MANAGING ISSUES OF SUICIDE / HOMICIDE IN SCHOOLS

URGENT
STUDENT REFERRAL FORM
Date: __________________________

Student Name ____________________________________________________________

School ___________________________________________ Grade ________________

Circle One Male Female

Reason for Referral: ________________________________________________________

Who Initiated the referral? (check one)

☐ SAC ☐ School Nurse
☐ Friend/Student ☐ Bus Driver
☐ Parent ☐ Self Referral
☐ Psychological Serv. ☐ Teacher
☐ Administrator ☐ Agency Pers.
☐ Crisis Counselor ☐ Other

Category of Suicidal / Homicidal Behavior (check one)

• Attempted Suicide
  o Doing something that one believes will cause death; having the conscious intent to die.
  o
• Suicide Gesture
  o An act that is symbolic of suicide, but constitutes no serious threat to life.
  o Performs a gesture to hurt or harm / attempts to harm a person.

• Suicide / Homicidal Threat
  o Saying or doing something that indicates self-destructive or harm to others desires.

• Suicide / Homicidal Ideation
  o Having thoughts about killing oneself or others

Action Taken (check those used) Name/Agency

• Student seen by school mental health professional
• Student referred to outside agency
• Student referred to private professional
• Student transported to a hospital
• Student referred to a Crisis Intervention Team

Person completing this form ____________________________________________

Name ___________________________________________ Position ______________________

Please send a copy of this form to the building principal and psychological services.

SUSPENSION CHECK LIST
Suicide / Homicide Prevention

- Staff observes suicidal indicators or student verbalizes suicidal / homicidal gestures or thoughts.

- Teacher / staff personnel reports suicidal / homicidal behaviors / to the Principal and / or School Social Worker immediately. Please complete and give (face to face) the designated form in red.

- SSW and / or principal will notify the parent the same day of the report and advise parent to seek help at Hurley ER or the Crisis Center.

- SSW and / or principal will follow up with medical intervention to ensure parent followed through with the request.

- Family Independence Agency will be notified if parent fails to follow through with medical intervention.

- Parent will submit documentation of medical intervention prior to re-entry to class.