Crisis Management Manual

Before a crisis. During a crisis. After a crisis.
CRISIS MANAGEMENT MANUAL

Before a crisis. During a crisis. After a crisis.
HOW TO USE THIS MANUAL:

This Crisis Management Manual provides guidelines on how to handle school crisis situations common to Chicago Public Schools. Remember, crises are unique to each school. While this manual serves as a guide for responding to crises, it may not adequately address the particular needs of your school. You are encouraged to adapt the sample documents and guides to best respond to your school and community. As always, the Crisis Management Unit is available to assist.

The Manual is divided into “Before a Crisis,” “During a Crisis,” and “After a Crisis.” Each of these sections is divided into subcategories, detailing activities which address specific crisis situations. Utilize the table of contents to find the page number of the information you are seeking.

The manual “legend” can be found on the next page. Please take note of the reoccurring symbols and their meanings.
LEGEND:

1. Each subcategory is introduced with a title page. The symbol below will preface a list of specific protocols, documents, and information that is available in that subcategory.

   \{What's Included?\}

2. Several of the documents in the manual are intended to be used as handouts for staff, parents, etc. The following symbol indicates the intended use. You are encouraged to make copies and distribute accordingly.

3. Certain documents were created specifically for the use of school clinicians (counselors, social workers, psychologists, and nurses). Documents with the push pin should only be used by clinicians.

4. Documents which are intended to be distributed to parents, guardians, or community members should be printed on school letterhead. The following symbol indicates the need to identify the school.

   ADD SCHOOL LETTERHEAD

5. If you come across a word or concept that you are unfamiliar with, check the glossary for further explanation. If you can’t find what you are looking for in the glossary, call the Crisis Management Unit directly.
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CRISIS MANAGEMENT OVERVIEW:

Mission Statement:
The Crisis Management Unit operates in a district-wide capacity to attend to the emotional and psychological well-being of the Chicago Public Schools (CPS) community by assisting schools to prevent, prepare for, respond to, and recover from school crises.

Crisis Management Services:
* Provide case consultation to staff via Crisis Hotline
* Deploy to schools experiencing district level crisis situations
* Coordinate and manage crisis interventions
* Assist schools with the development of comprehensive crisis plans
* Provide professional development and trainings for staff, parents, and community providers
* Provide referrals for community resources
* Assist as needed in other situations

Hotline:
* Crisis Coordinators can be reached at 773-553-1792
* The hotline is operated from 8:00 AM – 5:00 PM Monday-Friday
* After hours and on weekends, the Crisis Voicemail Box will prompt emergency callers to take steps to receive assistance.
* Non-emergency callers can leave a voicemail to request follow up during regular business hours.

When to call?

- Death of staff member or student
- Suicide ideation, attempt, or completion
- Homicide ideation, attempt, or completion
- Incidents where administrators or school clinicians determine the need for additional assistance.
- Abuse*

*Assigned school clinicians should use their discretion when reporting abuse to the Crisis Management Unit.*
IMPORTANT PHONE NUMBERS:

CPS Departments:

Communications .............................................................. 773-553-1620
Crisis Management Unit .................................................... 773-553-1792
Law Department .............................................................. 773-553-1700
Risk Management ............................................................ 773-553-3310
Safety & Security/Student Safety ........................................ 773-553-3335

External Resources:

American Red Cross .......................................................... 312-729-6100
CARES Hotline ................................................................. 800-345-0549
Children’s Memorial Hospital .............................................. 773-880-4800
DCFS Reporting ................................................................. 800-25-ABUSE
DCFS Case Tracking ............................................................. 773-371-6161
Hartgrove Hospital ............................................................... 800-478-4783
Lakeshore Hospital .............................................................. 800-888-0560
Riveredge Hospital .............................................................. 708-771-7000
Roseland Hospital ............................................................... 773-995-3000
St. Elizabeth’s Hospital ......................................................... 312-491-5015
St. Mary’s Hospital ............................................................. 708-410-0615

IN LIFE THREATENING EMERGENCIES ALWAYS CALL 911 FIRST!
BEFORE A CRISIS:

prevention & preparation

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PREVENTION & PREPARATION OVERVIEW:

The primary goal of prevention and preparation as they relate school crises is to form teams and create plans to address the unique needs of each school. Advanced planning and team building can mitigate the impact of crises on school functioning once a crisis has occurred. In addition to creating a school crisis team and a crisis plan, schools should be implementing preventive initiatives that decrease the likelihood of certain types of crises and diminish the intensity of many of the crises that do occur (Brock, 2002). Preventive actions include universal (Tier 1), targeted (Tier 2), and indicated (Tier 3) interventions in a multi-level based behavioral health model (Response to Intervention).

SCHOOL CRISSES OVERVIEW:

What is a School Crisis?

A school crisis is a traumatic incident that disrupts school functioning. Crises can be sudden, unexpected, or unanticipated. They can affect one individual or the entire school. Crises can occur before, during, or after school and on or off school grounds (Brock, 2002).

School crises affect all areas of school functioning including attendance, learning, and behavior. During a crisis, school resources can become overwhelmed and additional support in the form of "crisis intervention" might be required. Crisis intervention refers to a set of responses that schools can plan and implement to mitigate any disruption of school functioning caused by a crisis incident. These interventions are designed to address the emotional needs of the school community and facilitate a return to pre-crisis levels of functioning (Brock, 2002).

Examples:

* Student fatality or staff fatality
* Suicide ideation, attempt, or completion
* Homicide ideation, attempt, or completion
* Natural disaster
* Medical emergency
* Vehicular accident
* Abuse or neglect
* Non-fatal shooting
CRISIS PLANS:

The School Crisis Plan:

Crises can have a serious impact on school functioning, making advanced planning essential. Both research and experience have established that schools with well-developed, rehearsed crisis plans respond more effectively and recover more quickly from crisis incidents. Having a plan in place with simple, concrete steps to follow will facilitate a swift, coordinated response to a crisis incident. The crisis plan should include: a definition of “crisis” and a statement addressing the purpose of crisis interventions. Additionally, the plan should include structured meetings to assess the need for resources, a strategy for communicating details about the incident, and a method to target individuals most affected by the incident who need crisis intervention (U.S. Department of Education, 2003).

It is a best practice to review and revise the crisis plan at least once per year. Many of the documents in this manual can serve as the foundation for your School Crisis Plan. Remember that each school is unique and there is no one-size-fits-all plan (U.S. Department of Education, 2003). Carefully consider the needs of your school. An effective plan should incorporate the following components:

* Step-by-step guidelines to follow during a crisis
* Roles and responsibilities of the crisis team
* The needs of each school community
* Targeted individuals in need of psychological first aid and support during the crisis
* Follow up of individuals after the crisis

CRISIS TEAMS:

The School Crisis Team:

The Crisis Team consists of a group of individuals who will perform specific roles and responsibilities during the crisis response. Some of the responsibilities of the Crisis Team include: debriefing, assessing the nature of the crisis, informing the school community about the crisis incident, identifying the counseling needs of students and staff, assigning follow-up on high-risk students,
coordinating support of outside agencies and CPS Departments, and reestablishing school stability to the pre-crisis level.

**School Team vs. District Team**

The School Crisis Team consists of individuals employed at a particular school. Typically, the School Team will handle all building level crises (for more on levels of response see page 13. The Crisis Management Unit is always available to assist via the Crisis Hotline. Additionally, Crisis Coordinators are available to be deployed to specific crisis situations in the event that the crisis overwhelms the School Team’s resources. If a Crisis Coordinator is deployed to your school he/she will work with the School Team to provide a response that best meets the needs of your school.

**Who should serve on the School Crisis Team?**

Below is a list of individuals who typically comprise the School Team. The following page lists their responsibilities in more detail.

* School Administrator (Principal, Assistant Principal, designee)
* School Based Crisis Team Leader
* School Clinician(s) (e.g., counselor, social worker, psychologist)
* School Nurse
* Security Officer(s)
* Teacher Representative
* Engineer
* Cafeteria Personnel
* Front Office Professional
* Others
## School-Based Crisis Team Roles & Responsibilities:

Fill in the chart below with the updated names and phone numbers of staff assigned to the positions. Determine how information will be disseminated to School Crisis Team members (phone or email).

<table>
<thead>
<tr>
<th>Role, Name &amp; Phone Number</th>
<th>Responsibilities</th>
</tr>
</thead>
</table>
| **Incident Commander (School Administrator or Designee)** | • Activate the crisis response plan and team.  
• Verify facts  
• Inform Crisis Management (773-553-1792) and request deployment, if needed.  
• Contact other CPS Department, as needed.  
• Serve as spokesperson for the school. If the media is involved, coordinate response with Communications.  
• Contact the Chicago Police Department for additional support, if needed. |
| Name: ______________________ | Phone: _____________________ |

| **School-Based Crisis Team Leader** | • Preside over all planning and debriefing meetings.  
• Coordinate all crisis team responders.  
• Coordinate communication among crisis responders.  
• Facilitate gathering material resources.  
• Contact community agencies for additional support/counseling. |
| Name: ______________________ | Phone: _____________________ |

| **Crisis Counseling** | • Prioritize crisis incidents over everyday responsibilities.  
• Assist with crisis response until closing meeting.  
• Attend all planning and debriefing meetings.  
• Identify high-risk individuals.  
• Provide group and individual services in designated locations.  
• Maintain a sign-in sheet to account for all students and staff seen during a crisis response.  
• Make parent contact, as necessary.  
• Provide referrals to both students and parents.  
• Address follow-up issues with high-risk students, teachers, and parents.  
• Follow up with students, staff and parents during the days after the crisis incident occurred.  
• Plan for immediate and long term recovery activities. |
| Counselor:______________ | Phone: _____________________ |

Social Worker: ______________
Phone: _____________________

Psychologist: ______________
Phone: _____________________

Nurse: ______________
Phone: _____________________

| **First Aid** | • Assess medical emergencies.  
• Inform Nurse Manager and administrators of medical emergencies.  
• Provide acute and emergency care in the school setting.  
• Maintain contact with area hospitals, as appropriate.  
• Address medical facts and concerns with the school community. |
| Nurse: ______________
Phone: _____________________ |

| **School Security** | • Escort students to overflow rooms, if needed.  
• Evaluate overall school climate and need for additional resources.  
• Identify witnesses for police interviews.  
• Secure campus and crime scene, if needed.  
• Provide additional support during transitional times. |
| Security Officer: ______________
Phone: _____________________ |
DURING A CRISIS: response

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* Risk Factors & Warning Signs...................... 14
* Crisis Interventions................................. 16
RESPONSE OVERVIEW:

Why do we respond?

The primary goal of any school crisis intervention is to help restore the school to pre-crisis levels of functioning. Additionally, providing intervention ensures that traumatic events are not ignored, decreases the spread of rumors and speculation, and provides assistance to students, staff, and community members (Brock, 2002).

A secondary objective of the response is to prevent psychological trauma by providing interventions to the people and community affected by a crisis. There is no simple cause-and-effect relationship between the crisis and subsequent traumatization (Brock, 2002).

