

# General Risk and Suicide Assessment

A Response Guide for School-Based Staff

Provided by Student Services and Exceptional Student Education Departments

7/24/18



# The School District of Escambia County

## Part One

### Risk Assessment Procedures

The School District of Escambia County has the authority to conduct risk assessment when concerns regarding student safety arise. The goal of risk assessment is not only to keep schools safe, but also to help potential students at risk overcome the underlying sources of their problems. Effective risk assessment provides school personnel a wealth of information about a student's threats and resources. Risk assessment helps to determine the level of immediate risk a student's threat poses as well as the level of need for services for that student.

Understanding the level of risk assists all stakeholders in making informed decisions about appropriate reactions to the threat. Risk/threat can be defined in three levels. Those involved in risk assessment must be trained in the process and must remember it is critical that all risks/threats be assessed and managed in a timely manner. Students who are deemed to pose a risk to themselves or others must be contained immediately. The team assessing the risk should also remember that a student who turns out to be expressing a *low level of risk* may still be one with a *high level of need* for intervention, supervision and mental health services that may help ameliorate his/her problems. The goal is safety, prevention and intervention for the student at risk.

The purpose of a risk assessment is to obtain adequate and accurate information to make an informed judgment about two questions: (1) **CONTENT** – how credible and serious is the threat/risk itself? And (2) **CONTEXT** – to what extent does the person making the threat appear to have the resources, intent and motivation to carry out the threat? In general, the more direct and detailed a threat is, the more serious the risk. Although the *content* of the communication may lead one to believe that the risk/threat is not serious, one must also assess the *context* in which the threat occurred. Regardless of whether the risk/threat is rated low, medium or high, if the context suggests a history of conflict and related violent behavior warning signs, a Level 1 Screening should be completed (see flow chart and subsequent forms included in this packet). ***A risk that is assessed at high level will almost always require immediate law enforcement intervention.***

In order to determine levels of risk, it is helpful to define key characteristics. Level of risk may be defined as follows:

#### **Low Level of Risk**

- The threat is vague and indirect.
- Information contained within the threat is inconsistent, implausible or lacks detail.
- The threat lacks realism.
- The content of threat suggests the person is unlikely to carry it out.
- The context of threat suggests the person 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 Level of Risk**

- The threat is more direct, detailed 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; however, may be some veiled reference or ambiguous or inconclusive evidence pointing to the possibility (such as reference to a book or movie that shows the planning of a violent act) or a vague, general statement about the availability of weapons.
- There may be a specific statement seeking to convey that the threat is not empty such as "I'm serious!" or "I really mean this."

- The context of the threat suggests the student may have access to resources, indicates possible intent and motivation and/or presents with a history of conflict or related violent behaviors.

**High Level of Risk**

- The threat is direct, specific and plausible.
- The threat suggests concrete steps have been taken toward carrying it out (examples include student statements indicating acquisition or practice with a weapon and/or having the victim(s) under surveillance).
- The context of the 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.
- The threat is the result of a long-standing issue, grudge and/or hatred with a specified target and possibly an identified timeline.

**A Risk Level Checklist is provided in Appendix A of this document.**

A final consideration in the determination of level of risk related to a student’s threat is the student’s past and current behavior. The Federal Bureau of Investigation (FBI) recommends consideration of the following factors:

**Personality of the Student**

✓ ***Behavioral characteristics***

- History of violent behavior (against humans or animals)
- Inability to cope with stress and conflicts
- Poor ability to dealing with anger, humiliation, disappointments
- Lack of resiliency related to failure, criticism, or other negative experiences
- Poor response to rules and authority
- Incapable of emotional empathy and/or respect for others

✓ ***Internal states/traits***

- Intolerance for frustration
- Need for control
- Focus on perceived injustices
- Presence of depression or other mental illness
- Self-perception (narcissism/insecurity)
- Need for attention
- Focus of blame (internal/external)
- Sense of self-importance compared to others (superior/inferior)

**School Dynamics**

- ✓ Student’s attachment to school
- ✓ Intolerance for disrespectful behavior
- ✓ Approach to discipline (equitable/arbitrary)
- ✓ Flexibility/inclusiveness of differing cultures
- ✓ Pecking order among students
- ✓ Code of silence among students
- ✓ Supervision of computer/internet access

### **Social Dynamics**

- ✓ Peer group relationships and culture
- ✓ Use of media, entertainment, technology
- ✓ Level and focus of interests outside of school
- ✓ Potential for being influenced by past events to become “copycat”
- ✓ Use of drugs and alcohol

### **Family Dynamics**

- ✓ Parent-child relationships
- ✓ Attitudes toward “deviant” behavior
- ✓ Access to weapons
- ✓ Sense of connectedness/intimacy
- ✓ Attitude toward parental authority (resentment)
- ✓ Supervision (e.g., monitoring of child’s whereabouts, peer group, TV, video games, internet use, etc.)

Depending on the outcome of the risk assessment, the team will need to decide the appropriate next steps. Next steps may range from immediately securing the student, deciding on alternatives to current school placement, calling in law enforcement, determining how best to notify parents, and planning for short-term or long-term interventions and/or supervision in school. Another key component to risk assessment is planning for the re-entry of students who have been removed due to disciplinary or mental health interventions.

# RISK ASSESSMENT FLOW CHART

## SCHOOL DISTRICT OF ESCAMBIA COUNTY

- A potential threat is brought to the attention of appropriate/designated school staff *or* the student is considered to be exhibiting any number of early warning signs that could pose a potential risk to self or others
  - Administration is notified of the concern

School administrator notifies appropriate personnel such as level director, school resource officer, school psychologist, student services coordinator, counselor and Deputy Superintendent

If legal issues and /or immediate safety concerns are evident, LAW ENFORCEMENT is contacted

- LAW ENFORCEMENT follows established law enforcement protocols for notifying parents and interviewing student
- LAW ENFORCEMENT and School Administration take appropriate action

If legal issues and/or immediate safety concerns are **NOT** evident  
LOW/MEDIUM RISK

Administration and counselor or psychologist gather relevant information from parents, teachers, student, etc.

Is Risk Assessment team meeting recommended/warranted? Follow chart on next page.

Risk Assessment (RA) team meeting is recommended/warranted



- Rtl Coordinator or Psychologist:
- Schedules RA meeting and invites appropriate team members (administrator, parent, behavior coach, dean, counselor, SRO, teachers, etc.)
  - Gathers relevant background information and completes assessment packet
  - Gathers any information on prior RAs

- Administrator or Designee:
- As appropriate, notifies Deputy Superintendent that RA will be completed
  - Alerts level director and any other appropriate district-level staff
  - Notifies parents that RA is needed and completes the disclosure statement
  - Takes immediate disciplinary action (as appropriate)

Risk Assessment (RA) team meeting is NOT recommended/ warranted



- School Administrator:
- Takes appropriate disciplinary action
  - Contacts parents and relevant staff members and determines appropriate levels of intervention (behavior plan, Rtl team referral, counseling, etc.)



