



**OCTOBER 2025**

# **SUICIDE PREVENTION, INTERVENTION, & POSTVENTION**

## **Corbett School District**

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# PURPOSE OF PROTOCOLS AND PROCEDURES

The U.S. Surgeon General promotes the adoption of suicide prevention protocols by local school districts to protect school personnel and to increase the safety of at-risk youth and the entire school community. This document is intended to help school staff understand their role and to provide accessible tools.

This document recognizes and builds on the skills and resources inherent in school systems. Schools are exceptionally resilient and resourceful organizations whose staff members may be called upon to deal with crises on any given day. Schools can be a source of support and stability for students and community members when a crisis occurs in their community. School Boards and school personnel may choose to implement additional supportive measures to fit the specific needs of an individual school community. The purpose of these guidelines is to assist school administrators in their planning.

# QUICK NOTES: WHAT SCHOOLS NEED TO KNOW

School staff are frequently considered the first line of contact with potentially suicidal students.

Most school personnel are neither qualified, nor expected, to provide the in-depth assessment or counseling necessary for treating a suicidal student. They are responsible for taking reasonable and prudent actions to help at-risk students, such as notifying parents, making appropriate referrals, and securing outside assistance when needed.

All school personnel need to know that protocols exist to refer at-risk students to trained professionals so that the burden of responsibility does not rest solely with the individual “on the scene”.

Research has shown talking about suicide, or asking someone if they are feeling suicidal, will not put the idea in their head or cause them to kill themselves.

School personnel, parents/guardians, and students need to be confident that help is available when they raise concerns regarding suicidal behavior. Students often know, but do not tell adults, about suicidal peers. Having supports in place may lessen this reluctance to speak up when students are concerned about a peer.

Advanced planning is critical to providing an effective crisis response. Internal and external resources must be in place to address student issues and to normalize the learning environment to everyone.

# CONFIDENTIALITY

## HIPAA AND FERPA

School employees, with the exception of nurses and psychologists who are bound by HIPAA, are bound by laws of The Family Education Rights and Privacy Act of 1974; commonly known as FERPA.

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

## REQUEST FROM STUDENT TO WITHHOLD FROM PARENTS

The school suicide prevention contact person can say “I know that this is scary to you, and I care, but this is too big for me to handle alone.” If the student still doesn’t want to tell his/her parents, the staff suicide contact can address the fear by asking, “What is your biggest fear?” This helps reduce anxiety and the student gains confidence to tell parents. It also increases the likelihood that the student will come to that school staff again if he/she needs additional help.

## EXCEPTIONS FOR PARENTAL NOTIFICATION: ABUSE OR NEGLECT

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

If a student makes a statement such as “My dad/mom would kill me” as a reason to refuse, the school staff can ask questions to determine if parental abuse or neglect is involved. If there is no indication that abuse or neglect is involved, compassionately disclose that the parent needs to be involved.

# SUICIDE PREVENTION PROTOCOL

**Senate Bill 52 requires each school district in the state of Oregon to adopt a comprehensive suicide prevention policy for grades K-12. Suicide can be prevented. Following these simple steps will help ensure a comprehensive school based approach to suicide prevention for staff and students.**

## **Staff:**

All staff should receive training (or a refresher) once a year on the policies, procedures, and best practices for intervening with students and/or staff at risk for suicide utilizing the QPR Suicide Prevention model.

**RECOMMENDATION: All staff to receive QPR training. Preview prevention, intervention, and postvention protocols.**

Specific staff members receive specialized training to intervene, assess, and refer students at risk for suicide. This training should be a best practice and specific to suicide such as the internationally known ASIST: Applied Suicide Intervention Skills Training.

**RECOMMENDATION: Identify at least two staff members to be ASIST trained and be the “go-to” people within the school. All staff should know who the “go-to” people are within the school and are familiar with the intervention protocol.**

## **Students:**

Students should receive information about suicide and suicide prevention in health class. The purpose of this curriculum is to teach students how to access help at their school for themselves, their peers, or others in the community.

**RECOMMENDATIONS: (1 ) Use evidence-based curriculum in line with Oregon State Standards for health. Students should be made aware each year of the staff that have received specialized training to help students at risk for suicide. (2) Consider engaging students to help increase awareness of resources (ie – handing out resources, advocating for mental health, being a leader).**

## **Parents:**

Provide parents with informational materials to help them identify whether their child or another person is at risk for suicide. Information should include how to access school and community resources to support students or others in their community that may be at risk for suicide.