LEVELS OF RESPONSE:

Do all crises require the same level of response?

No, each crisis is different. The scope and level (magnitude) of the crisis response is determined by the unique characteristics of the crisis incident and the school community. It is important to note that different schools might react differently to a crisis event and require a different “level” of crisis response to the same type of incident (Brock, 2002). The three levels of crisis response are listed and defined below:

⇒ SCHOOL LEVEL RESPONSE:
   The crisis incident can be managed by in-school resources.

⇒ DISTRICT LEVEL RESPONSE
   The traumatic event overwhelms the in-school resources and further support is requested from the Crisis Management Unit.

⇒ STATE/NATIONAL LEVEL RESPONSE:
   The severity of crisis overwhelms not only the in-school resources but also the district-level support. After reporting to the Crisis Management Unit and consulting with CPS authorities; state, and/or national resources are requested.
The response level has been determined, what’s next?

Once the level of crisis response has been determined, decisions regarding who needs crisis interventions need to be made. Deciding who needs interventions requires careful consideration. In a process known as psychological triage trained mental health professionals evaluate and sort victims by immediacy of treatment needed and direct them to immediate or delayed treatment. The examination of risk factors and warning signs assists us in determining who will need crisis intervention. Initial decisions tend to rely on assessment of who is at risk (Brock, 2009).

**RISK FACTORS AND WARNING SIGNS:**

What are we looking for?

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Crisis Exposure</strong></td>
<td><strong>Vulnerability Factors</strong></td>
</tr>
<tr>
<td>* Physical Proximity</td>
<td>* Internal Vulnerability Factors</td>
</tr>
<tr>
<td>* Physical injury</td>
<td>* Pre-existing mental illness</td>
</tr>
<tr>
<td>* Threatened injury</td>
<td>* Poor emotional regulation</td>
</tr>
<tr>
<td>* Witness</td>
<td>* Avoidance coping style</td>
</tr>
<tr>
<td>* In vicinity</td>
<td>* Previous trauma</td>
</tr>
<tr>
<td><strong>Emotional Proximity</strong></td>
<td>* Low developmental level</td>
</tr>
<tr>
<td>* Parent/sibling</td>
<td><strong>External Vulnerability Factors</strong></td>
</tr>
<tr>
<td>* Other family member</td>
<td>* Lack of family support</td>
</tr>
<tr>
<td>* Best or only friend</td>
<td>* Lack of social support</td>
</tr>
</tbody>
</table>
### Warning Signs - Common Initial Reactions

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<th>Emotional</th>
<th>Cognitive</th>
<th>Interpersonal/Behavioral</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Shock</td>
<td>* Depression</td>
<td>* Alienation</td>
</tr>
<tr>
<td>* Anger</td>
<td>* Grief</td>
<td>* Avoidance of reminders</td>
</tr>
<tr>
<td>* Despair</td>
<td>* Irritability</td>
<td>* Crying easily</td>
</tr>
<tr>
<td>* Emotional numbing</td>
<td>* Hyper-sensitivity</td>
<td>* Tantrums</td>
</tr>
<tr>
<td>* Terror/Fear</td>
<td>* Helplessness</td>
<td>* Regression</td>
</tr>
<tr>
<td>* Guilt</td>
<td>* Hopelessness</td>
<td>* Risk taking</td>
</tr>
<tr>
<td>* Phobias</td>
<td>* Loss of pleasure</td>
<td>* Aggression</td>
</tr>
<tr>
<td></td>
<td>* Dissociation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>* Depression concentration</td>
<td></td>
</tr>
<tr>
<td></td>
<td>* Impaired decision-making ability</td>
<td></td>
</tr>
<tr>
<td></td>
<td>* Memory Impairment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>* Disbelief</td>
<td></td>
</tr>
<tr>
<td></td>
<td>* Confusion</td>
<td></td>
</tr>
<tr>
<td></td>
<td>* Distortion</td>
<td></td>
</tr>
<tr>
<td></td>
<td>* Decreased self-esteem</td>
<td></td>
</tr>
<tr>
<td></td>
<td>* Decreased self-efficacy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>* Self-blame</td>
<td></td>
</tr>
<tr>
<td></td>
<td>* Intrusive thoughts</td>
<td></td>
</tr>
<tr>
<td></td>
<td>* Worry</td>
<td></td>
</tr>
<tr>
<td></td>
<td>* Nightmares</td>
<td></td>
</tr>
</tbody>
</table>

#### Physical

| * Fatigue                                      | * Impaired immune response                     | * Avoidance of reminders |
| * Insomnia                                     | * Headaches                                    | * Crying easily          |
| * Sleep disturbance                            | * Gastro-intestinal problems                   | * Tantrums               |
| * Hyper-arousal                                | * Decreased appetite                           | * Regression             |
| * Somatic complaints                           | * Decreased libido                              | * Risk taking            |
| * Startle response                             |                                                | * Aggression             |

#### Emotional

| * Shock                                        | * Anger                                        | * Despair                                      |
| * Anger                                        | * Despair                                      | * Emotional numbing                            |
| * Terror/Fear                                   | * Guilt                                        | * Terror/Fear                                   |
| * Guilt                                        | * Phobias                                      | * Emotional numbing                            |
|                                                |                                                | * Terror/Fear                                   |

#### Cognitive

| * Impaired concentration                       | * Impaired decision-making ability             | * Avoidance of reminders                        |
| * Memory Impairment                            | * Disbelief                                    | * Crying easily                                 |
| * Confusion                                    | * Distortion                                   | * Tantrums                                      |
|                                                |                                                | * Regression                                    |
|                                                |                                                | * Risk taking                                   |
|                                                |                                                | * Aggression                                    |

#### Exception: Students with preexisting psychopathology.

1. Not all individuals will be equally affected by a crisis.
2. Recovery from crisis exposure is the norm.
3. There is a need to identify those who will recover relatively independently (Brock, 2009).
CRISIS INTERVENTIONS:

Interventions Based on Level of Psychological Trauma

<table>
<thead>
<tr>
<th>Low</th>
<th>Moderate risk</th>
<th>High Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Reestablish social support</td>
<td>1. Reestablish social support</td>
<td>1. Reestablish social support</td>
</tr>
<tr>
<td>2. Psycho-educational groups</td>
<td>2. Psycho-educational groups</td>
<td>2. Psycho-education groups</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. Long-term therapy</td>
</tr>
</tbody>
</table>

Examples:

**Psycho-Education Groups:**
* Provide students with knowledge that assists them in understanding, preparing for, and responding to the crisis and common reactions it generates.
* Hold classroom discussions and answer questions.
* Model an appropriate response.
* Dispel rumors.
* Give permission for a range of emotions (silence, tears, negative feelings, etc).
* Allow time to write cards, draw pictures, etc.
* Discuss funeral procedures including customs and etiquette.
* Set aside curriculum as needed.

Small groups or classroom based groups will help facilitators (teacher or other staff member leading group discussion) determine who needs more intensive individual or small group interventions. Students identified as needing additional support should be sent to the overflow room.

**Small Group/Individual Crisis Interventions:**
* Talking in small groups or individually with trained mental health clinicians.
* Writing letters to the family.
* Drawing artwork for the family.
* Writing letters to local, state and federal politicians if appropriate.
How do I talk to students during crises?

It can be challenging to find the right words during a crisis event. Below are some tips on how to engage students in conversation about the crises:

Ask questions which probe, for example:
* How did you find out about the incident?
* Where were you when you found out? Who were you with?
* What facts do you know?
* How do you know the victim/deceased/etc.? What was he/she like?

If possible, resist the urge to immediately ask students how they are feeling about the incident. This question can come across as complex and overwhelming. Instead ask questions, like those above, that have concrete answers. These questions will naturally lead to discussions of feelings and reactions.

What is YOUR role as an adult at the school during a crisis?

* Stay calm.
* Take all threats and/or situations seriously.
* PLAN for crises in ADVANCE.
* Follow through with your role responsibilities.
* Communicate with other members of the crisis team.
* Maintain constant supervision of threatening situations.
* Ask for help at any time if you feel overwhelmed or helpless.
Response:
STUDENT or STAFF FATALITY

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## SCHOOL CRISIS RESPONSE ACTION PLAN & CHECKLIST

The school crisis response for a student/staff death has been structured into three meetings. These meetings will allow the school crisis team to engage in various levels of triage, ultimately resulting in the identification of students and staff members who need crisis intervention and support.

### FIRST MEETING

<table>
<thead>
<tr>
<th>TIMING</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>* Before the school day begins.</td>
<td>* If the crisis happens during the school day, the meeting should occur as soon as possible.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Start:** ________________

**Finish:** ________________

<table>
<thead>
<tr>
<th>PARTICIPANTS</th>
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<tbody>
<tr>
<td>* All crisis team members (including external and internal partners)</td>
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<tr>
<td>□ School Administrator</td>
<td>□ School Counselor</td>
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<tr>
<td>□ School Social Worker</td>
<td>□ CPS Safety &amp; Security Officer</td>
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<tr>
<td>□ School Psychologist</td>
<td>□ CPS Crisis Coordinator</td>
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<tr>
<td>□ School Nurse</td>
<td>□ Other</td>
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<th>ACTION STEPS</th>
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<tr>
<td>1. Determine when and how information will be disseminated to staff, students, and parents/guardians.</td>
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**Communication Plan:**

- Script: _____________________________________________

- Parents: ___________________________________________

- Students: __________________________________________

- Teachers: __________________________________________

2. Develop a list of at-risk students/staff based on the descriptors listed below:

- **Students/staff who witnessed the crisis incident.**
- **Siblings, cousins, close friends, girlfriends/boyfriends, ex-girlfriends/boyfriends, teammates, coaches, homeroom/division teachers, etc.**
- **Students/staff who recently experienced a loss/shooting/any other experience that might be triggered by this incident.**

**Targeted classrooms/individuals:** ________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

3. Determine which staff member(s) will be responsible for following up with the above mentioned students/staff. *It may be necessary to speak with at-risk students prior to the script being read.*

**Staff member(s) name:** __________________________________________

4. Determine which staff member(s) will follow the student/teacher schedule to provide extra support.

**Staff member(s) name:** __________________________________________

5. Identify an overflow room. Tissues, water, paper, pens, and markers should be made available. Use the student sign in sheet found on page---- to track which students have been seen. *Trained clinicians should be assigned to cover the room at all times.*
<table>
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<th><strong>Overflow room coverage:</strong></th>
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<td><strong>Overflow Room(s) Number:</strong></td>
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### SECOND MEETING

**TIMING**
- *Midway through the crisis response.*
  - **Start:**
  - **Finish:**

**PARTICIPANTS**
- **All crisis team members (including external and internal partners)**
  - School Administrator
  - School Social Worker
  - School Psychologist
  - School Nurse
  - Counselor
  - CPS Safety & Security Officer
  - CPS Crisis Coordinator
  - Other

**ACTION STEPS**
1. Develop a list of students/staff that have not yet been seen, but were referred since the first meeting.

