



## PROTOCOL: Student in Distress

Student \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_

School \_\_\_\_\_

School Year \_\_\_\_\_

Reason for Concern

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### #1 REFERRING STAFF:

\_\_\_\_\_  
*Print Full Name*

\_\_\_\_\_  
*Signature*

Phone \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

### #2 CRISIS RESPONSE TEAM MEMBER: \_\_\_\_\_

\_\_\_\_\_  
*Print Full Name*

\_\_\_\_\_  
*Signature*

Phone \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

### #3 Parent / Guardian

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Phone*

\_\_\_\_\_  
*Email*

Relationship: Biological parent  Relative  Other: \_\_\_\_\_

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

## Interventions in place

Does the student have a 504 Plan? Yes  No

Does the student have an IEP? Yes  No

Other services student is receiving or has received inside or outside school:

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## **Initial Identification of Risk**

***IF you or other staff SEE/READ/HEAR something from a student who threatens to hurt themselves the student should be seen by the Crisis Response Team (CRT) immediately to assess risk and facilitate referral.***

### Steps to be taken Immediately

- 1) **Call** for another CRT member or mental health therapist/intern to collaborate with while completing the risk assessment
- 2) **Listen** and remain calm: Use the Columbia Risk Assessment unless (imminent) Extremely High risk then CALL 988 and ask for CIT trained officer OR CALL Call Pacific Clinics at: 408-379-9085
- 3) **Determine** action plan based on level of risk: low, moderate to high or extremely high (imminent)
- 4) **Contact administrator/designee** (CRT member) contacts parent/guardian shares concerns and provides recommendations for safety
- 5) **Provide** parents information about suicide, self-injury and means of access
- 6) **Determine** Appropriate Action Plan based on level of risk
- 7) **Develop** the Safety Plan with the student and parents. A phone app is available for creating a personal safety plan, [Stanley-Brown Safety Plan app](#) (Safety Plan Template, Gregory K. Brown and Barbara Stanley, 2008, 2021)
- 8) **If determined** the Student will go to their Primary Care Doctor, Therapist (if they already have one) or Emergency Room (based on level of risk).  
*The following forms should be sent with the parents/guardian:*
  - Referral, Consent & Follow-up Form
  - Health and Education Plan-Physician Report
  - "When your Child Expresses Suicidal Thoughts" information sheet
  - **DOCUMENT ALL ACTIONS:** Before leaving your office have the Parents sign the Student Suicide Risk Documentation form and the Parent Contact Acknowledgement Form

**Suspected Child Abuse or Neglect:** Report the incident to the appropriate child protective services agency, following the District's Child Abuse and Neglect Reporting Requirements, and the mandatory reporting law. IF child abuse or neglect by a parent/guardian is suspected or there is reasonable suspicion that:

- 1) Contacting the parent/guardian may escalate the student's current level of risk;
- 2) The parent/guardian is contacted and unwilling to respond; and/or
- 3) The parent/guardian refuses treatment for the student of concern.
- 4) The report should include information about the student's suicide risk level and any concerning ideations or behaviors. The reporting party must follow directives provided by the child protective services agency personnel.