation <input type="checkbox"/> Enduring suicidal ideation <input type="checkbox"/> Some intent or method <input type="checkbox"/> Specific plans <input type="checkbox"/> Intense suicidal ideation
5. Extreme	<input type="checkbox"/> Frequent suicidal ideation <input type="checkbox"/> Specific/Concrete plans <input type="checkbox"/> Intense suicidal ideation <input type="checkbox"/> Clear intent or method <input type="checkbox"/> Enduring suicidal ideation <input type="checkbox"/> Limited self-control <input type="checkbox"/> Severe depression symptoms <input type="checkbox"/> Sense of hopelessness <input type="checkbox"/> Reports writing suicide note <input type="checkbox"/> Many risk factors <input type="checkbox"/> No proactive factors <input type="checkbox"/> Low level of rescue & reversibility of plan

**Place file in a secure/confidential location*

Suicide Risk Assessment (page 2):

Actions Taken	Team Member Taking Action	Person Contacted
Parent/Guardian Contacted		
Parent Conference held		
Signed authorization for release of information		
Child abuse report form filed		
Police intervention		
Referral to community agency		
Hospitalization		
School support strategies		

Comments:

Completed by: _____

Date: _____

**Place file in a secure/confidential location*



IRVINE UNIFIED SCHOOL DISTRICT

No Harm Agreement

STUDENT NAME	DATE OF BIRTH	AGE	GENDER	DATE

I _____ make a commitment to living. I will not harm myself or anyone else in any way. I will not attempt suicide or commit any other self-injurious acts.

If I begin to have thoughts of harming myself:

- 1) I will try to identify specifically what is upsetting me
- 2) I will review alternatives to self-harm, such as thinking about my friends, family or the future
- 3) I will do at least one of the following things for 30 minutes to try to make myself feel better:

- 4) I will seek out a responsible, caring and supportive person if thoughts of self-harm continue
- 5) If I do not feel I can control my behavior, I will contact 911 or contact the nearest emergency room

Important, supportive people in my life I can contact:

Name	Relationship	Phone #

Student		Date
Witness/Title		Date

***Place copy in secure/confidential location**

Appendix D

School Violence Forms And Resources

Appendix E

General Forms And Resources

Crisis Intervention Resources: Additional Help

Community Counseling Centers

Assessment & Treatment Services Center (ATSC)	756-0993
For Families	724-6650
YMCA Center for Family Counseling	442-1000

Hospital Resources

College Hospital, Costa Mesa (Inpatient treatment for adolescents)	642-2734
Hoag Memorial	645-8600
Hoag Irvine Medical Center	753-2000
Mission Hospital	364-1400
Saddleback Hospital	837-4500
Western Medical Hospital, Anaheim	(714) 533-6220

The CDE's Coping with Tragedy website includes links to articles on talking to kids about violence, and helping children deal with tragic events. Links to these resources and more are on, located at <http://www.cde.ca.gov/ls/ss/cp/tragedy.asp>. The National Association of School Psychologists (NASP) is also a great resource; their web site is located at <http://www.nasponline.org/>.

The incidence of mass violence is increasing and no one person or organization is immune. As such, we encourage all schools and districts to develop and implement emergency preparedness plans to respond to situations such as the school shooting in Connecticut. The Substance Abuse and Mental Health Services Administration (SAMHSA) has a great resource to help schools develop emergency preparedness programs, located at <http://store.samhsa.gov/product/Mental-Health-Response-to-Mass-Violence-and-Terrorism-A-Training-Manual/SMA04-3959>

DEALING WITH TRAGEDY:

Tips and Resources for Teachers and parents: <http://www.thirteen.org/edonline/tips.html>

Emergency Response and Crisis Management (ERCM) Technical Assistance Center:

http://rems.ed.gov/docs/copingw_death_studentorstaff.pdf

Teaching in Times of Crisis:

http://www.vanderbilt.edu/cft/resources/teaching_resources/interactions/crisis.htm

Talking to your child about shootings: <http://www.apa.org/helpcenter/>

Coping With the Death of a Student or Staff Member, U.S. Department of Education, 2007