   ____________________________________________________________________________

   ____________________________________________________________________________

2. Develop a list of additional groups that need debriefing (clubs, sport teams, etc):

   ____________________________________________________________________________

3. Determine which staff members will be responsible for following up with individuals or groups identified in steps one and two. **Follow-up coverage:**

4. Review materials that will be sent out to parents/guardians. If significant changes are made to the sample letters, changes must be approved by the Communications Department.
   - Letters
   - Handouts

5. Plan for dismissal. Discuss media or security concerns, if applicable. Contact Communications and/or School Safety and Security, if needed.

### THIRD MEETING

**TIMING**
- *At the end of the school day or the end of the day’s crisis response.*
  - **Start:**
  - **Finish:**

**PARTICIPANTS**
- **All crisis team members (including external and internal partners)**
  - School Administrator
  - School Social Worker
  - School Psychologist
  - School Nurse
  - Counselor
  - CPS Safety & Security Officer
  - CPS Crisis Coordinator
  - Other

**ACTION STEPS**
1. List of students and staff who need additional follow up services:

   ____________________________________________________________________________

   **Follow up services provided by:**

2. Identify community agencies which can provide outside services:

   ____________________________________________________________________________
3. Discuss and plan for level of coverage needed for the following day(s):

4. Discuss the school’s plan for handling or participating in funeral/memorial

5. Discuss and plan for long term coverage. Long term considerations include anniversaries, graduation, etc.

6. Evaluate the effectiveness of the crisis response.

**TIP: YOUR SCHOOL CRISIS TEAM KNOWS YOUR SCHOOL BEST. TAKE TIME TO ANTICIPATE CONCERNS OR NEEDS NOT REFLECTED IN THE ABOVE STEPS.**
COMMUNICATING AFTER A FATALITY:

The importance of communicating:
It is crucial to communicate accurate information to students, staff, and the community in an efficient and effective manner. Providing accurate information up front helps to avoid speculation and the spread of rumors. Additionally, it is important to make the school community aware of what supports have been made available.

Letter to parents/guardians:
A letter should be sent home to guardians informing them of the incident and details about how the school responded. If significant changes are made to the letters provided in the manual, they should be approved by CPS Department of Communications prior to being sent out (773-553-1620).

* Student Fatality: English
* Student Fatality: Spanish
* Staff Fatality: English
* Staff Fatality: Spanish
* Suicide Completion

Script:
A script is used to inform students of the incident and available support. Scripts should be read by classroom teachers during a designated time of the day. Scripts allow for the same information to be shared with multiple classrooms simultaneously. It is highly advised that schools do not utilize the loud speaker or auditorium setting to share information. Sharing the information in contained settings, such as classrooms, allows for a smoother transition into providing appropriate support.

* Fatality: Elementary School
* Fatality: High School

Sign-in Sheets:
Sign-in sheets are an important component of the communication plan because they allow schools to track which students were seen and which staff members participated in the meetings.

* Staff sign-in
* Student sign-in
Sample Letter: Student Fatality

Dear Parents / Guardians and Community Members:

It is with deep sadness that we inform you about a recent loss to our school community. On (insert date), (insert name) passed away due to (insert cause of death) that occurred on (insert address if known) at (insert time if known). NOTE: Only include details to the extent that it is necessary to decrease speculation and share accurate information. Our thoughts are with (his/her) family during this difficult time. This loss is sure to raise many emotions, concerns, and questions for the entire school, especially our students.

The Chicago Public Schools’ Crisis Management Unit was at the school today to provide grief counseling and support to students and staff members. These individuals will be in the building over the next several days to assist our school community. Our own counselors, social workers, and psychologists will work closely with this team and then continue to be available for students who need ongoing services. Also, we have enclosed some information on what parents and caregivers can do to help their student.

(Only include the following paragraph if applicable). Additionally, (insert school name) is working closely with the Chicago Public Schools’ Office of Safety & Security as well as the Chicago Police Department to provide additional security presence in the school and out of the school during key transition times such as dismissal.

Information about the funeral service will be made available as soon as we have it. If your child wishes to attend, we strongly encourage you to accompany him or her to the service. If the funeral is scheduled during school hours, students who wish to attend will need parental permission to be released from school.

We are saddened by this loss and will do everything we can to help you and your student.

Sincerely,

Principal
Fecha

Estimados Padres/ Guardianes/ Miembros de la Comunidad:

Con profunda tristeza les informamos acerca del fallecimiento de un alumno/a de la escuela. El (insert date), el alumno/a (insert name) falleció debido a (insert cause of death) ocurrida a las (insert time of death, if available).  

Nuestros pensamientos están con su familia en este difícil momento. Seguramente, ésta pérdida traerá aparejadas emociones, preocupaciones, y preguntas en la comunidad escolar, especialmente en nuestros estudiantes.

Las Escuelas Públicas de Chicago (CPS) tienen un Equipo de Intervención en Crisis compuesto por profesionales entrenados para ayudar a estudiantes, familiares, y personal de la escuela en momentos como este. El Equipo de Intervención en Crisis estará en la escuela en los próximos días para asistir a la comunidad escolar. Así mismo, los Consejeros, Trabajadores Sociales y Psicólogos Escolares de la escuela trabajarán conjuntamente con este equipo y continuarán estando disponibles para los alumnos/as que necesiten servicios por tiempo prolongado. Adjunta, se encuentra información acerca de cómo padres y maestros pueden ayudar a los estudiantes en esta crisis.

(Only include the following paragraph if applicable). Adicionalmente, la escuela estará trabajando cercanamente con la Oficina de Seguridad Escolar de las Escuelas Públicas de Chicago, así como con el Departamento de Policía de la Ciudad de Chicago para proveer de seguridad adicional en la escuela así como en los alrededores de la misma, especialmente durante la salida.

La información sobre el servicio fúnebre se pondrá a su disposición tan pronto como esté disponible. Si su hijo/a desea asistir al mismo, le recomendamos los acompañe. Si el funeral ocurriese durante el horario escolar, los estudiantes que deseen asistir al mismo necesitarán de su permiso para salir de la escuela. Estamos sumamente entristecidos por esta pérdida y haremos todo lo posible para ayudarlos a Uds. y a la comunidad escolar.

Atentamente,

Firma del Director de la Escuela
Date

Dear Parents / Guardians and Community Members:

It is with deep sadness that we inform you about a recent loss to our school community. On (insert date), (insert name,) a valued member of our staff, passed away due to (insert cause of death) that occurred on (insert address if known) at (insert time if known). NOTE: Only include details to the extent that it is necessary to decrease speculation and share accurate information. Our thoughts are with (his/her) family during this difficult time. This loss is sure to raise many emotions, concerns, and questions for the entire school, especially our students.

The Chicago Public Schools’ Crisis Management Unit was at the school today to provide grief counseling and support to students and staff members. These individuals will be in the building over the next several days to assist our school community. Our own counselors, social workers, and psychologists will work closely with this team and then continue to be available for students who need ongoing services.

Information about the funeral service will be made available as soon as we have it. If your child wishes to attend, we strongly encourage you to accompany him or her to the service. If the funeral is scheduled during school hours, students who wish to attend will need parental permission to be released from school.

We are saddened by this loss and will do everything we can to help you and your student.

Sincerely,

Principal
Fecha

Estimados Padres, Guardianes, y Miembros de la Comunidad:

Con tristeza profunda les informamos acerca de una reciente pérdida para nuestra comunidad escolar. En el día (insert date) un valorado miembro de nuestro personal, falleció debido a (insert cause of death, if available). NOTE: Only include details to the extent that it is necessary to decrease speculation and share accurate information. Nuestros pensamientos están con su familia en este difícil momento. Seguramente, esta pérdida traerá aparejadas muchas dudas, preocupaciones, y preguntas en toda la comunidad escolar, y especialmente en nuestros estudiantes.

Las Escuelas Públicas de Chicago (CPS) tienen un equipo de la Intervención en Crisis compuesto de profesionales entrenados para ayudar a estudiantes, padres, y personal de la escuela en momentos tan difíciles como estos. El Equipo de Intervención en Crisis estará en el edificio durante los próximos días para asistir a nuestra comunidad escolar.

Así mismo, nuestros Consejeros, Asistentes sociales, y Psicólogos trabajarán de cerca con este equipo y continuarán ayudando a estudiantes durante el tiempo que lo necesiten.

Esta pérdida nos entristece y haremos todo posible para ayudarlos a Ustedes y a sus hijos.

En este momento, no tenemos información acerca de cuándo serán el velatorio o el entierro. Sin embargo, una vez recibida la información acerca de la fecha, hora y lugar del entierro, la misma se encontrará a su disposición en la oficina principal.

Atentamente,

Firma del Director de la Escuela
SAMPLE SCRIPT:

Student/Staff Fatality: HIGH SCHOOL POPULATION

A NOTE TO TEACHERS:
You are being asked to read this script to the students in your classroom at/during ________ (insert time or period). The “script” system is used in place of a loudspeaker or auditorium announcement in order to best manage and control reactions. It is important that the information be shared in contained settings and that it comes from a familiar source. You know your students best, and you are capable of determining if their response or reaction will require additional assistance. You are not expected to provide this assistance. It is not necessary to read the below script word for word, you can share the information in a manner that seems natural to you. However, the script is available for you in the event that you are having difficulty coming up with the appropriate language. Either way, keep the information you initially provide brief and simple, sharing all important facts to avoid speculation. Keep in mind the cognitive or emotional level of the students in your classroom and make adjustments as necessary. You are also not expected to be unaffected by the current crisis. If you do not feel comfortable addressing your students, please contact the main office so that alternate arrangements can be made. Thank you.

SCRIPT:

It is with much sadness that I inform you that your classmate and/or a valued staff member at our school (insert name) passed away due to (insert cause of death) on (insert day/date). Our thoughts are with (his/her) family during this difficult time. This loss is sure to raise many emotions, concerns, and questions for the entire school. In order to help us cope with this tragic news, social workers, psychologists, counselors, as well as members from the CPS Crisis Team are available to talk with students and staff members. They are located in Room #_____ and you are encouraged to seek them out as needed.

SECURITY CONCERNS WHEN PERTINENT:

To ensure your safety throughout the school day and during dismissal the CPS Department of Safety & Security has assigned additional security guards to the school. The Chicago Police Department has also dedicated additional patrol officers to assist the surrounding community in an effort to maintain safety and security.
A NOTE TO TEACHERS:
You are being asked to read this script to the students in your classroom at/during _______ (insert time or period). The “script” system is used in place of a loudspeaker or auditorium announcement in order to best manage and control reactions. It is important that the information be shared in contained settings and that it comes from a familiar source. You know your students best, and you are capable of determining if their response or reaction will require additional assistance. You are not expected to provide this assistance. It is not necessary to read the below script word for word, you can share the information in a manner that seems natural to you. However, the script is available for you in the event that you are having difficulty coming up with the appropriate language. Either way, keep the information you initially provide brief and simple, sharing all important facts to avoid speculation. Keep in mind the cognitive or emotional level of the students in your classroom and make adjustments as necessary. You are also not expected to be unaffected by the current crisis. If you do not feel comfortable addressing your students, please contact the main office so that alternate arrangements can be made. Thank you.

