MANAGING ISSUES OF SUICIDE / HOMICIDE IN SCHOOLS

URGENT STUDENT REFERRAL FORM

Date:	
Student Name	
School	Grade
Circle One Male	Female
Reason for Referral:	•
Who initia	ited the referral? (check one)
□SAC	☐ School Nurse
☐ Friend/Student	□ Bus Driver
☐ Parent	□ Self Referral
☐ Psychological Serv.	☐ Teacher
□ Administrator	☐ Agency Pers.
🛘 Crisis Counselor	□ Other
Suicide / Homicidal Ideation	es self-destructive or harm to others desires.
 Having thoughts about killing oneself or 	r others
Action Taken (check those used)	Name/Agency
 Student seen by school mental health profession Student referred to outside agency Student referred to private professional Student transported to a hospital Student referred to a Crisis Intervention Team 	nal
Person completing this form	
Name	Position

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

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.