

Wentzville R-IV School District

Suicide Awareness, Prevention and Intervention Guidelines

The WSD is focused on the safety, wellbeing, and healthy development of its students. The following administrative procedures are established for the guidance of faculty and staff in recognizing and intervening with a student or staff member who may be at risk of suicide, exhibits suicidal thoughts or behavior, or has died unexpectedly, possibly by suicide. The guidelines meet the requirements of Missouri Revised Statute Section 170.048 and the Missouri Department of Elementary and Secondary Education model policy on Youth Suicide Awareness and Prevention. The Assistant Superintendent of Student Services will serve as the district-level suicide prevention coordinator. Each school is assigned an Educational Support Counselor (ESC), who will act as a point of contact, in conjunction with school counselors, for issues relating to suicide awareness, prevention, and intervention procedures.

Table of Contents

- I. Crisis Response Team
- II. Suicidal Student Response Procedure
- III. WSD Employee is Suicidal at Work
- IV. Parent Notification and Involvement
- V. School and Community Resources
- VI. Response to Unexpected Death of a Student (Postvention)
- VII. Professional Development for Staff
- VIII. Suicide Prevention Education for Students
- IX. Publication of Policy
- X. District Forms and Sample Communication

I. Crisis Response Teams (CRT)

The ESC's, school counselors, school nurses, and building Administrators have been trained to work as a CRT to intervene when a student or staff member is at risk of suicide or has died by suicide or other unexpected death. Additional CRT members may include school resource officers and staff from community mental health agencies under contract with WSD. The Superintendent, the Assistant Superintendent of Student Services, and the Assistant Superintendent of Administrative Services are available to assist and guide Administrators and building CRT's in responding to potential suicidal crises. Listed below are the CRT intervention team members in each WSD school. A district-level CRT, composed of both district-level and building-level trained staff, as well as first responders from community and government agencies, will be convened by the Superintendent in response to large scale critical incidents. The team leader for the district-level CRT is the Superintendent or his/her designee.

School Site	ESC	Counselors	Nurse	Administration	Main Office #
Liberty HS	Georgean Rustemeyer	Chad Cunningham Laura Wootten Shelley Gerringer Alicia Sheffield	Bridget Thomason	Ed Nelson Steve Pryor Lindsay Kiely Matt Kiesel	(636)561-0075
Timberland HS	Dave Salvatierra	Stephanie Bell Julie Biggs Tammy Braun Amy Green Stacey Nielsen	Donna Davis Kathy Unger	Kyle Lindquist Dan DeClue Liz Reckker Susan Sanchez Keith Sanders	(636)327-3988
Holt HS	Heather Hanvy Michael Barclay	Connie Litzsinger Dawn Bryant Nicol Hopkins Shannon Mulcahy Heather McCarty	Diane Wilmes	Shane Schlueter Jacob Adams A.J. Gwin Jason Moore	(636)327-3876
WMS	Michael Barclay Tony Balistrieri	Burney Reid Renee Klautzer	Kathy Warren	Kelly Mantz Kaitlin McElfresh Ken Kasten	(636)327-3815
South Middle	Jeff Yin Tony Balistrieri	Becky James Theresa Olson	Melanie Wilson	Scott Swift Brian Clemons Kristine Schottel	(636)327-3928
Frontier Middle	Jeff Yin Tony Balistrieri	Deb Kerns Amy Koeln	Alicia Mecker	Jeri LaBrot Kevin Kuehl Rebekkah Montes	(636)625-1026
Duello ES	Kristin Malot	Jacki Fine Stacy Browning	Amy Corona	Laura Parn Dani Todd	(636)327-6050
Discovery Ridge ES	Lauren Martinez	Katie Fischer Amy Walter	Rosemarie Hamilton	Katie Brettschneider Kelly Stratman Teale Shearer	(636)561-2354
Crossroads ES	Annelise Daugherty	Amy McLeod Tim Burkemper	Amanda Whiteaker	Damian Fay Megan Sutton	(636)625-4537
Boone Trail ES	Lauren Martinez	Angie Garcia Lisa Wilson	Brenda Pini	Michelle Cleve Candice Belton	(636)327-3830