**RECOMMENDATIONS: (1) List resources in the school handbook or school website. (2) Partner with community agencies to offer parent information nights using research based programs such as QPR or Sources of Strength. (3) Ensure cross communication between community agencies and schools within bounds of confidentiality.**

# SUICIDE PREVENTION PROTOCOL

## STAFF

▶ All Corbett staff receive training (or refresher) once a year on the policies, procedures, and best practices for intervening with students and/or staff at risk for suicide. The Question, Persuade, and Refer (QPR). Suicide Prevention model has been the chosen training for staff members.

### ▶ QPR Training Covers

- How to Question, Persuade, & Refer someone who may be suicidal
- How to get help for yourself or learn more about preventing suicide
- The common causes of suicidal behavior
- The warning signs of suicide
- How to get help for someone in crisis
- Level of appropriate response based on training and credentials

## STUDENTS

▶ All students will receive age-appropriate, evidenced-based suicide prevention education as part of the district's commitment to supporting mental health and well-being. Instruction will help students recognize the signs of depression and suicidal thoughts, understand the importance of seeking help, and know how to access support for themselves or others. Suicide prevention and mental health awareness will be integrated into the curriculum across all grade levels through developmentally appropriate lessons that promote social-emotional learning and resilience.

## PARENTS

▶ The district provides information on community mental health supports and warning signs of suicide to parents via the school website and dedicated mental health website.

# Suicidal Behavior Risk + Protective Factors

**RISK FACTORS ARE PARTS OF SOMEONE'S LIFE STRESSORS OR THE OPPRESSION EXPERIENCED BY A PART OF THEIR IDENTITY THAT MIGHT INCREASE THEIR LIKELIHOOD OF THINKING ABOUT SUICIDE.**

## Older Youth:

- Family history for suicide
- History of maltreatment/abuse
- Previous attempt(s)
- Isolation
- Hopelessness
- History of substance abuse• History of mental health diagnoses
- Trauma
- Limited access to behavioral health care
- Chronic illness
- Loss
- Lack of social support
- Access to lethal means
- Perceived burdensomeness
- Mood disorders, Schizophrenia, SUDs, Eating Disorders, Borderline Personality Disorder
- **LGBTQ+, Native-American, Alaskan Native, Male**

## Younger Youth (12 and younger):

- Multiple losses in the family
- Major disruptions in the family
- Suffered abuse/neglect
- Exposure to violence
- Witnessing/experiencing family abuse
- Learning difficulties
- Chronic medical illness

**KEEP IN MIND:** A person with an array of protective factors in place can still struggle with thoughts of suicide. It is important to consider this when conducting a risk assessment.

**PROTECTIVE FACTORS ARE PARTS OF SOMEONE'S LIFE EXPERIENCE THAT MIGHT INCREASE THEIR ABILITY TO COPE WITH STRESSORS.**

## Older Youth:

- Effective clinical care for mental health diagnoses
- Social support
- Self esteem
- Sense of purpose
- Problem solving skills
- Healthy coping tools
- Cultural and religious beliefs
- Social competence
- Access of multiple intervention/support avenues for help
- Sense of purpose and future orientation
- Academic success

## Younger Youth (12 and younger):

- School Climate
- Strong sense of self-worth or self-esteem
- Pets - responsibilities/duties to others
- Reasonably safe and stable environment
- Connectedness
  - Family
  - Peers
  - School
  - Trusted adults
  - Community

For more information about how traumatic experiences can impact your students, refer to the Adverse Childhood Experiences(ACEs) study via The Center for DiseaseControl and Prevention (CDC).[www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/index.html](http://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/index.html)



# SUICIDE INTERVENTION PROTOCOL

## Warning Signs for Suicide

Many signs of suicide are similar to the signs of depression. However, keep in mind that depression is a risk factor for suicide, not a cause. Usually these signs last for a period of two weeks or longer, but many youth behave impulsively and may choose suicide as a solution to their problems quickly, especially if they have access to firearms or other lethal means.

### Older Youth:

- Feeling like a burden
- Being isolated
- Increased anxiety
- Feeling trapped or in unbearable pain
- Increased substance use
- Looking for a way to access lethal means
- Increased anger or rage
- Extreme mood swings
- Expressing hopelessness
- Sleeping too little or too much
- Talking or posting about wanting to die
- Making plans for suicide

### Younger Youth (12 and under):

- Excessive somatic complaints
- Anxiety/worry
- Sleep problems/nightmares
- Constant fidgeting/movement
- Expression in writing or art
- Withdrawal
- Crying spells
- Increased anger, frustration, temper tantrums
- Becoming less verbal
- Attempting self-harm
  - cutting skin
  - rubbing objects repeatedly to break skin
- Marked decline in school work
- Absenteeism
- Bullying/being bullied