- RA team, which must include at a minimum the Principal or AP, Teacher or staff member who *knows* the student and a counselor, convenes meeting
- Designated chairperson leads meeting and documents information for screening; team develops Success and Safety Plan, as appropriate
- Follow up meetings must be calendared to revisit Success and Safety Plan
- Parents and student, if not in attendance, are contacted and provided copies of Success and Safety Plan
- Copy of Success and Safety must be uploaded to FOCUS under the Mental Health tab
- Administrator monitors fidelity of implementation of Success and Safety Plan

Should the student be removed to another setting for mental health or legal reasons, a Re-entry Plan must be completed upon the student's return to school.

# APPENDIX A

# The School District of Escambia County

## RISK LEVEL CHECKLIST

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

Student Number: \_\_\_\_\_

School: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Administrator: \_\_\_\_\_

All risks/threats should be assessed and managed in a timely manner. The purpose of a risk assessment is to obtain adequate and accurate information to make an informed judgment about two questions: (1) CONTENT – how credible and serious is the threat/risk itself? And (2) CONTEXT – to what extent does the person making the threat appear to have the resources, intent and motivation to carry out the threat? The National Center for the Analysis of Violent Crime (NCAVC) in analyzing a wide range of threats suggests that, in general, the more direct and detailed a threat is, the more serious the risk. *A risk that is assessed at high level will almost always require immediate law enforcement intervention.* Although the *content* of the communication may lead one to believe that the threat is not serious, one must also assess the *context* in which the threat occurred. Regardless of whether the threat is rated low, medium or high, if the context suggests a history of conflict and related violent behavior warning signs, a Level 1 Screening should be continued.

### \_\_\_\_ 1. Low Level of Risk/Transient Risk

\_\_\_\_ Threat is vague and indirect.

\_\_\_\_ Information contained within the threat is inconsistent, implausible or lacks detail.

\_\_\_\_ Threat lacks realism.

\_\_\_\_ Content of threat suggests that person is unlikely to carry it out.

\_\_\_\_ Context of threat suggests person is unlikely to have access to resources, lacks intent and motivation, and does not present with a history of conflict or related violent behaviors.

### \_\_\_\_ 2. Medium Level of Risk/Substantial Risk

\_\_\_\_ Threat is more direct, detailed 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, may be some veiled reference or ambiguous or inconclusive evidence pointing to the possibility (such as reference to a book or movie that shows the planning of a violent act) or a vague, general statement about the availability of weapons.

\_\_\_\_ May be a specific statement seeking to convey that the threat is not empty such as “I’m serious!” or “I really mean this.”

\_\_\_\_ Context of threat suggests student may have access to resources, indicates possible intent and motivation and/or presents with a history of conflict or related violent behaviors.

### \_\_\_\_ 3. High Level of Risk/Substantial Risk

\_\_\_\_ Threat is direct, specific and plausible.

\_\_\_\_ Threat suggests concrete steps have been taken toward carrying it out (examples include student statements indicating acquisition or practice with a weapon and/or having the victim(s) under surveillance).

\_\_\_\_ Context of the 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.

\_\_\_\_ Threat is the result of a long-standing issue, grudge and/or hatred with a specified target and possibly an identified timeline.

### Actions/Steps Taken:

\_\_\_\_ Continue to monitor situation with monitoring supervised by: \_\_\_\_\_

\_\_\_\_ Initiated Level 1 Screening process for medium/high levels of threat

\_\_\_\_ Contacted law enforcement

\_\_\_\_ Provided intervening support (specify): \_\_\_\_\_

\_\_\_\_ Other (specify): \_\_\_\_\_

Distribution List: Parent, FOCUS Mental Health Tab



**The School District of Escambia County  
RISK ASSESSMENT  
LEVEL 1 SCREENING**

**Student Demographic Information**

<b>Student:</b>	<b>Date of Birth:</b>
<b>Student Number:</b>	<b>School/Grade:</b>
<b>Parent/Guardian:</b>	<b>Date:</b>

**Date of Incident:** \_\_\_\_\_  
**Date of Level 1 Screening Meeting:** \_\_\_\_\_

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**Parent Notification Checklist**

Parent/Guardian Name: \_\_\_\_\_ Phone #: \_\_\_\_\_/\_\_\_\_\_

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

Person (Parent/Guardian) contacted: \_\_\_\_\_ By whom: \_\_\_\_\_

Parent/Guardian Response: \_\_\_\_\_

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- Attempt to notify parent/guardian was unsuccessful because: \_\_\_\_\_
- 
- 

Contact attempt was made (date): \_\_\_\_\_ (time): \_\_\_\_\_ By whom: \_\_\_\_\_

Was incident reported to law enforcement? Yes  No

Person contacted: \_\_\_\_\_ By whom: \_\_\_\_\_

Outcome: \_\_\_\_\_

Has there been significant recent media coverage of a school/youth violence event? Y  N



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<b>Initials of Data Collector</b>	<b>Other Comments/Pertinent Information, if any:</b>

Student Name: \_\_\_\_\_ Student #: \_\_\_\_\_

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**Student Interview** (To be conducted by appropriately trained staff as designated by Principal)

**NOTE:** The following items are presented as a guide for gathering needed information. The actual language used during the *interview should be modified based on the student's maturity level.*

1. I really want to hear from you and hear your side of the story. 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 is involved, and what you said or did (i.e., specific, plausible details including intended victim(s), time and approach).
  
2. What steps have you taken or plans have you made toward carrying out the threat?
  
3. Do you have access to the \_\_\_\_\_ (gun, knife, bomb materials, etc. that student threatened to use in response to question 1) that you would need to do this?
  
4. What happened just before this reported incident (student's perception of precipitating event)?
  
5. 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 student's actions)?
  
6. Who else have you talked with about your thoughts/plans? How did he/she react?

**ALL THREATS SHOWN BY THIS INTERVIEW TO BE REALISTIC, WELL-PLANNED,  
AND/OR POTENTIALLY LETHAL SHOULD BE CONSIDERED VIABLE.  
LAW ENFORCEMENT SHOULD BE CONTACTED IMMEDIATELY.**

**Interview Conducted by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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Student Name: \_\_\_\_\_ Student #: \_\_\_\_\_

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**Parent/Guardian Interview (To be conducted by appropriately trained staff as designated by Principal)**

1. Please tell me some of (Student's Name's) strengths? What do you enjoy most about your child? How do you think (present grade level) is going for him/her? I would like to ask you some questions that will allow us to understand better what is going on with (Student's Name) from your perspective and so that we may be able to offer appropriate assistance to him/her.
  