Heritage Primary	Hannah Almeida	Karen McLeod Connie Grant	Yvonne Mahan	Collin Hanna Gretchen Morrison	(636)327-3846
Heritage Intermediate	Christy Stenberg	Anita Hampton Connie Grant	Laura Abegg	Todd Kraft David Straub	(636)327-3839
Wabash ES	Christy Stenberg	Kristy Sullivan Kathy Pousson	Sherry Nutt	Matt Schulte Heather Price	(636)887-3898
Stone Creek ES	Kristin Malot	Alexa Hanna Kris Hilgenbrink	Valerie Akers	Melvin Bishop Melissa Armbruster	(636)887-3898
Green Tree ES	Kristin Malot	Missy Pardo Alexis Betts	Marcia Ponzer	Angela Politte Jennifer Bagin	(636)625-5600
Lakeview ES	Christy Stenberg	Pam Fox Stephanie Davenport	Valerie Akers	Doug Holler Laura Rowe	(636)332-2923
Prairie View ES	Annelise Daugherty	Dara Washburn Christy McCulloch	Natalie Spatafora	David Bates Teresa McCulloch Jimmy Evrard	(636)625-2494
Peine Ridge ES	Hannah Almeida	Emily Mertens Cheryl Miller	Arje Crawford	Ryan Andrews Molly Molitor	(636)327-5110
Pearce Hall	Andre Young, Farin Swan, Bonnie Luna		Denise Clark	Ben Hebisen	(636)327-3941
Mind Dev	Chris Turner		Judy Struckhoff CeCelia Pratt	Stacy Altrup	(636)561-5760
Barfield ECSE	Sandy Cunningham		Open Carissa Runner	Kevin Garcia	(636)561-5757

II. Suicidal Student Response Procedures

Any indication of a potential suicide, whether personally witnessed or received by report from someone else, must be taken seriously by the WSD staff member and **immediately** reported to a CRT member (ESC, school counselor, school nurse, or Administrator). Examples include a student verbalizing about suicide directly or via electronic communication, an act of self harm or suicide attempt, a student referring their suicidal friend, etc. In these situations, the following steps should be taken:

A. If Student is Potentially Suicidal at School:

- 1. Reporting:** Any school employee who has a reasonable belief that a student may be at risk for suicide or witnesses any attempt towards self-injury will notify a member of the CRT (ESC, school counselor, school nurse or Administrator).
- 2. Supervision of Student:** Staff locates student and provides 1:1 supervision in a safe, discrete area. If possible, staff will escort the student to the guidance office to be assessed by an ESC or school counselor. The student should remain under continuous supervision until it is determined by the ESC or school counselor that there is no longer an imminent risk of suicide. Staff should remain calm and share all information and observations with the CRT member, no one else.
- 3. Risk Assessment:** In order to determine the degree to which a student may be at risk of self harm or suicide, the ESC or school counselor utilizes an evidence-informed assessment tool to conduct a Suicide Risk Assessment. The suicide risk assessment is not a diagnostic tool and is not predictive in nature. It is an instrument that trained professionals can utilize to make a best judgment call as to the level of suicide risk and the interventions which are recommended for support and safety, based on that level of risk. Used in conjunction with a safety plan, the assessment helps identify risk factors, individual strengths, social supports, and actions that can help mitigate suicide risk.
- 4. Parent Notification:** Student suicidal behaviors are not confidential and may be reported to the student's parents, guardians, or other appropriate authority when the health, welfare or safety of the student is at risk. The parent/legal guardian is notified as soon as possible by a designated CRT member and their cooperation is sought in providing information about the student and arranging for appropriate intervention (see section IV: Parental Notification and Involvement). If a suicidal student is age 18 or older, refuses to consent to a recommended intervention plan, and refuses to consent to parent contact, the CRT may need to involve law enforcement to ensure safety.
- 5. Safety Plan:** Based on the level of risk determined by the assessment, a Safety Plan may need to be completed by ESC or school counselor, with input from student and parent. A safety plan is an individualized list of coping strategies and sources of support that an individual can use before or during a suicidal crisis. The ESC or school counselor conveys to the parent the importance of 24/7 adult supervision and "means restriction" (limiting the child's access to mechanisms for carrying out a suicide attempt). Suicide risk evaluation is a dynamic process which can change based on evolving events, therefore both the assessment and safety plan may need to be updated with input from all parties when circumstances or needs change.