## Warning signs that indicate an immediate danger or threat:

- Someone who has already taken action to kill themselves
- Someone threatening to hurt or kill themselves
- Someone looking for ways to kill themselves – seeking access to pills, weapons, or other means
- Someone talking, joking, or writing about death, dying, or suicide

If a suicidal attempt, gesture, or ideation occurs or is recognized, report it to the school counselor or school administrator. If there is imminent danger, call 911. A

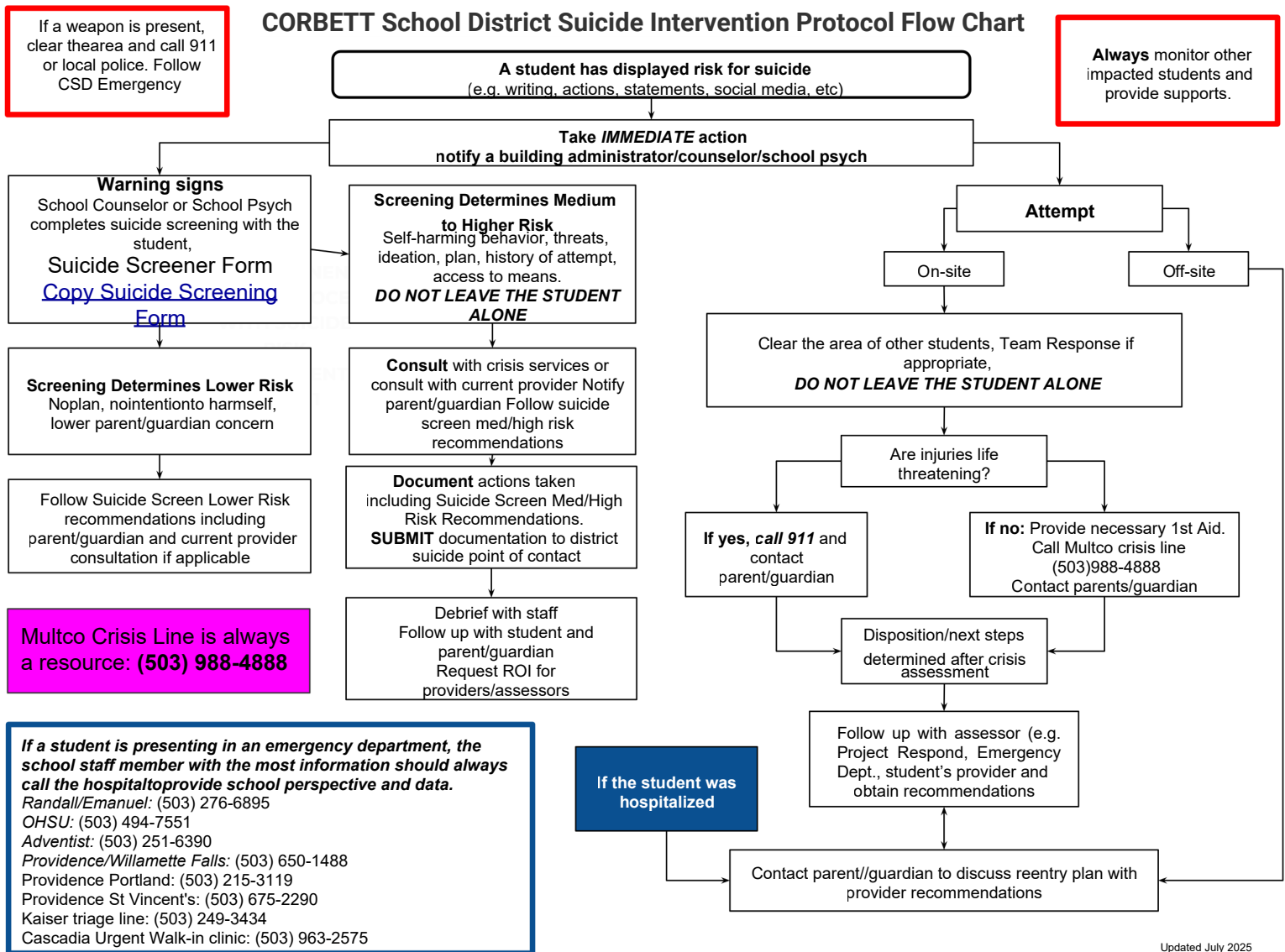
**Suicide Risk Assessment: Level 1** is performed by a trained school staff member. The screener will do the following:

- Interview student using Suicide Screening Form (See Appendix).
- Complete a Student Support Plan, if needed (See Appendix).
- Contact parent/guardian to inform and obtain further information.
- Determine need for a Suicide Risk Assessment: Level 2 based on level of concern and noted risk factors.
- Consult with another trained screener prior to making a decision regarding a Level 2.
- Inform administrator of screening results.