SCRIPT:

It is with much sadness that I tell you that your classmate (insert name) died due to (insert cause of death) on (insert day/date). Our thoughts are with (his/her) family during this difficult time. Each of might react differently to this news. There are adults in the building today that are available to talk to you about any feelings you might be having. They are located in Room #____. Please tell me if you would like to talk with somebody today.

SECURITY CONCERNS WHEN PERTINENT:

To ensure your safety throughout the school day and during dismissal the CPS Department of Safety & Security has assigned additional security guards to the school. The Chicago Police Department has also dedicated additional patrol officers to assist the surrounding community in an effort to maintain safety and security.
### Crisis Management Staff Sign-In-Sheet

School: ___________________________  Date: _______  Sign-In Page #: ________

<table>
<thead>
<tr>
<th>STAFF NAME</th>
<th>SIGNATURE</th>
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# Crisis Management Student Sign-In-Sheet

School: ____________________________ Date: ________ Sign-In Page #: ________

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<tr>
<th>STUDENT NAME</th>
<th>SIGNATURE</th>
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# Crisis Management Student Sign-In-Sheet

School: ___________________________  Date: _______  Sign-In Page #: _______

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Death and Grief: Supporting Children & Youth

Tips for Teachers and Parents


Death and loss within a school community can affect anyone, particularly children and adolescents. Reactions will vary depending on the circumstances of the death and how well known the deceased is both to individual students and to the school community at-large. Students who have lost a family member or someone close to them will need particular attention. It is important for adults to understand the reactions they may observe and to be able to identify children or adolescents who require support. Grief reactions among children and adolescents are influenced by their developmental level, personal characteristics, mental health, family and cultural influences, and previous exposure to crisis, death, and loss.

<table>
<thead>
<tr>
<th>Preschool Level</th>
<th>Elementary Level</th>
<th>Middle and HS level</th>
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<tbody>
<tr>
<td>* Decreased verbalization</td>
<td>* Difficulty concentrating or inattention</td>
<td>* Flashbacks</td>
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<tr>
<td>* Increased anxiety (e.g., clingingness, fear of separation)</td>
<td>* Somatic complaints (e.g., headaches, stomach problems)</td>
<td>* Emotional numbing or depression</td>
</tr>
<tr>
<td>* Regressive behaviors (e.g., bedwetting, thumb sucking)</td>
<td>* Sleep disturbances (e.g., nightmares, fear of the dark)</td>
<td>* Nightmares</td>
</tr>
<tr>
<td></td>
<td>* Repeated telling and acting out of the event</td>
<td>* Avoidance or withdrawal</td>
</tr>
<tr>
<td></td>
<td>* Increased irritability, disruptive behavior, or aggressive behavior</td>
<td>* Peer relationship problems</td>
</tr>
<tr>
<td></td>
<td>* Increased anxiety (e.g., clinging, whining)</td>
<td>* Substance abuse or other high-risk behavior</td>
</tr>
<tr>
<td></td>
<td>* Depression, guilt, or anger</td>
<td></td>
</tr>
</tbody>
</table>

Please, refer to a school clinician or outside counseling if you observed the following:

* Severe loss of interest in daily activities (e.g., extracurricular activities and friends)
* Disruption in ability to eat or sleep
* School refusal
* Fear of being alone
* Wish to join the deceased
* Severe drop in school achievement
* Suicidal references or behavior
SUPPORTING GRIEVING CHILDREN AND YOUTH

How adults in a family or school community grieve following a loss will influence how children and youth grieve. When adults are able to talk about the loss, express their feelings, and provide support for children and youth in the aftermath of a loss, they are better able to develop healthy coping strategies.

Adults are encouraged to:
* Talk about the loss. This gives children permission to talk about it, too.
* Ask questions to determine how children understand the loss, and gauge their physical and emotional reactions.
* Listen patiently. Remember that each person is unique and will grieve in his or her own way.
* Be prepared to discuss the loss repeatedly. Children should be encouraged to talk about, act out, or express through writing or art the details of the loss as well as their feelings about it, about the deceased person, and about other changes that have occurred in their lives as a result of the loss.
* Give children important facts about the event at an appropriate developmental level. This may include helping children accurately understand what death is. For younger children, this explanation might include helping them to understand that the person’s body has stopped working and will never again work.
* Help children understand the death and intervene to correct false perceptions about the cause of the event, ensuring that they do not blame themselves or others for the situation.
* Provide a model of healthy mourning by being open about your own feelings of sadness and grief.
* Create structure and routine for children so they experience predictability and stability.
* Take care of yourself so you can assist the children and adolescents in your care. Prolonged, intense grieving or unhealthy grief reactions (such as substance abuse) will inhibit your ability to provide adequate support.
* Acknowledge that it will take time to mourn and that bereavement is a process that occurs over months and years. Be aware that normal grief reactions often last longer than six months, depending on the type of loss and proximity to the child.
* Take advantage of school and community resources such as counseling, especially if children and youth do not seem to be coping well with grief and loss.


Los Traumas y los Niños
(Trauma and Children)

Los traumas típicamente ocurren de repente, muchas veces dejando a los niños con poco o ningún tiempo para prepararse física o emocionalmente. Durante un trauma, los niños experimentan un gran temor, horror o desamparo. Luego del trauma, los niños requieren apoyo adicional y necesitan aprender nuevas estrategias para enfrentarse a los problemas. Ayudar a los niños a recuperarse de un trauma es un asunto familiar. Es importante mantener una discusión abierta del trauma y reconocer los sentimientos de todos los miembros de la familia. Busque y utilice sistemas de apoyo fuera de la familia. Siempre mantenga una imagen positiva de la capacidad de sus hijos para sanar y sobrevivir.

Las reacciones de los niños dependerán de la severidad del trauma, su personalidad, su estilo característico de enfrentar los problemas y la posibilidad de obtener apoyo. Luego del trauma, es común en los niños demostrar algunas de las siguientes reacciones:

- Regresión emocional
- Temores, preocupaciones o pesadillas
- Trastornos del sueño o dificultades para comer
- Irritabilidad, enojo, tristeza o culpa
- Dolores de cabeza, de estómago, otros síntomas físicos
- Pérdida de interés en la escuela
- Problemas concentración.

¿Qué puedo hacer como padre luego de un trauma?

- **Establecer una sensación de seguridad.** Es esencial que los niños se sientan protegidos y seguros luego del trauma. Dedique tiempo adicional para comunicarles a los niños que alguien los cuidará y protegerá.
- **Escuche activamente a sus hijos.** Con frecuencia no es tan importante lo que usted dice, sino que escuche con empatía y paciencia. En algunas instancias, sus hijos pueden mostrarse reacios a iniciar conversaciones sobre el trauma. En tal caso, puede resultar útil preguntarles qué piensan ellos de lo que otros niños sintieron o pensaron acerca del suceso. También puede ser más fácil para los niños decir qué sucedió (ej., qué vieron, escucharon, olieron, físicamente sintieron) antes de que puedan discutir sus sentimientos sobre el trauma. En otras ocasiones, los niños querrán contarle a sus padres la historia del trauma una y otra vez. Repetirla es parte del proceso de curación. Los niños necesitan contar su historia y hacer que sus padres escuchen una y otra vez, y hasta el último detalle.
- **Ayude a sus hijos a expresar todas sus emociones.** Es importante hablarles a los niños acerca de la tragedia - para que entiendan lo súbito e irracional del desastre. Deben alentar el recuento y los juegos acerca del trauma. Es útil asegurarse de que los niños dispongan de tiempo para pintar, dibujar o escribir acerca del suceso. Provea juguetes que ayuden a los niños a entender el trauma.
- **Dele valor a los sentimientos de sus hijos.** Ayude a sus hijos a comprender que después del trauma todo sentimiento es aceptable. Los niños probablemente experimentarán una
grande variedad de sentimientos que pueden incluir vergüenza, ira, enojo, tristeza, culpabilidad, dolor, aislamiento, abandono y temor. Ayude a que sus hijos comprendan que lo que están experimentando es normal y esperado.

- **Permitale a sus hijos la oportunidad de una regresión cuando sea necesario.** Esto es importante para que ellos puedan "reagruparse emocionalmente". Por ejemplo, sus hijos pueden pedir que los dejen dormir en la cama con usted con la luz encendida, o que usted los lleve a la escuela. Las destrezas desarrolladas anteriormente parecen desaparecer o deteriorarse. Puede suceder que se orinen en la cama o se chupen el dedo. Puede surgir agresión o enojo en un niño considerado previamente como un niño que no es agresivo. Sea paciente y tolerante y nunca lo ridiculice. Recuerde que la mayoría de las regresiones después de un trauma son temporales.

- **Ayude a sus hijos a aclarar conceptos erróneos.** Ayude a corregir los conceptos erróneos acerca de la causa o naturaleza del trauma, especialmente aquéllos relacionados con sentimientos inapropiados de culpa, vergüenza, desconcierto o miedo.

- **Edúquese acerca de los traumas y las crisis.** Mientras más conocimiento tenga sobre los traumas, sentirá que tiene más poder. Si necesita ayuda para lograr esto, considere concertar una reunión con el psicólogo o el profesional de salud mental de la escuela.

- **Ayude a prevenir y preparar.** Si sus hijos tienen que asistir a un funeral, explíquelas cuidadosamente paso a paso qué sucederá. Permita que sus hijos hagan todo tipo de preguntas.

- **Provea apoyo para usted y su familia cuando sea necesario.** Consulte con su clérigo, rabino, médico o amigos cada vez que sea necesario. Usted puede necesitar apoyo adicional, ya sea emocional, religioso, médico y/o psicológico. Si es posible, tómese un tiempo apropiado para actividades recreacionales o de placer con sus hijos, para establecer un sentimiento de normalidad y continuidad.

- **Comuníquese con la escuela y su personal acerca de lo ocurrido.** La mayoría de los maestros serán comprensivos y estarán dispuestos a ayudar si saben que un niño ha tenido una experiencia traumática. Los maestros pueden proveer apoyo adicional, tanto desde el punto de vista educacional como emocional. Ellos pueden también ofrecer información a médicos y terapistas, o alertarlo a usted sobre conductas problemáticas que observen.

- **Afinre que sus hijos son capaces de hacer frente y sanar después de un trauma.** Recuerde que los mensajes que usted le da a sus hijos tienen un gran poder.

- **Busque ayuda profesional para usted y su familia cuando sea necesario.** Cuando busque ayuda, asegúrese de que el profesional tenga experiencia con niños y haya tratado crisis y traumas. Siéntase con libertad de discutir con el terapista todas sus preocupaciones y todos los aspectos del tratamiento.

Si su hijo/a continúa presentando síntomas por un periodo prolongado y/o demuestra dificultades en recuperarse por sí solo, consulte con el psicólogo de su escuela o comuníquese con un profesional de salud mental que tenga experiencia en esta área, como un psiquiatra, un psicólogo o un consejero de salud mental.

Información para los padres por Philip J. Lazarus, Ph. D. Universidad Internacional de Florida (F.I.U.)