- 6. Collaboration with Parent:** If the parent/guardian comes to the school, he/she is asked to participate in safety planning, and offered a School and Community Resources handout (see resources) to help link student with appropriate services and support. Since it is often helpful for the ESC or school counselor to share details of the suicide assessment with the hospital staff or other involved mental health professional for collaboration of care, the parent/guardian may be asked to sign a WSD Authorization for Release of Information.
- 7. Transport to Hospital:** Following the suicide assessment, if the ESC or school counselor determines that the student requires an immediate hospital-based psychiatric evaluation, the CRT and parent/guardian decide on the safest means for transport. In most cases the parent/guardian or a family designated emergency contact will transport the child. For all mental health emergencies, school staff should consult with an ESC before calling an ambulance, if at all possible. In some cases, the CRT may need to involve the SRO or law enforcement. A CRT member or law enforcement may need to accompany the student to the hospital if no parent/guardian or emergency contact is available or if extra support and supervision is needed.
- 8. Follow-Up:** After the suicidal student departs the school for the purpose of an immediate hospital evaluation, the ESC or school counselor will follow-up *within four hours* to ensure the student safely arrived at the facility. If the ESC or school counselor cannot comply with this expectation, he/she will ask an Administrator to follow-up. The parent is asked to call the CRT member to report the outcome of the evaluation and whether student is admitted. If the student is hospitalized and the parent/guardian provides written authorization, the ESC or school counselor may communicate directly with hospital staff during the admission and discharge process, for collaboration of care and discharge planning.
- 9. CRT Debriefing:** After the immediate crisis is resolved, the CRT will meet to evaluate the team's implementation of the crisis plan and help bring closure for team members. The CRT Debriefing Template can be utilized for this purpose.
- 10. Student Privacy:** If the student is admitted, the ESC or school counselor may contact the parent/guardian during the hospitalization to be proactive about a plan to support the student upon return to school and help decide what to communicate to teachers about the absence. The requests of the student and parent/guardian regarding privacy should be prioritized by all school staff who may be aware of the student's suicidal crisis.
- 11. Documentation:** For each student in which an assessment indicates a *high risk* of suicide, the Suicidal Student Documentation Log must be filled out by ESC or school counselor and signed by all involved CRT members, including the Administrator. The ESC or school counselor is required to submit the completed log to the Superintendent's office *within two weeks* after the student returns to school or after it is determined that the crisis is resolved. The document is kept in a confidential file in the Superintendent's office until the student graduates or reaches twenty one years old.

B. If Student Has Self-Harmed or Attempted Suicide at School:

- 1. Physical Safety:** The student should be examined as soon as possible by the school nurse, who may decide to call 911 for emergency medical response, if necessary.
- 2. Reporting:** The WSD staff member must immediately report the incident to an Administrator, ESC or school counselor, and efforts are immediately made to contact the parent/guardian. The Administrator decides whether there is a need to involve the School Resource Officer or law enforcement, or whether the Superintendent needs to be notified.
- 3. Securing the Area:** If necessary, in order to maintain safety in the school community, the Administrator may designate staff to direct student traffic flow, monitor the hallways, turn off the bell system, or notify teachers to keep their students in the classroom until further notice.
- 4. Risk Assessment:** If the student is determined to be physically safe, the ESC or school counselor will conduct a **Suicide Risk Assessment**. Steps II.A.3 - 11 from above are then followed.
- 5. Impact on Bystanders:** If other students or staff witnessed behavior which may be experienced as disturbing, they will be offered an opportunity to meet with an ESC, school counselor, or Administrator (if the school counselor or ESC is not available) as soon as possible for support. All staff who witnessed or become aware of the event are required to contain the story and protect the privacy of the student and family.

C. If Student is Off Campus and Potentially Suicidal:

- 1. Reporting:** Any indication that a student is potentially suicidal, whether personally witnessed or received by report from another, should be acted upon immediately. If the report is received during school hours and the student is absent from school, the staff person should immediately notify an Administrator, who may involve the ESC or school counselor. If CRT member cannot be located, the staff member may need to contact parent/guardian or law enforcement. The St. Charles County Youth Connection Helpline (636-642-0642) or National Suicide Prevention Lifeline (800-273-8255) are emergency resources which are available 24/7 to help with decision making and support.
- 2. Parent Notification:** The CRT member will attempt to immediately notify parent/guardian that their child may be at risk of suicide, request information to help determine level of risk, and offer assistance in developing a plan of action. If parent/guardian is unable to be reached, law enforcement or Children's Division may need to be contacted to help protect the child.
- 3. Collaboration and Privacy:** If the student is hospitalized, the ESC or school counselor may contact the parent/guardian during the hospitalization to inquire about the child's well-being, be proactive about a plan to support student upon return to school and help decide what to communicate to teachers about the absence. The requests of the student and parent/guardian regarding privacy should be prioritized by all school staff who may be aware of the student's suicidal crisis.
- 4. Documentation:** If the off-campus crisis results in the student being hospitalized, the ESC or school counselor documents contacts on the **Suicidal Student Documentation Log** and follows procedures outlined in II.A.11 above.

