PREFACE

As part of a comprehensive approach to suicide prevention, Loudoun County Public Schools (LCPS) developed suicide prevention screening guidelines. These guidelines are derived from multiple sources including *Child and Adolescent Suicidal Behavior: School-Based Prevention, Assessment, and Intervention*; the *Columbia-Suicide Severity Rating Scale (C-SSRS)*; *Suicide Assessment Five-Step Evaluation and Triage*; *Preventing Suicide: a Toolkit for High Schools* and §22.1-272.1 of the *Code of Virginia*.

This document is intended as guidance for LCPS staff and is not intended to create a standard of care or in any way create legal liability for LCPS or its staff to third parties.
SUICIDE SCREENING PROCEDURES

Listed below are the procedures for LCPS school personnel to follow when it is suspected that a student may be at risk of suicide.

1. **Identify and Report Student At-Risk of Suicide:** Some school personnel, such as building administrators and teachers, do not by training or job responsibility possess the skills necessary to screen for suicide risk. These school personnel should immediately report direct communication of suicidal intent from a student so that a suicide risk screening can be conducted. If the school counselor is unavailable for any reason, the school should contact the school psychologist, school social worker, or the student assistance specialist to request a suicide risk screening. Hereafter, the use of the term school counselor is inclusive of the other trained professionals who can conduct suicide risk screenings.

   The school counselor will notify the building principal that a suicide screening was conducted as soon as feasible but no later than the end of the day.

2. **Supervise Student:** School personnel are responsible for providing adult supervision of the student until a suicide risk screening has been conducted. If the report is made near the end of the school day, the child may not be dismissed until a suicide risk screening has been conducted by a school counselor and an appropriate plan has been established.

   **Note:** Although parents or Child Protective Services (CPS) are usually contacted after the suicide risk screening, in situations in which the child is held from the bus, it may be appropriate for a building administrator to contact the parent (or CPS, if that has been determined to be the appropriate route) while the school counselor conducts the suicide risk screening.

3. **Conduct Suicide Risk Screening:** The school counselor initiates the suicide risk screening and documents the findings on the *Columbia Suicide Severity Rating Scale (C-SSR5)*; see Appendix for all forms.

   In situations in which a third party (e.g., another student, a teacher) has shared information with the school counselor about a suicidal statement, it may be appropriate for the school counselor to gather relevant facts before interviewing the student. Relevant facts may include but are not limited to:

   - verbatim statements or social media posts made by the student
   - names of individuals who overheard the statement or saw the post
   - location the statement was made
   - the context in which the statement was made
   - perceptions of the comments by the third party (e.g., how worried is the third party that the student may commit suicide)

   It may be important to gather as many details as possible prior to interviewing the
student so that a clear picture of the circumstances surrounding the statement(s) can be made and any discrepancies can be readily addressed.

**Note:** If issues related to threats against or bullying of the student emerge during the suicide risk screening, the school counselor is responsible for notifying a building administrator so that the issue of threats or bullying can be addressed for the safety of the student and the appropriate parental notification can be made for any student involved in an alleged incident of bullying.

**Note:** The C-SSRS should always be completed the first time a school counselor is made aware of potential suicidal ideation in a student. However, in previously-screened students with chronic suicidality that is known to the parents and in which the child is receiving services from a licensed mental health provider, rescreening may not be warranted. **However, the parent should still be notified that the student is continuing to discuss or allude to suicide.**

4. **Contact Parent(s) or Child Protective Services:** The school counselor is responsible for contacting the parents following the suicide risk screening. However, if the reason for the child contemplating suicide is related to parental abuse or neglect, the school counselor should notify the principal, but parental contact should NOT be made (see 4b below).

   a. If the parent is to be notified, the school counselor should initiate the call and provide the following information:
      - name and position in the school,
      - assurance that the student is currently safe,
      - an explanation for why a suicide screening was conducted and a review of the results of the C-SSRS, and
      - a recommendation for one of the following based on the screening results:
         1. **suicide assessment** by a licensed or certified mental health professional, or
         2. **consultation and/or counseling** with a licensed mental health professional

   **If the child is under the care of a licensed mental health provider,** offer to contact this professional to facilitate the suicide assessment, if applicable.