\*See following School Based Suicide Intervention Process flowchart for additional information.

# SCHOOL-BASED SUICIDE INTERVENTION PROTOCOL

## CORBETT School District Suicide Intervention Protocol Flow Chart



# SUICIDE POSTVENTION PROTOCOL

Schools must be prepared to act and provide postvention support and action in the event of a suicide attempt or completed suicide. Suicide Postvention has been defined as “the provision of crisis intervention, support, and assistance for those affected by a suicide” (American Association of Suicidology). Postvention strategies after a suicide attempt or completion is very important. Schools should be aware that youth and others associated with the event are vulnerable to suicide contagion or, in other words, at increased risk for suicide. Families and communities can be especially sensitive after a suicide event.

The school’s primary responsibility in these cases is to respond to the suicide attempt or completion in a manner which appropriately supports students and the school community impacted. This includes having a system in place to work with the multitude of groups that may eventually be involved, such as students, staff and faculty, parents/guardians, community, media, law enforcement, etc.

## POSTVENTION GOALS:

- Support the grieving process
- Prevent suicide contagion
- Reestablish healthy school climate
- Provide long-term surveillance
- Integrate and strengthen protective factors
  - (i.e., community, positive coping skills, resiliency, etc)

## Resources

**School-based:** Counselor, School Psychologist, and Behavior Specialist

**Community:** [YouthLine](#)

**County Supports:** [Multnomah County](#), [Clackamas County](#), & [Washington County](#) Crisis Lines

**Grief Support:** [The Dougy Center](#)

## HOW DO WE REACH THESE GOALS?

- Do not glorify or romanticize the suicide. Treat it sensitively when speaking about the event, particularly with the media.
- Address all deaths in a similar manner. For example, having one approach for a student who dies in a car accident and a different approach for a student who dies by suicide reinforces the stigma surrounding suicide.
- Research and identify the resources available in your community.

# Suicide Postvention Protocol (continued)

**Generally, postvention response includes, but is not limited to, the following actions:**

- Verify the suicide attempt or completion
- Estimate level of response resources required
- Determine what and how information is to be shared (do NOT release information in a large assembly or over the intercom)
- Mobilize the Crisis Response Team.
- Inform faculty and staff
- Identify at-risk students and staff (see “risk identification strategies”)
- Refresh faculty and staff on prevention protocols and be responsive to signs of risk. Be aware that persons may still be traumatized months after the event.

## Key points to emphasize to students, parents, and media:

- Prevention (warning signs, risk factors)
- Survivors are not responsible for the death
- Mental illness etiology
- Normalize anger
- Stress alternatives
- Help is available

### SAFE REPORTING

The way that media outlets, reporters, and others can safely share news that someone has died by suicide. Safe reporting can help reduce the risk of suicide contagion and/or cluster in a community. Examples of safe reporting practices include not sharing the means of death, avoiding sensationalizing the death, and including resources for community members to get help if needed.

### Cautions:

- Avoid romanticizing or glorifying event or vilifying victim
- Do not provide excessive details or describe the event as courageous or rational
- Do not eulogize victim or conduct school-based memorial services
- Address loss but avoid school disruption as best as possible

# Suicidal Postvention Protocol (continued)

## RISK IDENTIFICATION STRATEGIES:

**IDENTIFY** students/staff that may have witnessed the suicide or its aftermath, have had a personal connection/relationship with the attempt survivor or the deceased, who have previously demonstrated suicidal behavior, have a mental illness, have a history of familial suicide, or who have experienced a recent loss.

**MONITOR** student absentees in the days following a suicide attempt or completion. Groups that may be at higher risk include those who have a history of being bullied, who are LGBTQ+, who are isolated from the larger community, and those who have weak levels of social/familial support.

**NOTIFY** parents of highly affected students, provide recommendations for community-based mental health services, hold evening meetings for parents, provide information on community based funeral services/memorials, and collaborate with media, law enforcement and community agencies.