Death and Grief: Supporting Children & Youth
Tips for Children and Teens with Grieving Friends and Classmates


Seeing a friend try to cope with a loss may scare or upset children who have had little or no experience with death and grieving. Below are suggestions teachers and parents can provide to children and youth to deal with this “secondary” loss:

* **Provide children with age-appropriate guidance for supporting their peers.** Help them decide what to say (e.g., “Steve, I am so sorry about your father. I know you will miss him very much.)

* **Help children anticipate some changes in friends’ behavior.** It is important that children understand that their grieving friends may act differently, may withdraw from their friends for a while, might seem angry or very sad, etc., but that this does not mean a lasting change in their relationship. Explain to children that their “regular” friendship may be an important source of support for friends and classmates. Even normal social activities such as inviting a friend over to play, going to the park, playing sports, watching a movie, or a trip to the mall may offer a much needed distraction and sense of connection and normalcy.

* **Children need to have some options for providing support**—it will help them deal with their fears and concerns if they have some concrete actions that they can take to help. Suggest making cards, drawings, helping with chores or homework, etc. Older teens might offer to help the family with some shopping, cleaning, errands, etc., or with babysitting for younger children.

* **Encourage children who are worried about a friend to talk to a caring adult.** This can help alleviate their own concern or potential sense of responsibility for making their friend feel better.

* **Children may also share important information about a friend who is at risk of more serious grief reactions.** Parents and teachers need to be alert to children in their care who may be reacting to a friend’s loss of a loved one. These children will need some extra support to help them deal with the sense of frustration and helplessness that many people are feeling at this time.
Response:

SUICIDE IDEATION, ATTEMPT, & COMPLETION

{What’s Included?}

* Suicide Overview ............................................. 41
* Risk Factors, Warning Signs, and Protective Factors Chart ............................................. 44
* All Staff Action Plan ........................................... 45
* Suicide Ideation Assessment ................................. 46
* Suicide Ideation Summary Form ............................. 47
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* Suicidal Ideation Response Tree ............................ 49
* Verification of Emergency Conference (English) ............................................. 50
* Verification of Emergency Conference (Spanish) ............................................. 51
* Post Assessment Checklist ..................................... 52
* Suicide Ideation Protocols ..................................... 56
* Suicide Attempt Protocol ...................................... 58
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* Script: Suicide Completion ..................................... 63
* Script: Suicide Completion (cause of death unconfirmed) .............................................. 64
* Script: Suicide Completion (family won’t disclose cause of death)................................. 65
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* Handout: Answering Questions from Students. ...... 72
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Suicide Overview:

Suicide continuum:

Suicide is a continuum of behaviors, which includes suicidal ideation, suicidal intent, and suicide attempts. These behaviors vary and are not mutually exclusive, nor do all suicidal youth advance sequentially through them. Although the frequency of each behavior decreases as individuals move along the continuum, the level of lethality and probability of death increases (Miller, 2008).

Suicide Key Terms:

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Suicidal Ideation</strong></td>
<td>Serious thoughts of suicide often viewed as a precursor to more serious forms of suicidal behavior.</td>
</tr>
<tr>
<td><strong>Suicide Attempt</strong></td>
<td>Self-Injurious behaviors conducted for the intent of causing death.</td>
</tr>
<tr>
<td><strong>Suicide Completion</strong></td>
<td>A fatal, self-inflicted act with the explicit or inferred intent to die.</td>
</tr>
<tr>
<td><strong>Suicide Intent</strong></td>
<td>The goal of an individual at the time of his or her suicide attempt in regard to that person’s wish to die.</td>
</tr>
<tr>
<td><strong>Lethality</strong></td>
<td>Indicates the potential of means of suicide to cause death.</td>
</tr>
</tbody>
</table>
Data:

<table>
<thead>
<tr>
<th>Leading Causes of Death in US: 10-19 years old</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 1. Unintentional Injury</td>
</tr>
<tr>
<td>• 2. Homicide</td>
</tr>
<tr>
<td>• 3. Suicide</td>
</tr>
</tbody>
</table>

* In the United States someone under the age of 25 commits suicide every 2 hours and 7 minutes.
* Every day there are approximately 11.3 youth suicides.
* In a class of 30 students, 9 are thinking about suicide.
* 4 will attempt to commit suicide in a school year.
* 2 will attempt suicide and will require medical treatment.

(American Association of Suicidology, 2008) and (Center for Disease Control, 2009).

Suicide vs. Non-Suicidal Self-Injury (NSSI):

* NSSI is a maladaptive mechanism troubled teens use to cope with extreme and painful emotions. NSSI includes cutting (most common), burning, and hair pulling.
* Students who self-injure are doing so in an attempt to make themselves feel better whereas the suicidal students want to end all feelings.
* Although not typically suicidal, these teens may accidentally kill themselves or become suicidal.

(Lieberman, 2004).
“No-Suicide Contracts” or “Safety Contracts”:

* “No-Suicide Contracts” are widely used, but there is increasing controversy regarding their use.
* In reality, they are neither contractual nor do they ensure genuine safety.
* They tend to emphasize what students won’t do rather than what they will do.
* May be viewed by students as coercive, since failure to sign may force hospitalization.
* Better approach: Encourage students to commit to treatment rather than merely promising “safety.”
  (Miller, 2008).

Illinois School Code

“School guidance counselors, teachers, school social workers, and other school personnel who work with pupils in grades 7 through 12 shall be trained to identify the warning signs of suicidal behavior in adolescents and teens and shall be taught appropriate intervention and referral techniques (105 ICS 5/10-22.39)."

Gatekeeper Training:

* This is a term used to define the role of people who know basic suicide prevention and intervention steps and strategies.
* One counselor from each school will be trained as the “Gatekeeper.”
* All CPS social workers, psychologists, and nurses will be trained in the Gatekeeper model.
* “Gatekeeper” describes the protective functions of the skills used in recognizing, responding to, and helping a suicidal person to get help.
### WHAT TO LOOK FOR:

Variables that help explain or predict youth suicidal behavior can be placed into two broad categories: **risk factors** and **warning signs**.

#### WARNING SIGNS:

Warning signs go beyond risk – they are evident in what people say and do. The presence of warning signs is like a “red light” signaling you to stop and get help now. Warning signs are more significant when more than one is present in one individual.

**EXAMPLES:**
- Intense preoccupation with death
- Talking about feeling worthless or helpless
- Saying things like, “I’m going to kill myself,” or “I wish I was dead”.
- Visiting or calling people to say goodbye
- Giving things away prized possessions
- Self-destructive or reckless behavior
- Significant change in behavior
- Extreme hopelessness

#### RISK FACTORS:

Risk factors increase the possibility of a student being suicidal at some point in the future. Risk factors are like a “yellow light” indicating the need to proceed with caution. Risk factors are more significant when more than one is present in the same individual.

**EXAMPLES:**
- Previous suicide attempts
- Presence of psychopathology– particularly mood disorders
- Co-occurring mental and alcohol and substance abuse disorders
- Family history of suicide
- Hopelessness
- Lack of connectedness
- Impulsive and/or aggressive tendencies
- Victim of bullying
- Barriers to accessing mental health treatment when it is needed
- Relational, social, work, or financial loss
- Easy access to lethal weapons, particularly firearms

#### PROTECTIVE FACTORS:

Protective factors are those factors that help protect students from engaging in suicidal thinking or behavior. They are comparable to a “green light” indicating that it’s safe to keep moving. It should always be the school’s goal to increase protective factors.

**EXAMPLES:**
- School connectedness
- Good relationships with peers
- Access to mental health services
- Parent-family connectedness
- Lack of access to lethal weapons
- Likelihood to seek adult help
- Cultural or religious beliefs
- Problem solving and coping skills

(Miller, 2008, pp. 156-157).
## SUICIDE IDEATION RESPONSE:

### ALL STAFF ACTION PLAN

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>A student expresses a verbal or written suicide threat. Examples include: “I want to kill myself” “The world would be a better place without me” “Nobody will miss me anyway”</td>
</tr>
<tr>
<td>2</td>
<td>Take all threats seriously!</td>
</tr>
<tr>
<td>3</td>
<td>Maintain constant supervision of the student. Under no circumstances should the student be left alone.</td>
</tr>
<tr>
<td>4</td>
<td><strong>Escort or arrange for the student to be escorted to a school clinician</strong> (Counselor, Social Worker, Psychologist, or Nurse) immediately, and ensure that the clinician is aware of the nature of the threat. It is critical that this step occur immediately after the threat is presented. <strong>Do not wait until the end of the school day!</strong></td>
</tr>
<tr>
<td>5</td>
<td>The clinician will conduct a <strong>suicide ideation assessment</strong> to determine risk level and next steps.</td>
</tr>
<tr>
<td>6</td>
<td><strong>Follow up</strong> with the clinician to determine if there is any additional information that you need to be aware of in order to best meet the student’s education needs.</td>
</tr>
</tbody>
</table>
Suicide Ideation Assessment

STEP ONE: Determine Risk Factors, Warning Signs, and Protective Factors. Fill out the chart below indicating relevant factors. Remember, these factors can be modified to reduce danger.

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Warning Signs</th>
<th>Protective Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

STEP TWO: Conduct a suicide inquiry. Use the table below as a guide only; it is not necessary to read these questions verbatim. Questions should also be modified for age and cognitive understanding. *The most important questions are bolded and have an asterisk.*

**Ideation**

*Are you thinking about killing yourself?*
How often do you have these thoughts?
Describe the suicidal thoughts from the last 48 hours, the past month, and the worst ever.

**Plan**

*Do you have a plan for how you would kill yourself?*
Do you know how, when and where you would do it?
Do you have the means to do it?
Have you done any preparation?

**Behaviors**

*Have you ever made a suicide attempt before?*
Have you ever aborted/stopped an attempt?
Have you practiced or done a rehearsal?

**Intent**

What is the extent to which you intend to carry out the plan?
Do you believe the plan is lethal (vs. self-injurious)?

STEP THREE: Using your clinical judgment and the chart below determine the students risk level.

<table>
<thead>
<tr>
<th>Risk Level</th>
<th>Risk/Protective Factors</th>
<th>Suicidality</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>Psychiatric diagnoses with severe symptoms, or acute precipitating event; protective factors are not relevant</td>
<td>Potential lethal suicide attempt or persistent ideation with strong intent</td>
</tr>
<tr>
<td>Moderate</td>
<td>Multiple risk factors, few protective factors</td>
<td>Suicidal ideation with plan, but no intent or behavior</td>
</tr>
<tr>
<td>Low</td>
<td>Modifiable risk factors, strong protective factors</td>
<td>Thoughts of death, no plan, intent or behavior</td>
</tr>
</tbody>
</table>

STEP FOUR: Once risk level is determined, utilize the Suicide Ideation Response Tree (page 49) and/or Suicide Ideation Protocol (page 56) to determine next steps.