2. Who lives in the student's household?
  
  
  
  
  
  
  
  
  
  
3. Have there been any recent significant events (i.e., any changes, divorce, illness, etc.) in the student's household?
  
  
  
  
  
  
  
  
  
  
4. How are the student's relationships with his/her parents or guardians?
  
  
  
  
  
  
  
  
  
  
5. Describe his/her peer relations within the home/neighborhood. Would you say he/she has friends?
  
  
  
  
  
  
  
  
  
  
6. Is there a family history of mental/behavioral health problems?
  
  
  
  
  
  
  
  
  
  
7. Does the student have any medical conditions? Is he/she taking any medications?
  
  
  
  
  
  
  
  
  
  
8. Are there any indications of self-injury or suicidal thoughts/actions (past or present)?
  
  
  
  
  
  
  
  
  
  
9. Is he/she using any drugs or alcohol? If so, what substances and how often?
  
  
  
  
  
  
  
  
  
  
10. Does he/she have access to weapons? If so, what type(s)?

11. Have there been any noticeable changes in mood, eating, sleeping, or behavior in the past few months?

12. Does student have any history of cruelty to animals, aggression toward siblings, or fire setting?

13. Does student have any preoccupations/obsessions with any particular TV shows, movies, video games, music, internet sites, or other topics which are generally violent in nature?

**Interview Conducted by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Teacher/School Staff Interview & Checklist**

1. How are the student's relationships with teachers?
  
2. Describe the student's peer relationships at school. Would you say he/she has friends?
  
3. Describe the student's grades and attendance.
  
4. Are there any indications of self-injury or suicidal thoughts/actions (past or present)?
  
5. Have there been any noticeable changes in mood or behavior in the past few months? If so, please describe.
  
6. Does student have any preoccupations/obsessions with any particular TV shows, movies, video games, music, internet sites, or other topics which are generally violent in nature?

**Please indicate how well you believe the following words describe the student by checking the most appropriate response.**

<b><u>Descriptor</u></b>	<b><u>Response</u></b>			
<b>Irritable</b>	Frequently <input type="checkbox"/>	<b>Occasionally</b> <input type="checkbox"/>	Rarely <input type="checkbox"/>	<b>Don't Know</b> <input type="checkbox"/>
<b>Hyperactive</b>	Frequently <input type="checkbox"/>	<b>Occasionally</b> <input type="checkbox"/>	Rarely <input type="checkbox"/>	<b>Don't Know</b> <input type="checkbox"/>
<b>Aggressive</b>	Frequently <input type="checkbox"/>	<b>Occasionally</b> <input type="checkbox"/>	Rarely <input type="checkbox"/>	<b>Don't Know</b> <input type="checkbox"/>
<b>Impulsive</b>	Frequently <input type="checkbox"/>	<b>Occasionally</b> <input type="checkbox"/>	Rarely <input type="checkbox"/>	<b>Don't Know</b> <input type="checkbox"/>
<b>Angry</b>	Frequently <input type="checkbox"/>	<b>Occasionally</b> <input type="checkbox"/>	Rarely <input type="checkbox"/>	<b>Don't Know</b> <input type="checkbox"/>
<b>Moody</b>	Frequently <input type="checkbox"/>	<b>Occasionally</b> <input type="checkbox"/>	Rarely <input type="checkbox"/>	<b>Don't Know</b> <input type="checkbox"/>
<b>Easily Upset/Frustrated</b>	Frequently <input type="checkbox"/>	<b>Occasionally</b> <input type="checkbox"/>	Rarely <input type="checkbox"/>	<b>Don't Know</b> <input type="checkbox"/>
<b>Difficult to console</b>	Frequently <input type="checkbox"/>	<b>Occasionally</b> <input type="checkbox"/>	Rarely <input type="checkbox"/>	<b>Don't Know</b> <input type="checkbox"/>
<b>Suspicious</b>	Frequently <input type="checkbox"/>	<b>Occasionally</b> <input type="checkbox"/>	Rarely <input type="checkbox"/>	<b>Don't Know</b> <input type="checkbox"/>

<b>A “bully”</b>	Frequently <input type="checkbox"/>	<b>Occasionally</b> <input type="checkbox"/>	Rarely <input type="checkbox"/>	<b>Don’t Know</b> <input type="checkbox"/>
<b>A “loner”</b>	Frequently <input type="checkbox"/>	<b>Occasionally</b> <input type="checkbox"/>	Rarely <input type="checkbox"/>	<b>Don’t Know</b> <input type="checkbox"/>
<b>A known user of drugs or alcohol</b>	Frequently <input type="checkbox"/>	<b>Occasionally</b> <input type="checkbox"/>	Rarely <input type="checkbox"/>	<b>Don’t Know</b> <input type="checkbox"/>
<b>Behavior problems within classroom</b>	Frequently <input type="checkbox"/>	<b>Occasionally</b> <input type="checkbox"/>	Rarely <input type="checkbox"/>	<b>Don’t Know</b> <input type="checkbox"/>
<b>Experienced a recent life change (e.g., family, personal)</b>	Frequently <input type="checkbox"/>	<b>Occasionally</b> <input type="checkbox"/>	Rarely <input type="checkbox"/>	<b>Don’t Know</b> <input type="checkbox"/>
<b>Appears to have an unstable home life</b>	Frequently <input type="checkbox"/>	<b>Occasionally</b> <input type="checkbox"/>	Rarely <input type="checkbox"/>	<b>Don’t Know</b> <input type="checkbox"/>
<b>Has a history of mental illness/treatment</b>	Frequently <input type="checkbox"/>	<b>Occasionally</b> <input type="checkbox"/>	Rarely <input type="checkbox"/>	<b>Don’t Know</b> <input type="checkbox"/>
<b>Non-compliant</b>	Frequently <input type="checkbox"/>	<b>Occasionally</b> <input type="checkbox"/>	Rarely <input type="checkbox"/>	<b>Don’t Know</b> <input type="checkbox"/>
<b>Nervous</b>	Frequently <input type="checkbox"/>	<b>Occasionally</b> <input type="checkbox"/>	Rarely <input type="checkbox"/>	<b>Don’t Know</b> <input type="checkbox"/>
<b>Clingy</b>	Frequently <input type="checkbox"/>	<b>Occasionally</b> <input type="checkbox"/>	Rarely <input type="checkbox"/>	<b>Don’t Know</b> <input type="checkbox"/>
<b>Cries a lot</b>	Frequently <input type="checkbox"/>	<b>Occasionally</b> <input type="checkbox"/>	Rarely <input type="checkbox"/>	<b>Don’t Know</b> <input type="checkbox"/>
<b>Shy or withdrawn</b>	Frequently <input type="checkbox"/>	<b>Occasionally</b> <input type="checkbox"/>	Rarely <input type="checkbox"/>	<b>Don’t Know</b> <input type="checkbox"/>
<b>Behavior problems during unstructured time (transitions)</b>	Frequently <input type="checkbox"/>	<b>Occasionally</b> <input type="checkbox"/>	Rarely <input type="checkbox"/>	<b>Don’t Know</b> <input type="checkbox"/>

**Completed by:** \_\_\_\_\_

**Date:** \_\_\_\_\_



Student Name: \_\_\_\_\_ Student #: \_\_\_\_\_

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**Team Recommendations/Conclusions**

- Risk is determined to be unfounded or low level
- Develop Success and Safety Plan
- Request Risk Assessment by Mental Health Professional (for all HIGH and some MEDIUM LEVEL RISKS). Immediately contact the Student Services Department at (850)469-5382 for assistance.