## THEMES OF RESPONSIBLE POSTVENTION:

- **Grief is normal**
- **Help is available**
- **Youth and young adults are resilient**
- **Healthy coping skills can be learned**
- **Suicide loss survivors are not responsible for the death**
- **Suicide is preventable**

### Recommended Resources

**After A Suicide:  
A Toolkit for Schools**  
[www.afsp.org](http://www.afsp.org)

**Suicide Prevention  
Resource Center**  
[www.sprc.org](http://www.sprc.org)

**American Foundation  
for Suicide Prevention**  
[www.afsp.org](http://www.afsp.org)

**Suicide Rapid Response**  
[SRR@linesforlife.org](mailto:SRR@linesforlife.org)

# SUICIDE RAPID RESPONSE PROGRAM

## **Program Summary**

The Rapid Response Postvention Program is a collaborative effort between the Oregon Health Authority and Lines for Life. The program's purpose is to help communities heal after a loss to suicide and to limit further losses to suicide in the community. The Rapid Response program offers support and services to school-based communities that have been impacted by a loss to suicide of students age 10-24.

## **Reporting**

Throughout the Rapid Response process, reporting is critical. Your local Community Mental Health Program (CMHP) holds the primary responsibility to report completed suicides to the Oregon Health Authority. Community-based surveys and evaluations take place after the Rapid Response has completed in order to strengthen our response. As awareness grows for the Rapid Response Program, this reporting process will become a standard procedure for local health authorities and systems.

## **CMHPs**

The Rapid Response will involve coordination and collaboration with your local Community Mental Health Program (CMHP). They have a responsibility to report completed suicides to the Oregon Health Authority. The School Administrator or School Counselor should contact the Behavioral Health Prevention Coordinator with the Multnomah County Health Department.

# Appendix

1. Suicide Screening Form
2. Corbett Student Safety Plan
3. Youth Save Safety Plan
4. Corbett Student Support Plan

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Administrative Office  
Grade School  
Middle/High School  
CAPS  
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**CORBETT SCHOOL DISTRICT  
NO.39**

## *Suicide Screening Form*

## 1. IDENTIFYING INFORMATION

Date of Screener: \_\_\_\_\_ Student Name: \_\_\_\_\_ ID: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Age: \_\_\_\_\_ School/Grade: \_\_\_\_\_ IEP/504?: \_\_\_\_\_ Address: \_\_\_\_\_

Parent/Guardian #1 name/relationship: \_\_\_\_\_

Phone # (s): \_\_\_\_\_

Parent/Guardian #2 name/relationship: \_\_\_\_\_

Phone # (s): \_\_\_\_\_

Screener's Name: \_\_\_\_\_

Position: \_\_\_\_\_ Contact Info: \_\_\_\_\_ Screener Consulted with \_\_\_\_\_

(name/position) \_\_\_\_\_ at the school. Administrator Notified \_\_\_\_\_

(Name/Date): \_\_\_\_\_

## 2. REFERRAL INFORMATION

Who reported concern: Self Peer Staff Parent/Guardian Other

Name/ Contact info: \_\_\_\_\_

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

[illegible]



### 3. INTERVIEW WITH STUDENT

- A. Does the student exhibit any of the following warning signs?

- ☐ Written statements, poetry, stories, electronic media about suicide
- ☐ Recent personal or family loss or change (i.e., death, divorce)
- ☐ Preoccupation with death
- ☐ Feelings of hopelessness
- ☐ Substance Abuse/Misuse
- ☐ Giving away possessions
- ☐ Current trauma (domestic/relationship/sexual abuse)
- ☐ Crisis within the last 2 weeks
- ☐ LGBTQIA+, Native-American, Alaskan Native, male

- Experiencing bullying or being a bully
- Withdrawal from others
- Recent changes in appetite
- ☐ Family problems
- Mental Health Issues
- ☐ Current psychological/emotional pain
- ☐ Discipline problems
- ☐ Conflict with others (friends/family)
- Other signs:

### Summary of Interview:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins or other markings on the paper.

- ◆Does the student admit to thinking about suicide? ☐Ye ☐N
- ◆Does the student admit to thinking about harming others? ☐s ☐o
- ◆Does the student admit to having a plan? ☐Ye ☐N
- Ifso, what is the plan (how, when, where)? ☐s ☐o

[illegible]

Date of Interview: :\_\_\_\_\_

Yes      No

If yes, explain:

Yes      No

If yes, describe:

Yes      No

If yes, explain:

Yes      No

If yes, explain:

Yes      No

If yes, explain:

☐ Yes      ☐ No

List the names of family members: \_\_\_\_\_

Peers: \_\_\_\_\_

Others: \_\_\_\_\_

C. Protective Factors: \_\_\_\_\_

#### 4. PARENT/GUARDIAN CONTACT

1. Name of parent/guardian contacted: \_\_\_\_\_ Date Contacted: \_\_\_\_\_

2.	Was the parent/guardian aware of the student's suicidal thoughts/plans?	Yes	No
----	---	-----	----

3. Parent/guardian's perception of threat? (i.e. credible, high/low risk, attention seeking behavior, rooted in reality, cultural context) \_\_\_\_\_