   **If the child is not under the care of a licensed mental health provider,** provide names of community counseling resources (Loudoun County Mental Health (LCMH) [703-777-0320] and George Mason University’s Center for Psychological Services [703-993-1370]). If the parent intends to take the child to LCMH, please call LCMH [703-777-0320] and complete/fax the **LCMH Emergency Services Referral Form** (see Appendix) and C-SSRS results prior to sending the student; share your name and contact information and expect and be available for follow-up phone calls from LCMH.
If the parent requests a justification for parental notification of suicidal ideation, cite the legal requirement (22.1 – 272.1 of the Code of Virginia) and determine the parent’s intent to seek appropriate services for the student depending on the screening results.

In situations in which the recommendation is for a suicide assessment by a licensed mental health professional (based on the results of the suicide screening) and the parent indicates that they have no intention of seeking services of any type, inform the parent of your legal obligation to contact CPS for medical neglect (703-771-KIDS).

Parents who opt for supportive interventions outside the licensed mental health arena should be cautioned that such interventions may not be evidence-based and can unintentionally increase a child’s suicidality; if the parent insists on interventions outside of the professional mental health arena, provide at minimum a recommendation that supportive interventions will include a safety plan and an issues-based intervention procedure that will keep the child safe and will address the precipitant issues.

Upon completion of the call, the school counselor should complete the Parent Contact by School Personnel/Notification of Suicidal Thoughts or Feelings documentation form, which documents the following information:

- the time and date of the call
- the name of the individual contacted
- the parent’s response
- any required follow up

If the caller is unable to contact the parents/guardians by the end of the school day, then he or she shall contact the building principal to discuss the school’s crisis management plan for seeking treatment for a student without the parent’s authorization.

b. If the reason the student is contemplating suicide is related to parental abuse or neglect, the school counselor shall immediately report it to the principal or his/her designee consistent with School Board Policy 7530. The principal or his/her designee shall report the suicidal statements related to suspected child abuse or neglect to local Child Protective Services (CPS). Parental contact should NOT be made. The principal provides the following information:

- emphasize the fact that immediate action is required to prevent harm to the child
- his or her name and position in the school
- the name and identifying information of the child
- the legal requirements for the call, citing §22.1-272.1 of the Code of
Virginia

Note: The investigation of alleged abuse or neglect is often an involved process. CPS workers will be called upon to begin the process of investigation with a child who may be difficult to interview. It is expected that emergency treatment will be sought jointly by school and social services personnel prior to the completion of such an investigation.

Upon completion of the call, the principal shall document the phone call to CPS. The documentation shall include:

- the time and date of the call
- the name of the individual contacted
- the response plan agreed upon
- any required follow up

When CPS needs to be contacted before or after business hours (Monday through Friday, 8:30 a.m. - 5:00 p.m.) or CPS is not answering the phone during regular business hours, the principal should call the Virginia State Child Protective Services (CPS) Hotline (800-552-7096) or call the Sheriff’s Office (703-777-0445) and ask to have the on-call CPS worker paged.

5. Meet with Parent(s): In situations in which the school counselor is recommending a suicide assessment by a licensed or certified mental health professional, the student must remain under adult supervision until a parent, guardian, or authorized individual (in the case of abuse) is contacted and a mutually agreed upon decision is made about whether the student should be dismissed early or stay in school.

In some situations, it may be in the child’s best interest to stay at school until the end of the day. Regardless of whether the child is dismissed early or picked up by his/her parents at the end of the school day, the school counselor is to ensure that the parent:

- signs the Parent Acknowledgement of Need for Suicide Assessment (see Appendix),
- signs a Release of Confidential Information (see Appendix) to facilitate communication with the appropriate mental health professional, and
- receives a copy of the completed C-SSRS and encourage them to share it with the licensed mental health professional.