Person Responsible: \_\_\_\_\_ Date Student Services Dept. Notified: \_\_\_\_\_

**Team Signatures:**

\_\_\_\_\_/\_\_\_\_\_  
Principal/AP                      Date

\_\_\_\_\_/\_\_\_\_\_  
Counselor                      Date

\_\_\_\_\_/\_\_\_\_\_  
Teacher/Staff Member                      Date

\_\_\_\_\_/\_\_\_\_\_  
Parent                      Date

\_\_\_\_\_/\_\_\_\_\_  
Student (if appropriate)                      Date

\_\_\_\_\_/\_\_\_\_\_  
Other/Title                      Date

## The School District of Escambia County SUCCESS & SAFETY PLAN

<b>Student:</b>	<b>Date of Birth:</b>
<b>Student Number:</b>	<b>School/Grade:</b>
<b>Parent/Guardian:</b>	<b>Date of Reentry to School:</b>

### SUCCESS & SAFETY PLAN

Use the following suggested intervention areas to address all concerns identified during the risk assessment screening.

For **LOW LEVEL** concern

For **MEDIUM LEVEL** concern

Mental Health Counselor, Principal, and Level Director were notified on \_\_\_\_\_  
Date(s)

For **HIGH LEVEL** concern

Mental Health Counselor, Principal, Law Enforcement, and Level Director were notified on \_\_\_\_\_  
Date(s)

**Specify discipline measures taken by administration (where applicable):**

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### MONITORING MEASURES (check and complete all that apply)

Student will maintain a safety plan with \_\_\_\_\_

Details:

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Student's daily schedule will be modified by: \_\_\_\_\_

Student will check in every \_\_\_\_\_ with \_\_\_\_\_

Student will check out every \_\_\_\_\_ with \_\_\_\_\_

Student will have a "no contact contract" via Behavior Contract with \_\_\_\_\_

Parent/Guardian will contact \_\_\_\_\_ to maintain ongoing communication between school and home

Parent/Guardian will provide the following intervention/supervision: \_\_\_\_\_

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## SUCCESS & SAFETY PLAN (Page 2)

### SKILL DEVELOPMENT MEASURES (as applicable)

- Student will work with (name of community agency or professional) \_\_\_\_\_  
to focus on the development of \_\_\_\_\_
- Student will work with (name of school-based resource) \_\_\_\_\_  
to focus on the development of \_\_\_\_\_
- Other: \_\_\_\_\_  
\_\_\_\_\_

### RELATIONSHIP BUILDING MEASURES

Student will seek support from (may select more than one option):

- School Counselor
- School Psychologist
- Dean
- Behavior Coach
- Assistant Principal/Principal
- Teacher
- Mentor
- Student will participate in one or more school activities: \_\_\_\_\_
- Student will participate in the following school program(s): \_\_\_\_\_  
\_\_\_\_\_
- Student will participate in the community-based \_\_\_\_\_ program to develop  
support. Agency involved: \_\_\_\_\_
- Other: \_\_\_\_\_

### PARENT COMMUNICATION

- Success and Safety Plan was communicated to student and parent/guardian on \_\_\_\_\_  
Date

By: \_\_\_\_\_ / \_\_\_\_\_  
Name Title

### DOCUMENTATION AND REVIEW

- Plan will be reviewed on \_\_\_\_\_
- Notification of Document and Plan are on file in the student's FOCUS Mental Health Tab

\_\_\_\_\_  
Principal/Administrator

\_\_\_\_\_  
Counselor

\_\_\_\_\_  
Assistant Principal/Dean

\_\_\_\_\_  
Other

**Distribution List: Parent, FOCUS Mental Health Tab**

**The School District of Escambia County  
SUCCESS & SAFETY PLAN REVIEW FORM**

<b>Student:</b>	<b>Date of Birth:</b>
<b>Student Number:</b>	<b>School/Grade:</b>
<b>Parent/Guardian:</b>	<b>Date:</b>

**RECOMMENDATIONS:**

Plan will continue as written. Next review date: \_\_\_\_\_

Plan will continue with the following modifications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Next review date: \_\_\_\_\_

Plan is no longer required and will cease at this time.

**SIGNATURES OF TEAM MEMBERS**

\_\_\_\_\_  
Administrator

\_\_\_\_\_  
Teacher

\_\_\_\_\_  
Counselor

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Student

\_\_\_\_\_  
Other

**The School District of Escambia County**  
**STRESS REDUCTION AND SCHOOL REENTRY PLAN**

(To be completed upon student's return to school)

<b>Student:</b>	<b>Date of Birth:</b>
<b>Student Number:</b>	<b>School/Grade:</b>
<b>Parent/Guardian:</b>	<b>Date of Reentry to School:</b>

**Has your child received mental health assistance since being out of school? If so, please check and complete all that apply.**

- My child was hospitalized for \_\_\_ days.
- My child saw a mental health counselor.
  - \*Name: \_\_\_\_\_
  - Phone number: \_\_\_\_\_
- There was a change in my child's medication.
  - \*Physician/Psychiatrist: \_\_\_\_\_
  - Phone number: \_\_\_\_\_
  - What side effects should we watch for? \_\_\_\_\_
- Are there psychiatric symptoms we need to watch for? If yes, please list.** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How will your child be transported to and from school?**

- My child will ride the bus to and from school.
- I will transport my child to and from school.
- Other: \_\_\_\_\_

**How can the school contact you in the case of an emergency or if we have a question?**

- Call me at: \_\_\_\_\_
- Call my designated contact (name): \_\_\_\_\_ at: \_\_\_\_\_

**Do you feel you need additional information on mental health resources in your community?**

- Yes. Please call me.
- No. I feel my current resources meet my child's needs.

*\*Please complete the attached Release of Information form for each of your child's mental health providers.*

# The School District of Escambia County

## Part Two

### Suicide Risk Procedures

The U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) funds support to help high schools, school districts, and their partners design and implement strategies to prevent suicide and promote behavioral health among their students. The information and tools in this manual were largely taken from information collected, designed and distributed by SAMHSA.