Summary of parent/guardian conversation:

[illegible]

Date of Interview: :\_\_\_\_\_

5. SHORT TERM ACTIONS TAKEN (Check all that apply)

<input type="checkbox"/> Release Back to Class after Parent- and/or Agency-Confirmed Plan and School Follow Up Plan Established Notes:
<input type="checkbox"/> Safety Plan Developed/Updated Student's Safety Plan shared with Admin and necessary staff/teachers (via email)      Yes      No Notes:  *Copy of Student Safety Plan: (1) <i>provided to student/parent</i> (2) <i>placed in CUME file and (3) Uploaded to Synergy Documents *private tab by admin or counselor</i>
<input type="checkbox"/> Released to Parent /Guardian Parent/Guardian will take student to hospital <input type="radio"/> Yes <input type="radio"/> No Parent/Guardian will schedule mental health evaluation/appointment      Yes      No Notes:
<input type="checkbox"/> Provided student and family with resource materials (e.g. Teen Pocket Directory) and phone numbers (e.g. 988 National Hotline, Crisis Line 503-988-4888, 1-800-273-TALK, Trevor Project for LGBT Youth 1-866-488-7386)
<input type="checkbox"/> School Counselor/Social Worker/School Psychologist/School Nurse to Follow Up with Student Date and Time:
<input type="checkbox"/> School Administrator Notified Date/Time:

6. INTERMEDIATE ACTIONS TAKEN (Check all that apply) \*obtain Release of Information

AGENCY	CONTACT DATE/TIME/NAME/INFO	RECOMMENDATIONS/OUTCOME
Called 911(if immediate danger exists)		
Mental Health Consultant (*Multnomah County or Crisis Line/Project Respond - 503-988-4888)		
Contacted Current Therapist *		

*Place in Student's Cumulative File. Admin/Counselors to upload to Synergy \*PRIVATE tab.*

Date of Interview: :\_\_\_\_\_

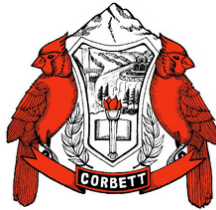
**\* NO FURTHER FOLLOW-UP NEEDED** (*limited or no risk factors, and NO checked risk factors from section 3 A*).

Several risk factors noted, but suicidal ideation denied. Consulted with admin: (Name/Title)\_\_\_\_\_

7. LONG TERM PLAN FOR STUDENT(within School and Community) – Check all that apply

ACTION	PERSON(S) RESPONSIBLE/NOTES
<input type="checkbox"/> Arrange Mental Health/Suicide Risk Assessment with QMHP (Qualified Mental Health Provider)  Date of Request: _____ Date of Assessment: _____ Date of Follow-Up Meet for MH/Risk Assessment with School Team: _____	Name/Contact info of QMHP: _____
<input type="checkbox"/> Multnomah County/School-Based Mental Health Referral	Name/Contact Info: _____
<input type="checkbox"/> Student Safety Plan completed & distributed (if concerns about student's safety on campus)  <input type="checkbox"/> Date of Follow-Up Meet for Safety Plan with School Team: _____	Meeting Participants: _____
<input type="checkbox"/> Referred to Special Education Child Find/Contact School Psychologist (i.e. SpEd or Section 504)  Date of Follow-Up for Child Find Meeting with School Support Team or if held simultaneously, date of the 60 day follow up meeting for Child Find: _____	Meeting Participants: _____
<input type="checkbox"/> Referred to Student Support Team/Tier Two Interventions <ul style="list-style-type: none"> <li>○ Check &amp; Connect , Check In/Check Out System</li> <li>○ Counseling Support Group</li> <li>○ Other Tier Two Interventions</li> </ul>	Note on facilitators/times/specific interventions: _____
<input type="checkbox"/> Informed Relevant School Staff for Follow-Up Actions	Contact/Task: _____
<input type="checkbox"/> Release of Information (ROI) obtained for Agency/Community Partner	_____
<input type="checkbox"/> Inpatient Hospitalization (after Screening Completed) ROI	_____
<input type="checkbox"/> Local Emergency Room (after Screening) ROI	_____
<input type="checkbox"/> Referred to/already seeing QMHP (outpatient). Signed ROI received.	Therapist Name/Contact information: _____
Other Notes: _____	

DEREK FIALKIEWICZ, EdD  
Superintendent  
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ROBIN LINDEEN-BLAKELEY  
Deputy Clerk  
CINDY DULEY  
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CAPS