6. Hold Follow-Up Meeting: Schedule a follow-up meeting for students who have been determined to need a suicide assessment with a licensed or certified mental health professional. The form entitled Follow-Up Meeting can be used to document the student’s recommended follow-up care. The school counselor initiates follow-up contact with the parents and invites the parent to attend a follow-up meeting, emphasizing the following:
• the meeting is intended to be a constructive, collaborative effort to ensure the best interests of the child are met
• the importance of the parent’s involvement in the meeting and specific information regarding the meeting time and place
• the follow-up is a team effort that includes the school, the parent, the child, and the child’s mental health provider, if applicable, and
• the follow up will focus on identifying actions to be taken to create a “safety net” around the child

It is the responsibility of the school counselor to hold a follow-up meeting even if the parents/guardians are not cooperative or refuse to be involved, or in cases of suspected abuse/neglect. The following issues may need to be addressed:

• Ascertain the child’s status (e.g., How is the child now? Is the child receiving mental health treatment? Did the parents follow through with all recommendations? If not, what was the reason or rationale for not following through?)
• Facilitating an exchange of information. (e.g., What recommendations were made by the mental health provider? Were there any specific recommendations to assist the child in school? How will the school handle the issue of make-up work and/or academic accommodations?
• Do the parents need assistance? Can the school assist in identifying community resources? What actions need to happen?
• Specific recommendations as to how the child will make a smooth transition back to school (e.g., what work has been missed and timelines/strategies for making up work)
• Specific recommendations as to how the child’s absence(s) will be addressed (e.g., include the child in the meeting to discuss how questions about the child’s absence should be answered in a way that is comfortable to the child)

7. Maintain Documentation: All documentation completed during this process should be maintained by the professional(s) providing these services as part of the Student Cumulative File for five (5) years after the student graduates, completes Board of Education program, transfers, or withdraws in accordance with the Library of Virginia, General Schedule 21, Series 200315. Alternatively, this documentation may be maintained in the Cumulative Health Record; however, the school professional must note on the M-2 label of the Student Cumulative File that these records are separately maintained in the Cumulative Health Record to ensure proper access to this information.
REFERENCES

American Psychiatric Association Practice Guideline for the Assessment and Treatment of Patients with Suicidal Behaviors can be downloaded at:


APPENDIX
### SEVERITY OF SUICIDAL IDEATION

Ask questions 1 and 2. If both are negative, proceed to “Suicidal Behavior” section. If the answer to question 2 is “yes”, ask questions 3, 4 and 5. If the answer to question 1 and/or 2 is “yes”, complete “Intensity of Ideation” section below.

<table>
<thead>
<tr>
<th>1. Wish to be Dead</th>
<th>2. Non-Specific Active Suicidal Thoughts</th>
<th>3. Active Suicidal Ideation with Any Methods (Not Plan) without Intent to Act</th>
<th>4. Active Suicidal Ideation with Some Intent to Act, without Specific Plan</th>
<th>5. Active Suicidal Ideation with Specific Plan and Intent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subject endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up.</td>
<td>General non-specific thoughts of wanting to end one’s life/commit suicide (e.g., “I’ve thought about killing myself”) without thoughts of ways to kill oneself/associated methods, intent, or plan during the assessment period.</td>
<td>Subject endorses thoughts of suicide and has thought of at least one method during the assessment period. This is different than a specific plan with time, place or method details worked out (e.g., thought of method to kill self but not a specific plan). Includes person who would say, “I thought about taking an overdose but I never made a specific plan as to when, where or how I would actually do it…and I would never go through with it.”</td>
<td>Active suicidal thoughts of killing oneself and subject reports having some intention to act on such thoughts, as opposed to “I have the thoughts but I definitely will not do anything about them.”</td>
<td>Thoughts of killing oneself with details of plan fully or partially worked out and subject has some intention to carry it out.</td>
</tr>
<tr>
<td>Have you wished you were dead or wished you could go to sleep and not wake up?</td>
<td>Have you actually had any thoughts of killing yourself?</td>
<td>Have you been thinking about how you might do this?</td>
<td>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</td>
<td>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</td>
</tr>
</tbody>
</table>

### INTENSITY OF IDEATION

The following features should be rated with respect to the most severe type of ideation (i.e., 1-5 from above, with 1 being the least severe and 5 being the most severe). Ask about time he/she was feeling the most suicidal.