Suicide is responsible for more deaths among 10- to 24-year olds than all natural causes combined. (Wyman, et al., 2010).

Facts from CDC, 2014,

- Suicide is the second leading cause of death among youth aged 15-24 years, only exceeded by accidents.
- We lost 4,822 youth aged 15-24 years in 2011 (that's nearly 13 young lives lost per day).
- In youth ages 15-24 years, estimates indicate that there are 100-200 suicide attempts for each suicide death.

Schools have many reasons for taking action to assist in suicide prevention. Three of the primary reasons to address suicide prevention in schools are listed below.

1. Maintaining a safe school environment is part of a school's overall mission. There is an implicit contract that schools have with parents to protect the safety of their children while they are in the school's care. Fortunately, suicide prevention is consistent with many other efforts to protect student safety.
2. Students' mental health can affect their academic performance. Depression and other mental health issues can interfere with the ability to learn and can affect academic performance.
3. A student suicide can significantly impact other students and the entire school community. Knowing what to do following a suicide is critical to helping students cope with the loss and prevent additional tragedies that may occur. Adolescents can be susceptible to suicide contagion (sometimes called the "copycat effect"). This may result in the relatively rare phenomenon of "suicide clusters" (unusually high numbers of suicides occurring in a small area and brief time period) (Gould, Wallenstein, Kleinman, O'Carroll, & Mercy, 1990).

#### **Risk Factors and Warning Signs**

*Risk factors* refer to an individual's characteristics, circumstances, history, and experience that raise the statistical risk for suicide. *Warning signs* are visible signs that a friend or loved one may show indicating that they may be in crisis and thinking about suicide. We can prevent suicide by learning to recognize the signs of someone at risk, taking those signs seriously, and knowing how to respond to them. The following are adapted from the extensive research published by AFSP (2014), the CDC (2014B) and SAMSHA (2012):

#### **Risk Factors**

##### ✓ Physiological/Behavioral Health

- Gender: Males are 4 times more likely to die by suicide than females (although females are 3 times more likely to attempt suicide)
- Age: People aged 45-60 years and over 80 years are at highest risk
- Race: Caucasians have the highest rates for all ages, followed by American Indians/Alaskan Natives
- Geography: Highest U. S. suicides rates are in the West; lowest rates are in the Northeast
- Gay, lesbian, bisexual, transgender (particularly if there is conflict, harassment, bullying, rejection, or lack of support)

✓ Physiological/Behavioral Health (continued)

- Chronic medical illness, such as HIV, lupus, or traumatic brain injury
- Psychiatric disorders: About 90% of those who die by suicide have a diagnosable and *treatable* mental illness, such as depression or bipolar disorder; personality disorders, particularly borderline or antisocial, and conduct disorders
- Anxiety or post-traumatic stress disorder (PTSD)
- Previous attempt: 20% of those who kill themselves previously attempted suicide
- Self-injurious behavior or self-destruction (e.g., cutting, eating disorders)
- Alcohol or drug dependence
- Impulsivity: Impulsive individuals are more likely to act on suicidal impulses
- Aggressiveness
- Low self-concept/esteem
- Genetic predisposition: family history of mental illness or suicide

✓ Social/Environmental

- Isolation or lack of connectedness
- History of physical or sexual abuse
- Childhood trauma or witnessing trauma
- Pressure to be a good student/athlete/child
- Access to alcohol or illicit drugs
- Easy access to lethal methods, especially guns
- Exposure to a suicide loss (i.e., contagion)
- Trouble with the law
- Bullying
- Poor familial communications or parent/child discord
- Family stress/dysfunction
- Romantic difficulties in older adolescents
- Risk-taking or being reckless
- Negative social and emotional environment at school, including negative attitudes, beliefs, feelings, and interactions of staff and students
- Lack of acceptance of differences
- Expression and acts of hostility
- Lack of respect and fair treatment
- Lack of respect for the cultures of all students
- Limitations in school physical environment, including lack of safety and security
- Weapons on campus
- Poorly lit areas conducive to bullying and violence
- Limited access to mental health care
- Access to lethal means, particularly in the home
- Exposure to stigma and discrimination against student based on sexual orientation; gender identity, race and ethnicity; disability, or physical characteristics, such as overweight. Stigma and discrimination may lead to victimization and bullying by others, lack of support from and rejection by family and peers, dropping out of school, lack of access to work opportunities and health care

✓ *Social/Environmental (continued)*

- Internalized homophobia, stress from being different and not accepted, and stress around disclosure of being gay, which can lead to low self-esteem, social isolation, and decreased help-seeking. Stress due to the need to adapt to a different culture, especially reconciling differences between one's family and the majority culture, which can lead to family conflict and reflection

✓ *Adverse/Stressful Life Circumstances*

- Interpersonal difficulties or losses (e.g., breaking up with a girlfriend or boyfriend)
- Disciplinary or legal problems
- Bullying, either as victim or perpetrator
- School or work problems (e.g., actual or perceived difficulties in school or work, not attending school or work, not going to college)
- Physical, sexual, and/or psychological abuse
- Chronic physical illness or disability
- Exposure to suicide of peer risky behaviors
- Alcohol or drug use
- Delinquency
- Aggressive/violent behavior
- Risky sexual behavior
- Family Characteristics
- Family history of suicide or suicidal behavior
- Parental mental health problems
- Parental divorce
- Death of parent or other relative
- Problems in parent-child relationship (e.g., feelings of detachment from parent, inability to talk with family members, interpersonal conflicts, family financial problems, family violence or abuse, parenting style either under protective or over protective and highly critical)

## *Warning Signs*

Suicide can be prevented. While some suicides occur without warning, 50-75% of people who are suicidal give some warning of their intentions.