- http://rems.ed.gov/docs/copingw_death_studentorstaff.pdf
- ❖ **Practical Information on Crisis Planning Brochure**
 - <http://www2.ed.gov/print/admins/lead/safety/crisisplanning.html>
- ❖ **Helping Children Cope With Loss, Death, and Grief: Tips for Teachers and Parents, NASP, 2003**
 - http://www.nasponline.org/resources/crisis_safety/griefwar.pdf
- ❖ **Teacher Guidelines for Crisis Response, from A Practical Guide for Crisis Response in Our Schools, 2012**
 - <http://www.aaets.org/teacherguidelines.pdf>
- ❖ **Parent Guidelines for Crisis Response, from A Practical Guide for Crisis Response in Our Schools, 2012**
 - <http://www.aaets.org/parentguidelines.pdf>



IRVINE UNIFIED SCHOOL DISTRICT
 5050 Barranca Parkway Irvine, CA. 92604-4653
 (949) 936-5230 Fax (949) 936-5239

Authorization for Release and Exchange of Student Information/Records

Student's Name: _____

Date of Birth: _____

I hereby authorize Irvine Unified School District and the following agency or person:

Name	Phone #	Address	City , State	Zip code

To release and exchange information relative to the above named student:

- Student educational records
- Psychological/Counseling
- Medical

I, the undersigned parent, legal guardian or student (if 18 years of age or older), certify that I am aware that I have the right to review the above requested records and receive a copy of any materials forwarded. I, also, understand that this information is to be released only to the above named party and may not be further disclosed, except where specifically required or permitted by law, without additional authorization.

 Parent/Guardian Signature

 Date

 Relationship

 Phone Number

Please send the above released reports to:

School: _____

Attention: _____



IRVINE UNIFIED SCHOOL DISTRICT

Student Supervision Plan

STUDENT ID#	DATE OF BIRTH	AGE	GENDER	DATE

- Student to sign a "violence free" contract
- Increase supervision in the following settings: _____
- Late arrival
- Early dismissal
- Altering staff and teachers on a "need to know basis"
- No longer allowed to bring backpack
- Monitoring meeting with staff member on a _____ basis
- Behavioral Modification Plan
- Behavior/Attendance Contract
- FBA/BIP completed
- Modifications to daily schedule: _____
- Drug/alcohol intervention with: _____
- Review of counseling and community interventions with parents with parents
- Disciplinary actions to be taken: _____
- Participation in school based anger management
- Other: _____
- _____
- Parents will provide the following supervision/interventions: _____
- _____

<i>Student</i>		Date		Date
			<i>Witness/Title</i>	

***Place copy in a secure/confidential file**



IRVINE UNIFIED SCHOOL DISTRICT

Teacher Notification

Student Re-Entry

CONFIDENTIAL

STUDENT ID#	GRADE	TEACHER	DATE

This letter’s intent is to inform you that this student was recently involved in a threat assessment.

The student has been medically/psychologically evaluated and has been released to return to school. The members of the assessment team are closely monitoring the student’s re-entry. If there are any observable concerns in your class, please contact a school counselor, school psychologist or administrator.

This information is confidential and should not be discussed with students or other staff members who do not work with this student.

Thank you,

	Date		Date
--	------	--	------

	Date		Date
--	------	--	------

	Date		Date
--	------	--	------



Irvine Unified School District
To the Medical Doctor/Psychologist/Physician:
Medical Release to Return to School

A student cannot return to school until the physician completes the medical release form. This form must be provided to the school counselor prior to the students return.

Section 1: *Completed by the Parent/Guardian*

Name of Student: _____ Home Phone: () _____

Birth Date: _____ Grade: _____ School of Attendance: _____

X _____
Parent/Guardian Signature Relationship Date

Section 2: *Completed by the Attending Physician* Print Physician's Name: _____

Student may return to school on: _____
Date

Return Status: Full time Modified Day @ _____ hours/day

Restrictions/Limitations: None Yes

Describe:

Duration of Restrictions: _____

Instructions Regarding Care of Student at School: _____

X _____
Physician's Name License # Date

Telephone Number

Email address

Physician's Office Stamp Required Here

****Place file in a secure/confidential location***