D. Actions Following a Suicidal Student's Return to School:

- 1. Support Plan:** Upon learning that a student is hospitalized due to suicidal risk (whether or not staff were involved prior to admission), the ESC and school counselor will attempt to contact the parent/guardian to be proactive about a plan to support the student upon return to school. Ideally, a re-entry meeting with student and parent will be scheduled prior to (or the morning of) the student's return to school. During the meeting, the ESC, school counselor and/or Administrator, discuss how the student's academic, social and emotional needs will be addressed at school. Details are discussed regarding what to communicate with teachers about the student's absence and possible need for temporary accommodations at school. The requests of the student and parent/guardian regarding privacy should be prioritized by all school staff who may be aware of the student's suicidal crisis.
- 2. Follow-Up:** Once the student returns to school, the ESC, school counselor and other involved CRT members schedule follow up meetings with the student on a frequency schedule which is determined by student need and student/parent preferences. Since many children and adolescents continue to be emotionally vulnerable after a suicidal crisis, the suicide risk assessment and safety plan may need to be periodically updated. It may also be helpful for CRT member(s) to maintain ongoing collaboration with involved mental health professionals.
- 3. Documentation:** The ESC or school counselor completes the Suicidal Student Documentation Log and follows procedures outlined in II.A.11 above.

III. If a WSD Employee is Suicidal at Work:

- A. Reporting:** If any WSD employee believes that a co-worker is experiencing a psychological crisis and may be suicidal during his/her contracted hours or work shift, that employee must immediately report the situation to an Administrator or Supervisor.
- B. Crisis Management:** Both the safety of the employee, and that of the entire school community, is prioritized. Every effort is made to protect the employee's privacy. The staff member is moved to a quiet area and encouraged to wait for assistance. If the crisis occurs during school hours, the Administrator or Supervisor may request that an ESC or school counselor assist in crisis management and support. The employee should not be left alone until it is determined by the ESC or school counselor that he/she is not in danger. The person should not be physically restrained if he/she attempts to leave the building. A family member or other person listed as an emergency contact for the staff member may be called. The Supervisor may contact the Assistant Superintendent of Human Resources if necessary. The staff member may be directed to appropriate resources for support, including WSD's Employee Assistance Program (800-538-3543) which provides free counseling and other supportive services for full time employees.

- C. Imminent Safety Risk:** If at any time the employee is determined by the Supervisor, ESC or school counselor to be at serious imminent risk of harm to oneself or others, the Supervisor may need to immediately contact a School Resource Officer or call 911. If police are contacted, it is helpful to request that "CIT" (Crisis Intervention Team) specially trained police officers respond to the incident. Every effort must be made to ensure safety for the employee and anyone else in the vicinity of the crisis, as well as to minimize traumatic impact on the school community.
- D. After Hours Crisis Management:** After school hours, the Supervisor may request guidance from the Assistant Superintendent of Human Resources or Assistant Superintendent of Student Services for managing a suicidal employee. The Behavioral Health Response (BHR) Hotline and Mobile Crisis Support (314-469-6644) is a community resource that can provide telephone guidance and onsite assistance if needed, in making decisions during mental health emergencies.
- E. Interference with Job Performance:** If the Supervisor believes that the employee's psychological crisis may create a job performance problem (i.e. employee needs to leave work early or may not be capable of performing job duties and returning to work), the Supervisor must consult with the Assistant Superintendent of Human Resources.