- Feelings of being a burden to others
- Lack of connection; withdrawing from friends and family
- Depressed, overwhelming sadness
- Loss of energy or extreme fatigue
- Loss of interest or pleasure in usual activities or sports
- No reason for living
- Discussing suicide in their writings
- Reference being dead, joking about it (referencing one's own funeral)
- Suicide threats in the form of direct and indirect statements
- Suicide notes and plans
- Self-defeating statements or expressing a wish to die ("I'd be better off dead")
- Seeking suicide means, such as guns, pills, etc.
- Hopelessness about the future getting better, feeling trapped
- Feeling helpless or worthless



- Trouble concentrating or thinking quickly, indecisiveness
- Preoccupation with suicide/death in music, comics, movies, books, etc.
- Internet researching of methods or watching suicide/self-harm documentaries
- Increased hostility, agitation, defensiveness, anger, or rage (may be hostile if afraid you will uncover their suicide plan)
- Disinterest in making future plans (“I won’t be here this weekend anyway”)
- Euphoria, attitude becomes calm/certain (as they now have a plan to end the pain)
- Anxiety, psychic pain, and inner tension
- Deterioration of self-care: neglect of personal appearance or cleanliness
- Decreased school attendance or academic performance
- Change in eating habits (weight loss/gain)
- Change in sleeping routine
- Change in behavior or discipline
- Increased use of drugs, alcohol, sex
- Increased impulsiveness and taking unnecessary risks
- Feeling humiliated (e.g., problems with the law, recent psychiatric hospitalization)

### **PROTECTIVE FACTORS**

The presence of protective factors can lessen the potential of risk factors leading to suicide. Protective factors are often the opposite of risk factors and can buffer the effects of risk. Students who possess multiple protective factors and are able to bounce back in the face of adversity are often said to have resiliency. Once a child or adolescent is considered at risk, schools, families, and friends should work to help the youth build social connections and other social and environmental supports. The following protective factors are adapted from *Preventing Suicide: A Toolkit for High Schools* (SAMHSA, 2012):

#### ✓ Physiological/Behavioral Health

- Positive self-esteem and emotional wellness
- Physical health
- Hope for the future
- Willingness to obtain and stay in treatment
- Easy access to effective mental health support/care
- Cognitive flexibility (ability to integrate and think through new information)
- Internal locus of control (feeling as if one has the power to create change)
- Effective coping strategies
- Effective problem-solving skills in the face of conflict or adversity

✓ Social, Environmental

- Sense of connectedness: having social supports such as family, friends, teammates
- Having at least one caring adult to which a student can turn
- Feeling connected to school and feeling safe there
- Cultural and religious beliefs that affirm life and discourage suicide
- Resilience and trust that things will get better
- General life satisfaction, sense of purpose
- Restricted access to alcohol or illicit drugs
- Restricted access to suicide means, such as guns, medications, etc.

### **Suicide Screenings**

Suicide screenings can be as simple as a single question, “Have you had thoughts of killing yourself in the past two weeks?” A suicide screening is simply a way to identify someone who might benefit from more in-depth assessment. Erbacher, Singer, and Poland (2015) developed a five-question *Suicide Risk Screening Form* based on existing suicide screens.

The five questions are as follows:

1. Have you wished you were dead?
2. Have you felt that you, your friends, or your family would be better off if you were dead?
3. Have you had thoughts about killing yourself?
4. Do you intend to kill yourself?
5. Have you tried to kill yourself?

### **Levels of Suicide Risk:**

#### **NO RISK**

- Student reports no suicidal ideation, intent, or plan
- There is no evidence to contradict the student’s statements and no third-party information (for example, reports from adults or documentation such as a suicide note) that presents evidence to the contrary

If you have assessed a student and determined that he or she is at no risk for suicide, you would contact the parents and administration, and upload the Suicide Risk Assessment Form in the Mental Health Tab.

#### **LOW RISK**

- Student with passing ideation that does not interfere with their activities of daily living
- No expressed desire to die (i.e., intent)
- No specific plan
- Few risk factors
- Identifiable protective factors

If you determine a student to be low risk, you would notify parents; create a safety plan with students and parents (unless parents are a trigger for suicide risk); identify school-based support (could be a teacher, coach, or counselor); and coordinate (with parents) to connect student with community mental health services.

#### **MEDIUM RISK**

- Student reports frequent suicidal ideation with limited intensity and duration
- May report some specific plan to kill themselves but report no intent
- He/she will demonstrate good self-control

- Some risk factors
- Will be able to identify reasons for living and other protective factors.

If you determine a student to be at medium risk, you would do the same as for low risk students AND increase the frequency and duration of visits with an identified helper, have them reevaluate for suicide risk at every meeting and identify if youth is moving into low-risk or high-risk category; and keep in regular contact with student's parents and the mental health provider to provide updates on how the student has been doing in school and what changes the parents and therapist are seeing.

### **HIGH RISK**

- Student will present frequent, intense, and enduring suicidal ideation
- He/she will report specific plans, including choice of lethal means and availability/accessibility of the method
- He/she will present with multiple risk factors
- Able to identify few, if any, protective factors

Contact the administrator and parents immediately. Arrange with parents, law enforcement, or other professionals to transport the student to the appropriate location for evaluation.