(U.S. Department of Health and Human Services, 2009) *This document was created by the Crisis Management Unit in attempt to guide clinician’s assessing suicidal students. Its content was adapted from the Suicide Assessment Five Step Evaluation and Triage (SAFE-T)*

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Suicide Ideation Assessment Summary Form

A copy of this form should be provided to the parent at the time of the Emergency Conference for Suicide Ideation.

<table>
<thead>
<tr>
<th>School:</th>
<th>Date:</th>
<th>Time:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>ID#:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age:</td>
<td>Grade:</td>
</tr>
<tr>
<td>Gender: M / F</td>
<td>Disability:</td>
</tr>
<tr>
<td>Parent/Guardian:</td>
<td>Contact Number:</td>
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</tbody>
</table>

<table>
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<tr>
<th>Brief description of ideation/behavior/plan:</th>
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<tr>
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<table>
<thead>
<tr>
<th>Risk Level:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ High</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Additional Notes/Concerns:</th>
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</table>

<table>
<thead>
<tr>
<th>Clinician Name:</th>
<th>Title:</th>
<th>Contact Number:</th>
</tr>
</thead>
</table>

Parent or Legal Guardian ____________________________ School Clinician, Title ____________________________
SASS CARES for KIDS Crisis Mental Health Services:

The information below has been provided by the Illinois Department of Healthcare and Family Services (Child Mental Health (SASS) Services, n.d).

**Explanation:** This program serves children experiencing a mental health crisis. Service is available by calling the CARES line. The intake worker at the CARES line will determine the need for additional assessment. If further evaluation is needed, a SASS worker is sent. Both schools and parents/guardians are permitted to call the CARES line. SASS evaluations can occur at school or at a student’s home. If an evaluation is to occur at home, a parent/guardian will need to call the CARES line.

**What is CARES?** CARES stands for Crisis and Referral Entry Services. CARES is a service that handles mental health crisis calls for children and youth in Illinois. CARES links parents, caregivers or callers to a special screening, assessment and support program known as SASS. CARES will ask questions about the child’s behavior. Then CARES will either send a local SASS worker to see you and your child or refer you to mental health or other services.

**When should I call CARES?** You should call CARES when a child is at risk to himself or others, and any time you or others think a child is having a mental health crisis. CARES can be reached by calling the following number:

**1-800-345-9049**

**What is SASS?** SASS stands for Screening, Assessment and Support Services. SASS provides intensive mental health services for children and youth who may need hospitalization for mental health care. Any child or youth in a mental health crisis who may need public funding may receive SASS services.

**Who provides SASS services?** An agency that provides mental health services in your community is your SASS agency. Agency staff are mental health professionals trained to serve children and youth. You should call CARES if you think a child needs SASS services.
This tree is designed to assist clinicians after a suicide assessment is completed and risk level is determined.

**IS THE STUDENT A RISK TO HIM/HERSELF?**

- **NO**
  1. Inform parents/guardians of suicidal ideation.
  2. Inform pertinent school personnel (administrators, teachers, etc.) about the safety precautions.
  3. Follow up and monitor the student’s behavior throughout the school day.
  4. Provide parents with appropriate referrals, if necessary.
  5. Encourage parents/guardians to pick up student from school.
  6. Provide parents/guardians with a plan of action (number to CARES, location of ER, etc.) in the event that the ideation returns or escalates.

**IS THE STUDENT SASS ELIGIBLE?**

- **YES**
  1. Contact Crisis Management for support and guidance at 773-553-1792.
  2. Inform parent/guardian of ideation and need for psychological/psychiatric evaluation.
  3. Find out if the student is SASS eligible by calling the CARES Hotline at 1-800-345-9049.
  4. Parental permission is not needed to call CARES.

- **NO**

**IS THE STUDENT AN IMMINENT RISK?**

- **YES**
  1. Call 911. Police can take Protective Custody to transport student to the hospital emergency room for a psychiatric evaluation.
  2. Provide CPD Officers with “Verification of Conference: Suicide Ideation” (Police Form)
  3. If parent/guardian is not present, principal/designee goes with child and stays at facility until parent/guardian arrives or child is admitted.
  4. Contact Crisis Management for support and guidance at 773-553-1792.

- **NO**

**CAN YOU REACH THE PARENTS?**

- **YES**
  1. Help parent(s)/guardian(s) find appropriate evaluator within their medical insurance coverage.
  2. Parent signs “Verification of Conference: Suicide Ideation” and “Authorization for the Release of Confidential Information” forms.
  3. Follow up with parent/guardian to ensure evaluation occurred on the day of the ideation.

- **NO**
  1. After a reasonable wait, call 911.
  2. Police can take Protective Custody to transport student to an emergency room for a psychiatric evaluation.
  3. If parent/guardian is not present, principal/designee goes with child and stays at facility until parent/guardian arrives or child is admitted.

**Document all steps taken.**
Verification of Emergency Conference: Suicidal Ideation

Date: ____________  Time: ____________

I, the parent/guardian of __________________________________________________________, was involved in a conference with school personnel today. I have been notified that my child has been exhibiting signs of suicidal ideation.

I have been further advised that I should seek psychiatric/psychological consultation from the mental health community. I have been provided with two copies of the “Suicidal Ideation Assessment Summary.” I understand that one copy is for my records and the other should go to my child’s health care provider.

I have been provided with the names of community services/resources. I understand the importance of seeking these services today. The school has clarified its role and will provide follow up assistance to support the treatment services I obtain and pay for in the community.

Hospitals/Community Agencies:

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Parent or Legal Guardian

__________________________

Parent or Legal Guardian

__________________________

School Clinician, Title

__________________________

School Administrator, Title
Verificación de la Conferencia de Emergencia: Ideación Suicida

Fecha: _____________   Hora: _____________

Yo, el padre/guardián de ___________________________________________________________, he participado hoy de una conferencia con el personal escolar en la cual he sido notificado que mi hijo/a ha manifestado ideas suicidas.

Más aún, se me ha aconsejado que debiera obtener una consulta psiquiátrica/psicológica con un profesional de la salud mental. Además, se me ha provisto de dos copias de la “Evaluación de la Ideación Suicida.” Entiendo que debo archivar una copia y la otra debo entregársela al proveedor de salud mental al que llevaré a mi hijo/a.

Se me ha provisto también de los nombres de servicios de salud mental en la comunidad. Entiendo la importancia de obtener tratamiento hoy. La escuela ha clarificado su rol y proveerá seguimiento al tratamiento que yo mismo obtendré y pagaré de una agencia comunal de Salud Mental o un hospital.

Hospitales/Agencia de la Comunidad:

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_________________________________
Padre o Guardián

_________________________________
Padre o Guardián

_________________________________
Clínico de la Escuela, Título

_________________________________
Administrador de la Escuela, Título
Post Assessment

Checklist:

Use this checklist after you have done an assessment and determined risk level. The checklist will help guide you in determining that appropriate steps have been followed and the proper documentation has been provided. Determine which scenario below best describes the situation at your school. Skip to the appropriate scenario and ensure that you have completed the items on the check-list. The following scenarios are covered in the check-list:

**SCENARIO 1**: You determine that the student is not a danger to him/herself or others.

**SCENARIO 2**: A SASS evaluation determines that the student does not need hospitalization, but SASS has referred the student for outside services.

**SCENARIO 3**: A SASS evaluation determines the need for hospitalization and the parent takes the student to the hospital.

**SCENARIO 4**: A SASS evaluation determines the need for hospitalization and the student is transported to the hospital by the police or ambulance.

**SCENARIO 5**: The student is not SASS eligible and the parent is advised to take the child for an evaluation.

**SCENARIO 6**: The student is not SASS eligible and the student is transported to the hospital by the police or ambulance.
**SCENARIO 1:** You determine that the student is not a danger to him/herself or others.

- Parent/Guardian has been contacted and is aware of the student's ideation.
- Parent/Guardian has been provided with a plan of action (number to CARES, location of ER, etc.) in the event that ideation returns and/or escalates.
- Staff member has been assigned to monitor/check in with student.
- If applicable, appropriate referrals have been made.

**SCENARIO 2:** A SASS evaluation determines that the student does not need hospitalization, but SASS has referred the student for outside services.

- Parent/Guardian has been contacted and is aware of the student's ideation.
- Crisis Management has been contacted and consulted.
- Parent/Guardian and school receive copies of SASS recommendations.
- School staff is assigned to monitor the student for escalated behavior.

**SCENARIO 3:** A SASS evaluation determines the need for hospitalization and the parent takes the student to the hospital.

- Parent/Guardian has been contacted and is aware of the student's ideation.
- Crisis Management has been contacted and consulted.
- Parent/Guardian is provided with two copies of the “Assessment Summary” (page 47). The parent keeps one copy of the form and is instructed to give the other copy to the hospital intake staff.
- Parent/Guardian signs “Authorization for Release of Confidential Information” (page 50). The school keeps a copy and the parent is given a copy.
- Within 24 hours, the school faxes a copy of the “Authorization for Release of Confidential Information” (page 50) to appropriate hospital.
- Both the school and the parent/guardian are given a copy of any relevant SASS documentation.
- The parent/guardian has been made aware of the need for transitional planning when the student returns.
- Parent is notified that if they do not follow recommendations, DCFS may be called to report medical neglect, and a well-being check, from the police could be requested.
SCENARIO 4: A SASS evaluation determines the need for hospitalization and the student is transported to the hospital by the police or ambulance.

- Parent/Guardian has been contacted and is aware of the student's ideation and/or contact is being attempted to make parent/guardian aware of the student's ideation.
- Crisis Management has been contacted and consulted.
- Police sign and are given a copy of the “Police Transport Form” (page 116).
- Police and/or EMT are given a copy of the “Assessment Summary” (page 47).
- A staff member has followed the student to the hospital in their own vehicle. The staff member will remain at the hospital until the parent/guardian arrives or the student is admitted.
- The parent/guardian is contacted and asked to sign or give verbal consent to the “Authorization for Release of Confidential Information.” If verbal consent is given, document the consent.
- Fax the “Authorization for Release of Confidential Information” to the hospital as soon as possible.

SCENARIO 5:
The student is not SASS eligible and the parent is advised to take the child for an evaluation.

- Parent/Guardian has been contacted and is aware of the situation.
- Crisis Management has been contacted and consulted.
- Parent/Guardian signs the "Verification of Conference: Suicidal Ideation" form (PAGE) and is given a copy.
- Parent/Guardian is provided with two copies of the "CPS Assessment Summary" form (PAGE). The parent keeps one copy of the form and is instructed to give the other copy to the hospital intake staff.
- Parent/Guardian signs “Authorization for Release of Confidential Information.” The school keeps a copy and the parent is given a copy.
- Within 24 hours, the school faxes a copy of the “Authorization for Release of Confidential Information” to appropriate hospital.
- Parent is notified that if they do not follow recommendations, DCFS may be called to report medical neglect, and a well-being check, from the police could be requested.
- The parent/guardian has been made aware of the need for transitional planning when the student returns.
SCENARIO 6: The student is not SASS eligible and the student is transported to the hospital by the police or ambulance.