IV. Parent/Guardian Notification and Involvement

- A. Notification:** Student suicidal behaviors are not considered confidential and may be revealed to the student's parents, guardians, or specific school personnel who need to know, during situations where the health, welfare or safety of the student is at risk. When a student is assessed as being at risk for suicide or has made a suicide attempt, the student's parent or guardian will be informed as soon as possible by a designated CRT member (ESC, school counselor, school nurse or Administrator). Staff should keep in mind that families often feel shock or distress upon learning that their child is at risk of suicide. Educating, guiding and supporting the parents through the crisis, while protecting the student and family's privacy, is an important part of keeping the child safe. If a suicidal student is age 18 or older, refuses to consent to a recommended intervention plan, and refuses to consent to parent contact, the CRT may need to involve law enforcement to ensure safety.
- B. Collaboration:** If the student is believed to be potentially suicidal, the parent or guardian is asked to collaborate in the assessment and safety planning process, and counseled on the need for 24/7 supervision/monitoring and "means restriction" (limiting the child's access to mechanisms for carrying out a suicide attempt).
- C. Linkage with Resources:** The ESC or school counselor may offer parents a list of specialized resources and professional services, and if appropriate, may seek written parental permission to communicate with an outside facility or mental health care provider, as part of safety planning and care collaboration.
- D. Managing Imminent Crisis:** If a student is assessed to be in imminent danger and parent or guardian is not immediately available, the CRT may need to involve the assigned SRO or local police, emergency medical response and/or Children's Division. If

parents are unable or unwilling to provide the recommended level of safety and protection for their child, or if the CRT perceives, in their professional capacity, that contacting the parent or guardian might endanger the health or well-being of the student, then the CRT may need to notify law enforcement or Children's Division on the student's behalf. All WSD staff are required to comply with mandated reporting guidelines established by the Missouri Department of Social Services.

V. School and Community Resources

The WSD will make available on their website, mental health resources and web links for crisis management, professional services, and community agencies, to help support the healthy social and emotional development of children and youth.

VI. Response to Unexpected Death of a Student - Postvention

Because the sudden and unexpected death of a student or staff person has a powerful impact on the entire school community, WSD is proactive in establishing structured crisis response guidelines and practical tools for school staff to utilize that help alleviate the suffering and emotional distress of survivors, and help return the school to the primary mission of educating students.

After a report of the sudden death of a student, WSD Administrators seek to confirm as much objective information as possible regarding the circumstances, to help dispel rumors and speculation, which can be deeply hurtful and unfair to the deceased person, as well as their family and friends. If the cause of death has not been confirmed to be suicide, if there is an ongoing investigation, or if the family does not want the cause of death disclosed, then WSD Administrators may state that the cause of death is still being confirmed and unknown at the time of notification.

Whether or not the cause of a student's death is confirmed as a suicide, it is best practice for schools to use the same overall crisis response approach for all student deaths. While the WSD includes psychological crises in already established district Crisis Management manuals, this section and accompanying documents serve as a supplemental resource for CRT's in responding to student death.

It is important for staff to remember that most children and adolescents are resilient. With the proper developmentally-appropriate information, guidance and support from school staff and parents, most children and youth can learn to cope with the death of a fellow student, process their grief, and return to healthy functioning. In the case of death by suicide, some individuals are potentially vulnerable to the risk of suicide contagion, which occurs when a struggling student experiences the loss of a peer to suicide and becomes at greater risk. In these

situations, it is important for school staff and parents to avoid inadvertently simplifying, glamorizing, or romanticizing the deceased student or his or her death.

Crisis response procedures provide opportunities for school staff to identify at-risk individuals and provide emotional support that helps prevent additional trauma which could potentially lead to further suicidal behavior, especially among youth who are vulnerable. WSD faculty and staff are offered resource materials about how children respond to death, how to support surviving students, and how to identify and refer distraught students for additional assistance. Parents and guardians are offered similar resource materials to help them understand and support their children's grief process and help determine whether extra assistance may be needed..

The roles of each CRT member after the unexpected death of a student are listed on the [CRT Crisis Checklist Student Death](#). The building Principal or his/her designee typically acts as the CRT Team Leader, maintaining contact with WSD Superintendents and the Chief Communications Officer during the aftermath of the death. CRT members help plan details of the response, assess the need for student and staff support, determine the need for outside agency assistance, provide grief support and counseling, communicate with all parties including parents/guardians, and monitor the well-being of students and faculty/staff. Sample letters, emails and scripts are available for CRT's to communicate with all stakeholders after the sudden death of a student. Please refer to [Student Death Sample Communication](#).

An ESC or school counselor is designated to organize and coordinate the grief support and counseling services for students. The Assistant Superintendent of Student Services may decide to request additional counselors from community mental health agencies under contract with WSD, especially when large numbers of impacted students are expected to need extra support. Crisis response activities are planned to help students cope in the short term as well as over the long term, since the emotional fallout from the sudden death of a peer can continue for months after the event. All student grief support activities are carefully designed, structured and supervised by school staff, organized according to the student's relationship to the deceased and individual risk factors.