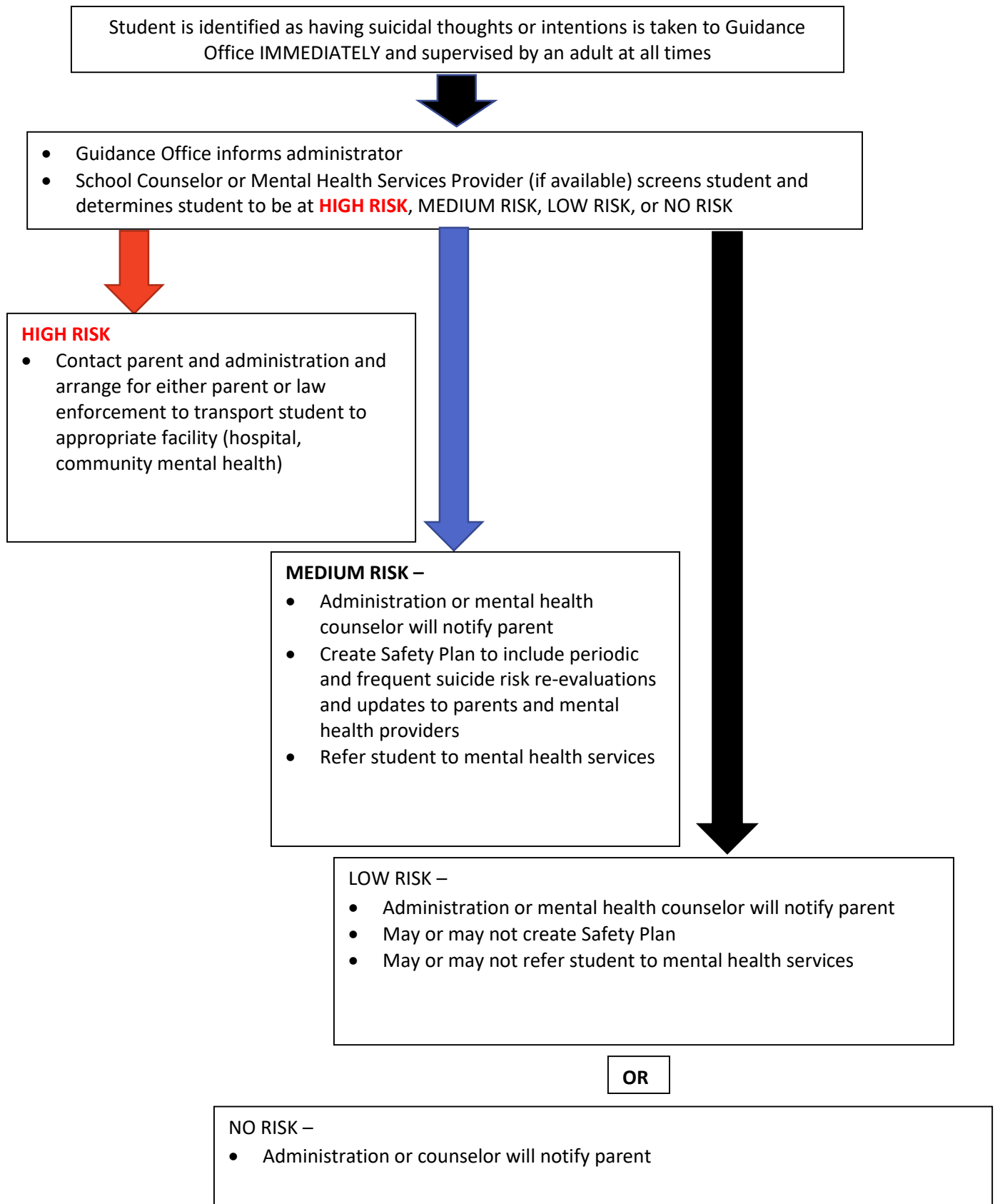
### **SUICIDE RISK ASSESSMENT**

A Suicide Risk Assessment is used to identify the presence of suicidal ideation, intent, and plans and determine if a student is at risk for doing something to end his or her life in the near future (usually within 24-48 hours). Ideation refers to thoughts of killing oneself; Intent reflects the level of motivation and ability to follow through with a suicide plan; and Plan describes when and how the person will kill him or herself.

**The Standard Suicide Risk Assessment Preprinted Form is included in Appendix B of this plan.**

This form can be utilized when a student has been screened and is identified with suicidal symptoms or risk factors and has been referred to the appropriate mental health professional. This form assesses suicidal ideation, intent (low or high), and assesses the specifics of the suicide plan.

# SUICIDE RISK ASSESSMENT FLOW CHART SCHOOL DISTRICT OF ESCAMBIA COUNTY



## RESPONSE TO STUDENT SUICIDE *ATTEMPT*

Should a student actually attempt suicide on a school campus, the following steps must be taken:

The **FIRST** adult to reach the student must:

1. ***NEVER LEAVE THE STUDENT ALONE.*** Stay with the student or designate one or more other adults to stay with the student.
2. Call 911 or your local emergency medical service provider.
3. Contact the Principal.

The Principal must:

1. Contact additional personnel as necessary. These may include school mental health services provider, law enforcement, the Superintendent's Office, other District administrators, the school nurse, school counselor, social worker, and/or school psychologist.
2. Ensure student's parents/guardians are contacted to report what has occurred with their child. Arrange to meet family at the appropriate location.
3. After the immediate crisis, schedule a conference with the parents/guardians and student to complete the Stress Reduction and Re-Entry Plan.

# APPENDIX B

**The School District of Escambia County  
SUICIDE RISK ASSESSMENT FORM**

<b>Student:</b>	<b>Date of Birth:</b>
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<b>Student Number:</b>	<b>School/Grade:</b>
<b>Parent/Guardian:</b>	<b>Date:</b>

<b>Screening completed by:</b>	<b>YES</b>	<b>NO</b>
1. Do you have a suicide plan? Have you ever made suicidal gestures/ threats in the past?		
2. Do you have access to guns, pills, or other lethal means?		
3. Are you having problems communicating with, in conflict with, or feel you are a burden to family or friends?		
4. Have you been having feelings of never-ending problems, not of your own making, not getting any better that you can't resolve?		
5. Do you have any of the following symptoms: insomnia, depressed mood, agitation, anxiety, panic symptoms, eating disturbance?		
6. Have you recently lost a loved one or had a break-up?		
7. Are you being bullied/harassed/or your reputation smeared (Facebook, Instagram, Twitter, Kick, Snapchat)?		
8. Are you having identity conflict, such as sexual/gender identity issues?		
9. Have you been given increased responsibilities at home (i.e. younger siblings, impaired/handicapped adult)?		
10. Do you have a history of drug or alcohol abuse?		
11. Have you experienced any serious illness?		
12. Have you talked with your parents/guardians about how you feel? Will they support you getting help?		

If question #1 or questions #1 and #2 are answered as YES, you have an immediate action situation; call LMHC/SRO for a Baker Act Screening and contact family.

If you have four other YES answers (other than #1 and #2), you may have a Medium or High Risk situation and need to contact one of the mental health counselors. Family will be called after assessment.

If #7 is answered YES, follow through with Bullying Protocol.

**Distribution List: Parent, FOCUS Mental Health Tab**

**The School District of Escambia County  
PARENT CONTACT ACKNOWLEDGEMENT FORM**

<b>Student:</b>	<b>Date of Birth:</b>
<b>Student Number:</b>	<b>School/Grade:</b>
<b>Parent/Guardian:</b>	<b>Date:</b>

Mr./Ms. \_\_\_\_\_ parent/guardian of \_\_\_\_\_ participated in a conference via phone or in person on \_\_\_\_\_. During this  
(date)

Conference, the parent(s)/guardian(s) were informed that their child was assessed and determined to be at risk for suicide. They were also informed that they should monitor their child for safety and take appropriate safeguards. School personnel explained the school system’s role in providing support to their child in conjunction with services available through the community.

Parents were encouraged to seek assistance with community or their own private resources for mental health.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

School Administrator/Designee: \_\_\_\_\_ Date: \_\_\_\_\_

School Personnel (Witness): \_\_\_\_\_ Date: \_\_\_\_\_

Distribution List: Parent, FOCUS Mental Health Tab

**The School District of Escambia County  
 SUCCESS & SAFETY PLAN**

<b>Student:</b>	<b>Date of Birth:</b>
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<b>Student Number:</b>	<b>School/Grade:</b>
<b>Parent/Guardian:</b>	<b>Date of Reentry to School:</b>

**SUCCESS & SAFETY PLAN**

Use the following suggested intervention areas to address all concerns identified during the risk assessment screening.