- Parent/Guardian has been contacted and is aware of the student's ideation and/or contact is being attempted to make parent/guardian aware of the situation.
- Police sign and are given a copy of the “Police Transport Form” (page 116).
- Police and/or EMT is given a copy of the “CPS Assessment Summary” (page 47).
- A staff member has followed the student to the hospital in his/her own vehicle. The staff member will remain at the hospital until the parent/guardian arrives or the student is admitted.
- The parent/guardian is contacted and asked to sign or give verbal consent to the “Authorization for Release of Confidential Information.” If verbal consent is given, document the consent.
- Fax the “Authorization for Release of Confidential Information” to the hospital as soon as possible.
Suicidal Ideation Protocol

1. Take all threats seriously.
2. DO NOT LEAVE THE STUDENT ALONE. Escort the student to the administrator’s office and/or counseling office. Place child under watch of an adult who will maintain CONSTANT supervision.
3. Involve a member of the School Crisis Response Team (counselor and/or clinician) to meet with the student and conduct a brief risk assessment to determine if the student is a danger to him/herself or others. Under no circumstances should a person who is not a licensed mental health professional (school counselor, social worker, psychologist, or nurse) attempt to assess the severity of the risk.
   a. If the counselor and/or clinician determine that the student is not a risk to him/herself or others, there is no need for further evaluation. However, the student’s parent/guardian should be contacted and informed of the ideation and behavior.
      i. Determine who will follow up with student and monitor his/her behavior throughout the school day.
      ii. Make appropriate referrals, if necessary.
   b. If the counselor and/or clinician determine that the student is a risk to him/herself or others proceed to step 4.
4. Contact the Crisis Management Unit for guidance and support (773-553-1792).
5. Contact parent or guardian and make them aware of the suicidal ideation and the need for a psychological or psychiatric evaluation.
   a. If the child is SASS eligible (the CARES intake worker can determine eligibility):
      i. Alert the parent/guardian that you will be contacting CARES and ask the parent/guardian to come to the school.
      ii. CONTACT CARES (800-345-9049).
      iii. A SASS representative will come to evaluate the student and recommend next steps.
      NOTE: If the parent/guardian cannot be reached immediately, CARES can be contacted without having parent/guardian permission.
   b. If the child has private insurance:
      i. Assist the parent/guardian in determining where the evaluation will take place.
      ii. If the parent/guardian does not agree to take the student for an evaluation, call the DCFS Hotline (1-800-252-2873) to report medical neglect. If the parent takes the child out of school, call 911 and ask for a Well-Being Check.
      iii. If the parent/guardian agrees to take the student for an evaluation, ask him/her to sign a “Verification of Conference: Suicide Ideation” form and the “Authorization for Release of Confidential Information” form.
      iv. The next school day, follow up with the parent/guardian to ensure that the evaluation occurred. If it did not, call the DCFS Hotline to report medical neglect. Call 311 to ask for a Well-Being Check.
      v. In the event that a child’s parent/guardian cannot be contacted and the school has attempted to make contact through the numbers listed on the Emergency Contact Card, and after a reasonable amount of time has expired, call 911. The police have
authority to transport the student to an appropriate mental health facility or the nearest emergency room.

vi. If the child is transported to the hospital by the police or ambulance and the parents/guardians are not present, it is best practice for the principal or the principal’s designee to accompany the child to the emergency room or mental health facility until the parent/guardian arrives or the child is admitted to the hospital.

6. If a child is a ward of the state, ensure that the DCFS caseworker is notified.

7. Document all steps taken.
Suicide Attempt Protocol

**First Responder:**
1. Assume the victim is alive.
2. Check the scene for safety. First responder should not enter an actively dangerous scene.
3. Direct another person to call 911 and notify the administrator in charge of the building (Incident Commander).
4. Direct another person to retrieve the defibrillator.
5. Administer First Aid/CPR/AED.
6. DO NOT LEAVE THE STUDENT ALONE; ensure CONSTANT adult supervision is maintained.

**Incident Commander/Principal Responsibilities:**
1. Limit access to immediate area until paramedics arrive. Treat the area as a crime scene.
2. Declare a LOCKDOWN, if necessary.
3. Assign someone to direct EMT responders to the scene upon arrival.
4. Notify appropriate CPS Departments:
   a. Student Safety Center (773-553-3335).
   b. Network Office.
   c. Crisis Management Unit (773-553-1792).
   d. Communications (773-553-1620).
5. Notify parents/guardians about the medical incident and advise them to meet the victim and police at the hospital.

Tell briefly what you know about the incident. Explain the student has been taken by ambulance to the hospital. Do not tell the parent/guardian that the student is deceased unless a physician has confirmed this. Encourage them to get to the hospital safely, asking someone else to drive, if possible. If siblings also attend the school, ask the parent what arrangements should be made for them.

*Sample Script: Hello, (insert name of parent/guardian) This is (insert your name and position at the school.) I am calling to let you know that (insert name of student) attempted suicide and is being taken by ambulance to (insert name and address of hospital). Do you have someone who can drive you to the hospital? If not, please drive there carefully or I can ask the police to transport you. The doctors will be able to give you more information.*

*You have two other children at the school. Do you want us to tell them? Who will be responsible for these students after school today?*

6. Activate the school CRISIS PLAN* and have the school crisis team meet. Team should:
   a. If necessary, determine an appropriate way to disseminate information to staff, students, parents, and community.
   b. Develop interventions.
   c. Determine which students, if any, were witnesses to the incident.
d. Identify friends, family members, and associates of the victim.

e. Arrange for counselors and clinicians to meet with students, staff, and parents as needed in the previously identified overflow room.

f. If the student has siblings in the school, follow the parent/guardian’s instructions if they are reachable.

g. The School Crisis Intervention Team should continue meeting with students as necessary in small group and individual counseling sessions.

7. Do not interact with the media. Refer media requests to the Communications Department (773-553-1620).

8. Complete an Incident Report in Verify. If the police were called, note the RD number.

9. Direct that the personal property of the victim be secured. This includes items in classroom and locker.

10. Hold an emergency staff meeting at the close of school to brief staff, if necessary, and inform them of what physical and psychological supports will be available for students and staff.

11. School Crisis Team should meet again to determine what level of supports will be needed for the following day.

12. Document all steps taken.

*Each school is required to create a plan to address the psychological and physical safety of students and staff during a traumatic situation.
Suicide Completion Protocol

First Responder:
1. Assume the victim is alive.
2. Check the scene for safety. First responder should not enter an actively dangerous scene.
3. Direct another person to call 911 and notify administrator in charge of the building (Incident Commander).
4. Direct another person to retrieve the defibrillator.
5. Administer First Aid/CPR/AED.
6. DO NOT LEAVE THE STUDENT ALONE; ensure CONSTANT adult supervision is maintained.

Incident Commander/Principal Responsibilities:
1. Limit access to immediate area until paramedics arrive. Treat the area as a crime scene.
2. Declare a LOCKDOWN, if necessary.
3. Assign someone to direct EMT responders to the scene upon arrival.
4. Notify appropriate CPS Departments:
   a. Student Safety Center (773-553-3335)
   b. Network Office.
   c. Crisis Management Unit (773-553-1792).
   d. Communications (773-553-1620).
5. Notify parents/guardians and advise them to meet the student and police at the hospital.

Tell them briefly what you know about the incident. Explain that the student has been taken by ambulance to the hospital. Do not tell the parent/guardian that the student is deceased unless a physician has confirmed this. Encourage them to get to the hospital safely, asking someone else to drive, if possible. If siblings also attend the school, ask the parent what arrangements should be made for them.

Sample Script: Hello, (insert name of parent/guardian) This is (insert your name and position at the school.) I am calling to let you know that (insert name of student) attempted suicide at school and is being taken by ambulance to (insert name and address of hospital). Do you have someone who can drive you to the hospital? If not, please drive there carefully or I can ask the police to transport you. The doctors will be able to give you more information.

You have two other children at the school. Do you want us to tell them? Who will be responsible for these students after school today?

6. Activate the school CRISIS PLAN* and have the school crisis team meet. Team should:
   a. Determine an appropriate way to disseminate information to staff, students, parents, and community.
   b. Develop interventions.
   c. Determine which students, if any, were witnesses to the incident.
   d. Identify friends, family members, and associates of the victim.
e. Arrange for counselors and clinicians to meet with students, staff, and parents as needed in the previously identified overflow room.

f. If the student has siblings in the school, follow the parent/guardian’s instructions, if they are reachable.

g. The School Crisis Intervention Team should continue meeting with students as necessary in small group and individual counseling sessions.

7. Do not interact with the media. Refer all media requests to the Communications Department (773-553-1620).

8. Declare an ALL CLEAR code when appropriate.

9. Complete an Incident Report in Verify. If the police were called, note the RD number.

10. Direct that the personal property of the victim be secured. This includes items in classroom and locker.

11. Hold an emergency staff meeting at the close of school to brief staff on facts of the situation and what resources will be available to deal with physical and emotional needs of the students and staff.

12. The School Crisis Team should convene again to determine what level of supports will be needed for the following day. Create a letter to be sent home with the students giving a brief description of what occurred and what supports were made available at the school.

*Each school is required to create a plan to address the psychological and physical safety of students and staff during a traumatic situation.*
Suicide Completions

Suicide is a complicated act and it can often leave a community feeling uncertain about what to do next. Faced with students, staff, and community members struggling to respond and to understand what has occurred, schools need to act quickly and with purpose. The first step is to confirm the cause of death with the family, hospital, or police department.

Many people’s initial reaction is to ignore the issue of suicide or not discuss it specifically, particularly with students. However, it has been our experience that not talking openly about the suicide leads to confusion, speculation, anger, and greater risk for suicide contagion. Research and evidence-based practice support the notion that suicide is a topic that should be faced head on; this is even truer when a student in the school has completed suicide.

The families of deceased students/staff members may initially be resistant to sharing the cause of death with the school as a whole. Their resistance could stem from confusion, denial, religious belief, embarrassment, or shame. In these instances it is recommended that someone from the administration or clinical staff explain to the family that having adults from the school talk to students about suicide helps to keep other students safe. It may also be helpful to point out that rumors and speculation are bound to circulate regardless of what information is shared or not shared; for that reason it is always best to provide students with the truth in an age appropriate manner.

When you are speaking to family members be clear about what you plan to tell students and staff members and offer to let them provide input in the process. To be clear, we are not recommending that every detail of the event be shared. For example, the fact that the death was a suicide can be shared without sharing the specific means or details about how the act was committed (American Foundation for Suicide Prevention, 2008).