**CORBETT SCHOOL DISTRICT  
NO.39**

# STUDENT SAFETY PLAN

*\*Student Safety Plans should be developed by Student & SBMH Staff/Counselors, with input from Parent/Guardians & Admin. **Plan should be shared with family & school staff working directly with student. Optional** Safety Plan on Page 3 to create/share with student. If there are concerns for Suicidal Ideation or self-harm, Suicide Screener & Assessment should be completed before development of Safety Plan.*

Student Demographics			
Meeting Date:		Anticipated Review Date:	
Student Name:	DOB:	Synergy ID:	Attending School:
Grade:	SpEd? ____ 504? ____	Case Manager (if applicable):	
Parent/Guardian Contact Information			
Parent/Guardian Name:		Relationship:	
Cell:	Work:	Email:	
Medical Information			
Medical Provider:			
Diagnoses:			
Medications/Dosage:			
Allergies/Special Considerations:			
Student Support Team			
<i>Who does the student identify as trusted people they can access when they need support?</i>			
Team Member	Role	Team Member	Role

<b>Description of Specific Unsafe Behaviors</b> <i>(Why does the student require a Safety Plan?)</i>

Initial Safety Plan		
Warning Signs/Triggers	Strategies that Work	Strategies That Do Not Work
Behavior Supports		
<b>What will Supports do to lessen the likelihood of unsafe behaviors?</b> <i>(i.e. supervision, transition planning, transportation to &amp; from school, plan for unstructured time, searches, etc...)</i>		<b>Who / Back-Up Person?</b> <i>(i.e. School staff, Parent, Counselor)</i>
<b>How will the plan be monitored?</b>		<b>Who/ Back-up Person?</b>
<b>How will a decision be made to terminate the plan?</b>		<b>Who/Back-Up Person?</b>
Crisis Response Plan		
<i>Refer to Initial Safety Plan for how to respond prior to escalation and during the beginning stages of escalation.</i>		
<b>What to do if student exhibits above unsafe behaviors?</b>		<b>Staff Response/ Back-Up Staff?</b>

<b>Terms for Termination of Plan:</b>

<b>Next Review Date:</b> <i>(approximately two weeks from initiation of plan or last review date)</i>
--



# Safety Plan

A safety plan for:	
Date created (or updated):	
Created by:	
Follow-up (who and when):	

*If you're feeling down, start with the things that help you feel better (Section 1).*

*If thoughts of suicide come, try the distraction section (Section 2).*

*If thoughts continue to overwhelm you, try relaxation and regulation (Section 3) and support resources (Section 4).*

**REMEMBER: If your thoughts turn into "how I will die" or "when will I die," it's time to get more help (Section 5).**

Safety Checklist for my home and places I often spend time:	
<input type="checkbox"/>	Firearms are taken out of my house or locked and secured. Who will do this and when? -----
<input type="checkbox"/>	Medication is secured and monitored. Who will do this and when? -----
<input type="checkbox"/>	Poisons and chemicals are locked and monitored. Who will do this and when? -----
<input type="checkbox"/>	Sharp objects like knives and scissors are locked and secured. Who will do this and when? -----
<input type="checkbox"/>	Items used for hanging or suffocation are removed and secured. Who will do this and when? -----

## Section 1--Ways to help me feel better

(more examples [here](#)):

People in my life	Activities with others	Things I can do by myself
Examples: Being with positive friends, family, or trusted adults	Examples: sports, board games, pets, exercise, playing music	Examples: relaxation exercises, list 3 things I'm thankful for, journaling, arts or crafts

## Section 2--Ways to distract myself:

People in my life	Activities with others	Things I can do by myself
Examples: people who help me laugh, friends who are easy to hang out with	Examples: walk my dog, video games with friends, be in the same room with others in my home	Examples: mindfulness activity, write a thank you letter, cooking, exercising

## Section 3--Ways to relax or regulate:

People I trust to support me	Activities that help me	Things that relax me
Examples: trusted adult, mentor/coach, trusted friend(s), or family	Examples: going for a run, take a shower, cleaning my room, letting myself cry	Examples: breathing exercise, yoga or stretching, listening to a calming playlist



## Section 4--When I need more support:

Trusted adults who will help me find more support  
(teacher, counselor, social worker, medical provider, or a family member who knows what is happening):

Name/Email/Phone	
Name/Email/Phone	
Name/Email/Phone	
Name/Email/Phone	

## Section 5--If your thoughts turn into "how I will die" or "when will I die," it's time to get more help:

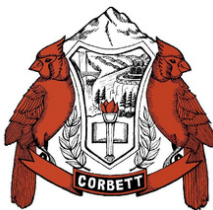
These thoughts, feelings, or actions are warning signs that tell me I need more support:



Other crisis number: \_\_\_\_\_

Other crisis number: \_\_\_\_\_

Dan Wold  
Superintendent  
Robin Lindeen-Blakeley  
Deputy Clerk  
Jeanne Swift  
Director of Student Services



35800E.HistoricColumbia River Highway  
Corbett,Oregon 97019-9629  
AdministrationOffice: 503-261-4200  
GradeSchool: 503-261-4236  
Middle/HighSchool: 503-261-4226  
Fax: 503-695-3641

**Corbett School District No. 39**

# SCHOOL SUPPORT PLAN

Complete this form for each student who you screen for potential suicidal behavior.

Student Information			
<b>Date:</b>	<b>Student Name:</b>	<b>ID#:</b>	<b>School:</b>
<b>School Support Plan Manager Name:</b>			
Plan manager will review the status of this plan on (date):			
To determine whether to:			
<input type="checkbox"/> Discontinue plan			
<input type="checkbox"/> Revise plan (use new form)			
<input type="checkbox"/> Continue plan (page 2)			

General Supports
<input type="checkbox"/> <i>Student Resource</i> sheet
<input type="checkbox"/> Clackamas County Crisis Line: 503.655.8585
<input type="checkbox"/> YouthLine 1-877-968-8491 or Text teen2teen to 839863
<input type="checkbox"/> Multnomah County Mental Health Call Center (503-988-4888)
<input type="checkbox"/> <u>Washington County Crisis Line (503.291.9111)</u>
<input type="checkbox"/> National Suicide Prevention Lifeline 1.800.273.TALK (8255)

School Support Options
<input type="checkbox"/> Check-in's with (name):  <input type="checkbox"/> daily <input type="checkbox"/> weekly
<input type="checkbox"/> Designated safe place at school:
<input type="checkbox"/> Student will seek out the following school staff:
<input type="checkbox"/> Increased supervision in the following settings:
<input type="checkbox"/> Decrease or eliminate passing time or unsupervised time
<input type="checkbox"/> Alert staff and teachers on a need-to-know basis
<input type="checkbox"/> Late arrival
<input type="checkbox"/> Early dismissal
<input type="checkbox"/> Other schedule changes:
<input type="checkbox"/> Drug and alcohol assessment/intervention with (name):
<input type="checkbox"/> Proactive strategies

Family/Home Options
<input type="checkbox"/> Safety proof home. Remove access to lethal means (such as rope, guns, weapons, knives, medications). *Local Police Department can help with this.
<input type="checkbox"/> Increased supervision
<input type="checkbox"/> Increased monitoring of social media
<input type="checkbox"/> Pursue mental health services (students expressing thoughts of suicide should always be referred).
<input type="checkbox"/> <i>Parent/Guardian Information</i> sheet reviewed with parent and given to parent

<b>Permission</b>
<input type="checkbox"/> Permission for <i>Release Of Information</i> (ROI) for mental health care providers is signed
Comments:

<b>Signatures:</b>	<b>Date:</b>
<b>Student signature:</b>	
<b>Parent/Guardian signature:</b>	
<b>Form completed by (name and position):</b>	

Copies to: Student, Parent/Guardian, Administrator, School Counselor/Psychologist

# STUDENT RESOURCES

I understand that this sheet is to help remind me of ways I can keep myself safe. I realize that there is someone is available to talk with me 24 hours a day. If I am having thoughts of suicide, I can talk to one or more of the following people about those feelings:

	Name of Support	Phone	When
<b>Supportive family, friends, other adults</b>			
<b>24-hour Crisis Lines</b>	Clackamas County Crisis Line	503.655.8585	Anytime (24/7)
	NW Human Services Crisis Line	503.581.5535	Anytime (24/7)
	Washington County Crisis Line	503.291.9111	Anytime (24/7)
	Multnomah County Mental Health Call Center	503.988.4888	Anytime (24/7)
	YouthLine	1-877-968-8491 or Text teen2teen to 839863	Anytime (24/7)

	National Suicide Prevention Lifeline	1.800.273.TALK (8255)	Anytime (24/7)
	LGBTQ – The Trevor Project Crisis Line	866.488.7386 (talk or text)	Anytime (24/7)

**During this time, I can help myself in the following ways:**

**Others will help me in the following ways:**

**I was informed that my privacy will be protected as much as possible and certain school staff will be notified of concerns as needed to help support me and keep me safe.**

**Our next meeting will be (date and time):**