<table>
<thead>
<tr>
<th>Lifetime - Most Severe Ideation:</th>
<th>Recent - Most Severe Ideation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type # (1-5)</td>
<td>Description of Ideation</td>
</tr>
<tr>
<td>Type # (1-5)</td>
<td>Description of Ideation</td>
</tr>
</tbody>
</table>

#### Frequency

**How many times have you had these thoughts?**

(1) Less than once a week
(2) Once a week
(3) 2-5 times in week
(4) Daily or almost daily
(5) Many times each day

#### Duration

**When you have the thoughts how long do they last?**

(1) Fleeting - few seconds or minutes
(2) Less than 1 hour/some of the time
(3) 1-4 hours/a lot of time
(4) 4-8 hours/most of day
(5) More than 8 hours/persistent or continuous

#### Controllability

**Could/can you stop thinking about killing yourself or wanting to die if you want to?**

(1) Easily able to control thoughts
(2) Can control thoughts with little difficulty
(3) Can control thoughts with some difficulty
(4) Can control thoughts with a lot of difficulty
(5) Unable to control thoughts
(0) Does not attempt to control thoughts

#### Deterrents

**Are there things - anyone or anything (e.g., family, religion, pain of death) - that stopped you from wanting to die or acting on thoughts of committing suicide?**

(1) Deterrents definitely stopped you from attempting suicide
(2) Deterrents probably stopped you
(3) Uncertain that deterrents stopped you
(4) Deterrents likely most likely did not stop you
(5) Deterrents definitely did not stop you
(0) Does not apply

#### Reasons for Ideation

**What sort of reasons did you have for thinking about wanting to die or killing yourself? Was it to end the pain or stop the way you were feeling (in other words you couldn’t go on living with this pain or how you were feeling) or was it to get attention, revenge or a reaction from others? Or both?**

(1) Completely to get attention, revenge or a reaction from others
(2) Mostly to get attention, revenge or a reaction from others
(3) Equally to get attention, revenge or a reaction from others and to end/stay the pain
(4) Mostly to end or stop the pain (you couldn’t go on living with the pain or how you were feeling)
(5) Completely to end or stop the pain (you couldn’t go on living with the pain or how you were feeling)
(0) Does not apply
### SEVERITY OF SUICIDAL BEHAVIOR
(Check all that apply, so long as these are separate events; must ask about all types)

<table>
<thead>
<tr>
<th>1. Actual Attempt:</th>
<th>Lifetime</th>
<th>Past 3 months</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Interrupted Attempt:</th>
<th>Lifetime</th>
<th>Past 3 months</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Aborted or Self-Interrupted Attempt:</th>
<th>Lifetime</th>
<th>Past 3 months</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Preparatory Acts or Behavior:</th>
<th>Lifetime</th>
<th>Past 3 months</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

### Actual Lethality/Medical Damage:

<table>
<thead>
<tr>
<th>No physical damage or very minor physical damage (e.g., surface scratches).</th>
<th>Enter Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Minor physical damage (e.g., lethargic speech; first-degree burns; mild bleeding; sprains).</td>
<td>Enter Code</td>
</tr>
<tr>
<td>2. Moderate physical damage; medical attention needed (e.g., conscious but sleepy, somewhat responsive; second-degree burns; bleeding of major vessel).</td>
<td>Enter Code</td>
</tr>
<tr>
<td>3. Moderately severe physical damage; medical hospitalization and likely intensive care required (e.g., comatose with reflexes intact; third-degree burns less than 20% of body; extensive blood loss but can recover; major fractures).</td>
<td>Enter Code</td>
</tr>
<tr>
<td>4. Severe physical damage; medical hospitalization with intensive care required (e.g., comatose without reflexes; third-degree burns over 20% of body; extensive blood loss with unstable vital signs; major damage to a vital area).</td>
<td>Enter Code</td>
</tr>
<tr>
<td>5. Death</td>
<td>Enter Code</td>
</tr>
</tbody>
</table>

### Potential Lethality: Only Answer if Actual Lethality=0

- Likely lethality of actual attempt if no medical damage (the following examples, while having no actual medical damage, had potential for very serious lethality: put gun in mouth and pulled the trigger but gun fails to fire so no medical damage; laying on train tracks with oncoming train but pulled away before run over).