After the immediate crisis is resolved, the CRT will meet to evaluate the team's implementation of the crisis plan, decide on plans for follow-up, and help bring closure for CRT members. The [CRT Debriefing Template](#) can be utilized for this purpose. In addition, in order to provide opportunities for the CRT to examine and strengthen their capacities for responding to suicidal crisis, WSD schools will schedule annual crisis team exercises and/or drills. These training opportunities will help familiarize CRT members with roles, responsibilities and procedures, and practice specific components of the crisis response plan.

VII. Professional Development for Staff

- A. *Suicide Awareness and Prevention Education for all Staff:*** In compliance with Missouri Revised Statute Section 170.048 and the DESE model policy on Youth Suicide Awareness and Prevention, all faculty/staff will receive annual professional development to help identify students who may be at risk of suicide, and learn ways to support and refer them for assistance. Training topics include suicide risk factors, warning signs, protective factors, and helpful resources. Staff will learn ways to inspire hopefulness, encourage help-seeking, boost resiliency, and increase student connectedness with peers and adults, as part of WSD's trauma-informed schools initiative. Research has established that trauma and adverse childhood experiences (ACEs) can interfere with an individual's social, emotional, cognitive and academic functioning and disrupt the safe and supportive environments that children need in order to grow and thrive. A childhood history of trauma is one of many risk factors for suicide, and the more traumatic experiences one has had, the higher one's risk of developing mental health problems including suicidal thoughts and behavior. The ongoing trauma-informed schools training for all WSD staff is expected to help improve student emotional health and resilience and help prevent, or provide early intervention for, suicidal behavior.
- B. *Review of WSD Suicide Guidelines:*** On an annual basis, within the first two months of each school year, *all faculty/staff* will become familiar with the WSD Suicide Awareness, Prevention and Intervention Guidelines and how to access the Crisis Response Teams which are established in each school.
- C. *Specialized Training for School Counselors, ESC's and School Nurses:*** All ESC's, school counselors and school nurses will receive specialized training, with refreshers each school year, to utilize evidence informed tools for suicide risk assessment, crisis intervention, safety planning, referral and follow up with students at risk of suicide, and counseling support for students dealing with crisis and traumatic loss including suicide.
- D. *Specialized Training for Crisis Response Teams:*** CRT staff will receive specialized training, with refreshers each school year, regarding their roles in responding to critical incidents, including the unexpected death and/or suicide of students. CRT members will also be actively involved in professional development focused on trauma informed schools.

VIII. Suicide Prevention Education for Students

Students in grades 5 through 12 will receive developmentally-appropriate education as part of the student health and school counseling grade-level curriculum, including:

- A.** Information about mental health and emotional well-being, coping strategies, resilience, and suicide prevention
- B.** Promotion of a climate that encourages peer support and peer referral, and emphasizes school connectedness
- C.** Recognition of the signs that they or peers are at risk for suicide
- D.** Identification of issues that may lead to suicide including depression, anxiety, anger, bullying, and drug/alcohol abuse
- E.** Identification of trusted adults at school, at home, and in the community, with whom students can discuss concerns about emotional distress and suicide
- F.** 24 hour crisis helplines and youth-oriented mental health resources posted in all secondary schools and on the district website.
- G.** Peer support and peer leadership programs which utilize trained youth to share prevention-oriented safe messaging about mental health, as well as to identify and support distressed peers and help link them with trusted adults

In addition, as noted in the Professional Development for Staff section VII, all students will continue to benefit from the trauma training that all staff are receiving. When teachers and staff create safe and supportive educational environments that focus on individual strengths, resilience, problem-solving and connectedness, students learn how to recover from adversity, build trust, and seek help before a problem becomes a crisis.

IX. Publication of Suicide Guidelines

The WSD will notify employees, students and parents of these guidelines by posting them on the district's website. They will be reviewed with all faculty/staff at the beginning of each school year during required employee professional development.

X. District Forms and Sample Communication

A. *Suicidal Student Forms* - Used by ESC's and school counselors

1. Suicide Risk Assessment tools
2. Safety Plan
3. WSD Authorization for Release of Information
4. School and Community Resources handout
5. Suicidal Student Documentation Log

B. *Crisis Response Team Documents* - Used by Administrators and CRTs for responding to the unexpected death of a student or staff person

1. CRT Crisis Checklist Student Death
2. CRT Debriefing Template
3. Student Death Sample Communication for all stakeholders
4. Educational Materials and Resources for students, parents and faculty/staff regarding crisis, grief, loss, suicide, etc.