For **LOW LEVEL concern**

For **MEDIUM LEVEL concern**

Mental Health Counselor, Principal, and Level Director were notified on \_\_\_\_\_  
Date(s)

For **HIGH LEVEL concern**

Mental Health Counselor, Principal, Law Enforcement, and Level Director were notified on \_\_\_\_\_  
Date(s)

**Specify discipline measures taken by administration (where applicable):**

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**MONITORING MEASURES (check and complete all that apply)**

Student will maintain a safety plan with \_\_\_\_\_

Details:

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Student's daily schedule will be modified by: \_\_\_\_\_

Student will check in every \_\_\_\_\_ with \_\_\_\_\_

Student will check out every \_\_\_\_\_ with \_\_\_\_\_

Student will have a "no contact contract" via Behavior Contract with \_\_\_\_\_

Parent/Guardian will contact \_\_\_\_\_ to maintain ongoing communication between school and home

Parent/Guardian will provide the following intervention/supervision: \_\_\_\_\_

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**SUCCESS & SAFETY PLAN (Page 2)**

**SKILL DEVELOPMENT MEASURES (as applicable)**

- Student will work with (name of community agency or professional) \_\_\_\_\_  
to focus on the development of \_\_\_\_\_
- Student will work with (name of school-based resource) \_\_\_\_\_  
to focus on the development of \_\_\_\_\_
- Other: \_\_\_\_\_  
\_\_\_\_\_

**RELATIONSHIP BUILDING MEASURES**

Student will seek support from (may select more than one option):

- School Counselor
- School Psychologist
- Dean
- Behavior Coach
- Assistant Principal/Principal
- Teacher
- Mentor
- Student will participate in one or more school activities: \_\_\_\_\_
- Student will participate in the following school program(s): \_\_\_\_\_  
\_\_\_\_\_
- Student will participate in the community-based \_\_\_\_\_ program to develop  
support. Agency involved: \_\_\_\_\_
- Other: \_\_\_\_\_

**PARENT COMMUNICATION**

- Success and Safety Plan was communicated to student and parent/guardian on \_\_\_\_\_  
Date

By: \_\_\_\_\_ / \_\_\_\_\_  
Name Title

**DOCUMENTATION AND REVIEW**

- Plan will be reviewed on \_\_\_\_\_
- Notification of Document and Plan are on file in the student's FOCUS Mental Health Tab

\_\_\_\_\_  
Principal/Administrator

\_\_\_\_\_  
Counselor

\_\_\_\_\_  
Assistant Principal/Dean

\_\_\_\_\_  
Other

**Distribution List: Parent, FOCUS Mental Health Tab**

**The School District of Escambia County  
STRESS REDUCTION AND SCHOOL RE-ENTRY PLAN**

<b>Student:</b>	<b>Date of Birth:</b>
<b>Student Number:</b>	<b>School/Grade:</b>
<b>Parent/Guardian:</b>	<b>Date of Reentry to School:</b>

**Has your child received mental health assistance since being out of school? If so, please check and complete all that apply.**

- My child was hospitalized for \_\_\_ days.
- My child saw a mental health counselor.
  - \*Name: \_\_\_\_\_
  - Phone number: \_\_\_\_\_
- There was a change in my child's medication.
  - \*Physician/Psychiatrist: \_\_\_\_\_
  - Phone number: \_\_\_\_\_
  - What side effects should we watch for? \_\_\_\_\_
- Are there psychiatric symptoms we need to watch for? If yes, please list.** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**How will your child be transported to and from school?**

- My child will ride the bus to and from school.
- I will transport my child to and from school.
- Other: \_\_\_\_\_

**How can the school contact you in the case of an emergency or if we have a question?**

- Call me at: \_\_\_\_\_
- Call my designated contact (name): \_\_\_\_\_ at: \_\_\_\_\_

**Do you feel you need additional information on mental health resources in your community?**

- Yes. Please call me.
- No. I feel my current resources meet my child's needs.

*\*Please complete the attached Release of Information form for each of your child's mental health providers*

**The School District of Escambia County  
SUCCESS & SAFETY PLAN REVIEW FORM**

<b>Student:</b>	<b>Date of Birth:</b>
<b>Student Number:</b>	<b>School/Grade:</b>
<b>Parent/Guardian:</b>	<b>Date of Reentry to School:</b>

**RECOMMENDATIONS:**

Plan will continue as written. Next review date: \_\_\_\_\_

Plan will continue with the following modifications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Next review date: \_\_\_\_\_

Plan is no longer required and will cease at this time.

**SIGNATURES OF TEAM MEMBERS**

\_\_\_\_\_  
Administrator

\_\_\_\_\_  
Teacher

\_\_\_\_\_  
Counselor

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Student

\_\_\_\_\_  
Other

**Distribution List: Parent, FOCUS Mental Health Tab**

**THE SCHOOL DISTRICT OF ESCAMBIA COUNTY**  
Exceptional Student Education  
30 East Texar Drive, Pensacola, FL 32503  
Phone: (850) 469-5518

**AUTHORIZATION FOR RELEASE OF INFORMATION**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

School: \_\_\_\_\_ Student #: \_\_\_\_\_

**RELEASE RECORDS FROM:**

Facility or Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/ST/ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**DISCLOSE RECORDS TO:**

Facility or Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/ST/ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

I am requesting records for the dates: From: \_\_\_\_\_ To: \_\_\_\_\_  ALL Records

I hereby authorize these agencies to reciprocally communicate and/or release the following documents:

Medical & Social History  
Psychiatric Diagnosis  
Psychological/Intellectual Evaluation Report  
Individual Education Plan (IEP)/(EP)/(SP)  
Placement Committee Meeting Minutes  
Multidisciplinary Team Report  
Evidence of Consent for ESE Placement  
Eligibility Report  
Adaptive Behavior Measure  
Re-evaluation Report  
Speech and/or Language Evaluation Report  
Rating Scale Of Gifted Characteristics  
Other: \_\_\_\_\_

Your initials are required to release the following:  
\_\_\_\_\_ Psychiatric/Psychology Notes  
\_\_\_\_\_ Psychological Evaluation & Results

**Please Note: Some of these items may require signature of the minor**

**PURPOSE OF DISCLOSURE** *(please specify):*

Educational Placement/Services

Other: \_\_\_\_\_

**EXPIRATION DATE OR EVENT:**

*(if left blank, this Authorization expires 1 year from the date signed)*

Specify a date or event: \_\_\_\_\_

**Authorization:**

1. I may revoke this authorization at any time by notifying the "Sent FROM" organization noted above in writing.
2. I understand that my revocation does not affect any disclosures made prior to the revocation being received and processed.
3. I understand the information disclosed may be subject to re-disclosure and no longer be protected by federal or state privacy regulations.
4. I have the right to inspect or copy the information to be used/disclosed as permitted by federal law.
5. I may refuse to sign this authorization and understand that it is strictly voluntary.
6. If I do not sign this form, my health care and the payment for my health care will not be affected.
7. If this authorization originated with the provider, I will receive a copy of this form after I sign it.

**This information will be kept in the student's confidential file and will be made available only to authorized personnel.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Date Sent

Distribution: Central Files; Cum Folder  
3300-ESE-031 Revised: 10/09/11