<table>
<thead>
<tr>
<th>0 = Behavior not likely to result in injury</th>
<th>Enter Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 = Behavior likely to result in injury but not likely to cause death</td>
<td>Enter Code</td>
</tr>
<tr>
<td>2 = Behavior likely to result in death despite available medical care</td>
<td>Enter Code</td>
</tr>
</tbody>
</table>
C-SSRS DECISION GUIDELINES

C-SSRS decision-making is guided primarily by two sections of the C-SSRS: 1) the severity of suicidal ideation, and 2) the severity of suicidal behavior. The rubric below should be used to assist you in the recommendations you make on behalf of a student. Interpretation of the C-SSRS results progresses in a top-to-bottom manner (i.e., 1, 2a, 2b, 2c) based on the presence of affirmative (“Yes”) responses to specific questions to ensure the appropriate recommended action is determined. When uncertain, err on the side of caution to protect the student and recommend a higher level of action.

<table>
<thead>
<tr>
<th>C-SSRS Results:</th>
<th>Recommended Action:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) <strong>Severity of Suicidal Ideation:</strong></td>
<td>1) <strong>Parent notification</strong> that a suicide screening was conducted; <strong>explanation of results</strong>; and recommendation for a <strong>suicide assessment</strong> by a licensed or certified mental health provider (if the child is in treatment with a licensed mental health provider, this may be the appropriate professional to conduct the suicide assessment).</td>
</tr>
<tr>
<td>“Yes” to either #4 or #5 in the past month, and/or</td>
<td></td>
</tr>
<tr>
<td><strong>Severity of Suicidal Behavior:</strong></td>
<td>When explaining the results to the parents share with them that their child has indicated <em>active suicidal thoughts with at least some intent to act on these thoughts within the past month</em> and/or that their child has <em>actively engaged in suicidal behavior</em> within the past 3 months.</td>
</tr>
<tr>
<td>“Yes” to any of the 4 behaviors in the past 3 months</td>
<td></td>
</tr>
<tr>
<td>2a) <strong>Severity of Suicidal Ideation:</strong></td>
<td>2a) <strong>Parent notification</strong> that a suicide screening was conducted; <strong>explanation of results</strong>; and recommendation for <strong>consultation or counseling</strong> by a licensed mental health professional.</td>
</tr>
<tr>
<td>“Yes” to either #1, #2, or #3 in the past month, and/or</td>
<td></td>
</tr>
<tr>
<td><strong>Non-Suicidal Self-Injury:</strong></td>
<td>Explain to the parents that their child has indicated <em>a wish to die within the past month</em> and/or <em>active suicidal thoughts within the past month (but without any intent to act on these thoughts)</em> but denies any suicidal behavior within the past 3 months or explain that their child has engaged in non-suicidal self-injury within the past 3 months.</td>
</tr>
<tr>
<td>“Yes” in the past 3 months</td>
<td>Explain to the parent that passive or active suicidal thoughts within the past month, even without intent to act on these thoughts, indicates a level of emotional distress that warrants contact with a licensed mental health professional. In situations in which only non-suicidal self-injury is reported, explain to the parents that this is a risk factor for future suicidal ideation/attempts and that their child is likely engaging in this behavior to relieve psychological pain and for this reason needs to see a licensed mental health professional.</td>
</tr>
</tbody>
</table>
### C-SSRS Results:

<table>
<thead>
<tr>
<th></th>
<th>Recommended Action:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2b) Severity of Suicidal Ideation:</strong> “Yes” to at least one lifetime suicidal ideation, and/or</td>
<td>2b) <strong>Parent notification</strong> that a suicide screening was conducted; <strong>explanation of results</strong>; and recommendation for <strong>consultation or counseling</strong> by a licensed mental health professional.</td>
</tr>
<tr>
<td><strong>Severity of Suicidal Behavior:</strong> “Yes” to at least one lifetime suicidal behavior, and/or</td>
<td>When explaining the results of the screening to the parent share that their child has <em>denied any wish to die/suicidal ideation within the past month or any suicidal behaviors within the past 3 months, but has acknowledged either a wish to die, suicidal thoughts, or suicidal behaviors at some point in his/her life.</em></td>
</tr>
<tr>
<td><strong>Non-Suicidal Self-Injury:</strong> “Yes” to lifetime</td>
<td>Explain to the parent that because of a reported history of either suicidal ideation or suicidal behavior that, at minimum, a consultation with a licensed mental health professional is warranted to determine the degree of service, if any, is needed.</td>
</tr>
</tbody>
</table>

| **2c) Severity of Suicidal Ideation:** “No” to all 5 items in the past month and during lifetime, and | 2c) **Parent notification** that a suicide screening was conducted; **explanation of results**; and recommendation for **consultation** by a licensed mental health professional. |
| **Severity of Suicidal Behavior:** “No” to all 4 behaviors in the past 3 months and during lifetime, and | When explaining the results of the screening to the parent share that their child *denied both current and past suicidal ideation, suicidal behaviors, and non-suicidal self-injury.* |
| **Non-Suicidal Self-Injury:** “No” in the past 3 months and lifetime                           | Explain to the parent that a recommendation for a consultation with a licensed mental health professional is warranted because the child underwent a suicide screening based on either: 1) something the child said or did (e.g., the child told you he was depressed), 2) concerns about the child expressed by others (e.g., the child’s friend shared with you how worried he/she is about the child), or 3) concerns about the validity of the C-SSRS results because the child may not be willing to share his/her feelings with you out of embarrassment or some other factor. |
**PLEASE CALL: (703) 771 – 0320 BEFORE SENDING THIS FORM AND THE STUDENT!!!!!**

**DATE:**

**STUDENT/PARENT CONTACT INFORMATION:**

<table>
<thead>
<tr>
<th>NAME:</th>
<th>EIGHTH GRADE CONSIDERATIONS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS:</td>
<td>□ Grade: __________</td>
</tr>
<tr>
<td></td>
<td>□ IEP</td>
</tr>
<tr>
<td></td>
<td>□ Disability Category</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PARENT(S)/GUARDIAN(S):</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME(S):</td>
</tr>
<tr>
<td>PHONE NUMBER(S):</td>
</tr>
</tbody>
</table>

**AWARE OF FEES FOR MHSADS SERVICES? □ YES □ NO**

**CONTACT INFORMATION:**

**REASON FOR REFERRAL** □ Emergency Suicide Assessment □ Threat Assessment Results □ Other:____________________________________

**OTHER AGENCIES INVOLVED:** □ DFS/CPS □ JDRDC □ Other Loudoun County MHSADS Program(s):________________________

**PRECIPITATING EVENTS/ADDITIONAL INFORMATION**
(Mood, affect, behavior, suicidal/homicidal behavior, results of any LCPS suicide/threat assessments, etc.)

**REFERRAL SOURCE/SCHOOL INFORMATION**

<table>
<thead>
<tr>
<th>SCHOOL:</th>
<th>LCPS PERSONNEL NAME/RELATIONSHIP TO STUDENT:</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHONE NUMBER:</td>
<td>FAX NUMBER:</td>
</tr>
</tbody>
</table>

Access to Emergency Mental Health, Substance Abuse and Developmental Services will never be denied due to an inability to pay. Services may be eligible for a fee reduction. For more information, please call 571-258-3124.
LOUDOUN COUNTY PUBLIC SCHOOLS
Department of Pupil Services

PARENT CONTACT BY SCHOOL PERSONNEL/
NOTIFICATION OF SUICIDAL THOUGHTS OR FEELINGS

Student’s Name: __________________________ Date of Contact: ____________
Parent’s/Guardian’s Name: __________________________ Time of Contact: ____________
School Team Member: __________________________ School: __________________________
(School Psychologist, Social Worker, School Counselor, Student Assistance Specialist)

When contacting the student’s parent or guardian:
• provide your name and position in the school
• assure the parent or guardian that the student is currently safe
• state that you have conducted a suicide screening on the student, the reason for doing so, and explain thoroughly the results of the C-SRSS
• recommend one of the following based on the screening results:
  ▪ suicide assessment by a licensed or certified mental health professional (Recommended Action 1 from the C-SSRS Decision Guidelines)
  ▪ consultation and/or counseling with a licensed mental health professional (Recommended Action 2a, 2b, or 2c from the C-SSRS Decision Guidelines)
• offer to facilitate the referral by contacting the student’s licensed mental health provider (mention the Release of Confidential Information form)
• If the child does not have a licensed mental health provider, offer names of community counseling resources (see Suicide Screening Procedures for details)
• if the parent requests an additional justification for the call, cite the legal requirement (22.1 – 272.1 of the Code of Virginia)
• determine the parent’s intent to seek appropriate services for the student depending on the screening results (see Suicide Screening Procedures if concerns arise during the conversation that the parent may not seek appropriate services)

Parent’s or Guardian’s Response: __________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Any Required Follow Up: __________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
LOUDOUN COUNTY PUBLIC SCHOOLS
Department of Pupil Services

PARENT ACKNOWLEDGMENT OF NEED FOR SUICIDE ASSESSMENT

This form is to be completed if the parent picks the student up from school.

I/We______________________________________, the parents of______________________________, have had a conference with school personnel (name) ________________________________________ on______________________________.

I/We have been notified that our child is experiencing suicidal thoughts and may be in danger of harming himself/herself. We have been advised that, at minimum, we should seek a suicide assessment by a licensed or certified mental health professional because the results of the suicide screening indicate that my/our child is having active suicidal thoughts with at least some intent to act on these thoughts within the last month, and/or has engaged in suicidal behavior within the last 3 months.

In signing this form, we acknowledge that we have been informed in writing that evidence-based mental health services for children with suicidal ideation involve the following: 1) active parental involvement in the child’s treatment at every session, 2) the development of a detailed safety plan (not a no-suicide contract) in collaboration with the child and the parent(s), 3) review of the safety plan at every session, 4) check-in with the parent by the mental health professional at every session about the child’s mood, stressors, and substance use, and 5) review with the parent(s) at every session the skills that are being developed in the child and ways that the parents can foster these skills.

I/We have been informed of an electronic brochure titled What Every Parent Should Know About Preventing Youth Suicide created by the Virginia Department of Health.


______________________________  ______________________________
(Parent or Legal Guardian)                                           (School Personnel Name and Title)

______________________________  ______________________________
(Parent or Legal Guardian)                                           (School Personnel Name and Title)
FOLLOW-UP MEETING

Student’s Name: ____________________________
Date of Meeting: __________________________
Parent(s) in Attendance: __________________________
School Personnel in Attendance: __________________________

Student’s status including any current mental health treatment or counseling: ________________

Offer the parent(s) the Release of Confidential Information form, if not already done (document parent’s response): __________________________

Recommendations by therapist: __________________________

Strategies for handling make-up work or academic accommodations: __________________________

Strategies for handling questions about the student’s absence: __________________________

Assistance for parents/guardians: __________________________

Referrals to community based teams or service providers: __________________________

Future meeting dates (if needed): __________________________
Action plans: __________________________
RELEASE OF CONFIDENTIAL INFORMATION

I, ____________________________, hereby give my consent for
Printed Name of Parent/Guardian

Loudoun County Public Schools

______ to consult with and/or release records regarding my child to:

______ to request and/or receive information regarding my child from:

<table>
<thead>
<tr>
<th>Agency Name</th>
<th>Telephone Number</th>
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<tr>
<th>Agency Address</th>
<th>Contact Person and Position</th>
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<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Additional Information</th>
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Child’s Name ____________________________

Date of Birth ____________________________

School of Attendance ____________________________

This information may be released/exchanged for the following purpose: ____________________________

__________________________
PARENT/GUARDIAN SIGNATURE

__________________________
DATE