We realize that having this conversation with students and staff will not be easy. To guide you in this process we have provided sample scripts and letters that are designed to address suicide completions. Remember, just as in any crisis, the possibility exists for extremely strong emotions and reactions. As always, the Crisis Management Unit is available for support and assistance through every step of the process. Please call 733-553-1792 for assistance.
SUICIDE COMPLETION

Sample Script:

A NOTE TO TEACHERS:
You are being asked to read this script to the students in your classroom at/during ______ (insert time or period). The “script” system is used in place of a loudspeaker or auditorium announcement in order to best manage and control the response. It is important that the information be shared in contained settings and that it comes from a familiar source. You know your students best, and you are capable of determining if their response or reaction will require additional assistance. You are not expected to provide this assistance. It is not necessary to read the script word for word; you can share the information in a manner that seems natural to you. However, the script is available for you in the event that you are having difficulty coming up with the appropriate language. Either way, keep the information you initially provide brief and simple, sharing all important facts to avoid speculation. Keep in mind the cognitive or emotional level of the students in your classroom and make adjustments as necessary. You are also not expected to be unaffected by the current crisis. If you do not feel comfortable addressing your students, please contact the front office so that alternate arrangements can be made. Thank you.

SCRIPT:

It is with great sadness that I have to tell you that one of our students, _______, has taken his/her own life. All of us want you to know that we are here to help you in any way we can.

A suicide death presents us with many questions that we may not be able to answer right away. Rumors may begin to circulate, and we ask that you not spread rumors that you may hear. We’ll do our best to give you accurate information as it becomes known to us. Suicide is a very complicated act. It is usually caused by a mental disorder such as depression, which can prevent a person from thinking clearly about his or her problems and how to solve them. Sometimes these disorders are not identified or noticed; in other cases, a person with a disorder will show obvious symptoms or signs. One thing is certain: there are treatments that can help. Suicide should never, ever be an option. Each of us will react to _____’s death in our own way, and we need to be respectful of each other. Feeling sad is a normal response to any loss and you do not have had to have known _______ well to be feeling sad. Some of you may find you’re having difficulty concentrating on your schoolwork, and others may find that diving into your work is a good distraction. There is no right or wrong way to feel. We have counselors available to help our school community deal with this sad loss and to enable us to understand more about suicide. If you’d like to talk to a counselor, just let your teachers know. Please remember that we are all here for you.

Adapted from: After a Suicide: A Toolkit for Schools. (American Foundation for Suicide Prevention, 2008).
SUICIDE COMPLETION  (Cause of death cannot be confirmed)

Sample Script:

A NOTE TO TEACHERS:

You are being asked to read this script to the students in your classroom at/during ______ (insert time or period). The “script” system is used in place of a loudspeaker or auditorium announcement in order to best manage and control the response. It is important that the information be shared in contained settings and that it comes from a familiar source. You know your students best, and you are capable of determining if their response or reaction will require additional assistance. You are not expected to provide this assistance. It is not necessary to read the script word for word; you can share the information in a manner that seems natural to you. However, the script is available for you in the event that you are having difficulty coming up with the appropriate language. Either way, keep the information you initially provide brief and simple, sharing all important facts to avoid speculation. Keep in mind the cognitive or emotional level of the students in your classroom and make adjustments as necessary. You are also not expected to be unaffected by the current crisis. If you do not feel comfortable addressing your students, please contact the front office so that alternate arrangements can be made. Thank you.

SCRIPT:

It is with great sadness that I have to tell you that one of our students, __________, has died. All of us want you to know that we are here to help you in any way we can. The cause of death has not yet been determined by the authorities. We are aware that there has been some talk about the possibility that this was a suicide death (include this line if students are talking about the possibility of suicide). Rumors may begin to circulate, and we ask that you not spread rumors since they may turn out to be inaccurate and can be deeply hurtful and unfair to __________ as well as his/her family and friends. We’ll do our best to give you accurate information as it becomes known to us. Each of us will react to _____’s death in our own way, and we need to be respectful of each other. Feeling sad is a normal response to any loss and you do not have to have known __________ well to be feeling sad. Some of you may find you’re having difficulty concentrating on your schoolwork, and others may find that diving into your work is a good distraction. There is no right or wrong way to feel. We have counselors available to help our school community deal with this sad loss and to enable us to understand more about suicide. If you’d like to talk to a counselor, just let your teachers know. Please remember that we are all here for you.

Adapted from: After a Suicide: A Toolkit for Schools. (American Foundation for Suicide Prevention, 2008).
SUICIDE COMPLETION (The family will not disclose the information)

Sample Script:

A NOTE TO TEACHERS:

You are being asked to read this script to the students in your classroom at/during _______ (insert time or period). The “script” system is used in place of a loudspeaker or auditorium announcement in order to best manage and control the response. It is important that the information be shared in contained settings and that it comes from a familiar source. You know your students best, and you are capable of determining if their response or reaction will require additional assistance. You are not expected to provide this assistance. It is not necessary to read the script word for word; you can share the information in a manner that seems natural to you. However, the script is available for you in the event that you are having difficulty coming up with the appropriate language. Either way, keep the information you initially provide brief and simple, sharing all important facts to avoid speculation. Keep in mind the cognitive or emotional level of the students in your classroom and make adjustments as necessary. You are also not expected to be unaffected by the current crisis. If you do not feel comfortable addressing your students, please contact the front office so that alternate arrangements can be made. Thank you.

SCRIPT:

It is with great sadness that I have to tell you that one of our students, _____________, has died. The family has requested that information about the cause of death not be shared at this time. We are aware that there has been some talk about the possibility that this as a suicide death. Rumors may begin to circulate, and we ask that you not spread rumors since they may turn out to be inaccurate and can be deeply hurtful and unfair to ______ as well as his/her family and friends. We’ll do our best to give you accurate information as it becomes known to us. Since the subject has been raised, we do want to take this opportunity to remind you that suicide, when it does occur, is a very complicated act. It is usually caused by mental disorder such as depression, which can prevent a person from thinking clearly about this or her problems and how to solve them. Sometimes these disorders are not identified or noticed; in other cases a person with a disorder will show obvious symptoms or signs. One thing is certain: there are treatments that can help. Suicide should never, ever be an option. Each of us will react to this death in our own way, and we need to be respectful of each other. Feeling sad is a normal response to any loss and you do not have to have known ________ well to be feeling sad. Some of you may find you’re having difficulty concentrating on your schoolwork, and others may find that diving into your work is a good distraction. There is no right or wrong way to feel. We have counselors available to help our school community deal with this sad loss and to enable us to understand more about suicide. If you’d like to talk to a counselor, just let your teachers know. Please remember that we are all here for you.

Adapted from: After a Suicide: A Toolkit for Schools. (American Foundation for Suicide Prevention, 2008).
Date

Dear Parents / Guardians and Community Members:

It is with deep sadness that we inform you that one of our students, ____________, has died. Our thoughts are with (his/her) family during this difficult time.

The cause of death was suicide. We want to take this opportunity to remind our community that suicide is a very complicated act. It is usually caused by a mental disorder such as depression, which can prevent a person from thinking clearly about his or her problems and how to solve them. Sometimes these disorders are not identified or noticed; other times, a person with a disorder will show obvious symptoms or signs. I am including some information that may be helpful to you in discussing suicide with your child.

This loss is sure to raise many emotions, concerns, and questions for the entire school community, especially our students. Students were given the news of the death today by their teacher. I have included a copy of the announcement that was read to them. Our School Crisis Team as well as members from the District Crisis Management Unit were available to meet with students individually and in groups today and they will be available over the coming days and weeks.

Information about the funeral service will be made available as soon as we have it. If your child wishes to attend, we strongly encourage you to accompany him or her to the service. If the funeral is scheduled during school hours, students who wish to attend will need parental permission to be released from school.

We are saddened by this loss and will do everything we can to help you and your student. Please do not hesitate to contact the school with concerns or questions.

Sincerely,

Principal

Adapted from: After a Suicide: A Toolkit for Schools. (American Foundation for Suicide Prevention, 2008).
Carta Modelo: Suicidio

Fecha

Estimados padres/ guardianes y miembros de la comunidad:

Lamentablemente debemos informarles que uno de nuestros estudiantes, ________________, ha muerto. Nuestros pensamientos acompañan a su familia en este difícil momento.

La causa de su muerte fue suicidio. Quisiéramos aprovechar esta oportunidad para recordar a nuestra comunidad que el suicidio es un acto muy complejo. Generalmente, está causado por un trastorno mental tal como la depresión, que podría impedir a una persona pensar claramente acerca de sus problemas y cómo resolverlos. En ocasiones, estos trastornos no se identifican o advierten fácilmente, en otras oportunidades, una persona con este trastorno, presentará síntomas y signos más obvios. Incluimos en esta carta algunos datos que podrían ser útiles para hablar con su hija/o acerca de este tema.

Seguramente, ésta pérdida traerá aparejada emociones, inquietudes y preguntas a toda la comunidad escolar, y especialmente a nuestros estudiantes. Durante el día de hoy, los maestros anunciaron la noticia a sus hijos. Adjuntamos una copia del anuncio de que se les leyó. Los miembros del Equipo Escolar de Crisis, así como miembros de la Unidad de Intervención en Crisis del Distrito Escolar, estuvieron en la escuela para proveer de ayuda a aquellos alumnos que así lo necesitaran. Los estudiantes recibieron ayuda individualmente y en grupos. Este equipo estará disponible en los próximos días y semanas si así fuera necesario.

La información sobre el servicio fúnebre se pondrá a su disposición tan pronto como esté disponible. Si su hijo/a desea asistir al mismo, le recomendamos los acompañe. Si el funeral ocurriese durante el horario escolar, los estudiantes que deseen asistir al mismo necesitarán de su permiso para salir de la escuela.

Quisiéramos reiterarles cuan entristecidos estamos por esta pérdida y que haremos todo lo posible para ayudarles a ustedes y a su hija/o. Por favor, no dude en contactar a la escuela si tuviera preguntas o preocupaciones.

Atentamente,

Director/a

Adapted from: After a Suicide: A Toolkit for Schools. (American Foundation for Suicide Prevention, 2008).
Sample Letter: Suicide Completion (cause of death cannot be confirmed)

Date

Dear Parents / Guardians and Community Members:

It is with deep sadness that we inform you that one of our students, ____________, has died. Our thoughts are with (his/her) family during this difficult time.

The cause of death has not yet been determined by the authorities. We are aware that there has been some talk about the possibility of suicide. Rumors may begin to circulate, and we have asked the students not to spread rumors since they may turn out to be inaccurate and can be deeply hurtful and unfair. We’ll do our best to give you accurate information as it becomes available to us.

Since the subject of suicide has been raised at school today, we want to take this opportunity to remind our community that suicide is a very complicated act. It is usually caused by a mental disorder such as depression, which can prevent a person from thinking clearly about his or her problems and how to solve them. Sometimes these disorders are not identified or noticed; other times, a person with a disorder will show obvious symptoms or signs. I am including some information that may be helpful to you in discussing suicide with your child.

This loss is sure to raise many emotions, concerns, and questions for the entire school community, especially our students. Students were given the news of the death today by their teacher. I have included a copy of the announcement that was read to them. Our School Crisis Team as well as members from the District Crisis Management Unit were available to meet with students individually and in groups today and they will be available over the coming days and weeks.

Information about the funeral service will be made available as soon as we have it. If your child wishes to attend, we strongly encourage you to accompany him or her to the service. If the funeral is scheduled during school hours, students who wish to attend will need parental permission to be released from school.

We are saddened by this loss and will do everything we can to help you and your student. Please do not hesitate to contact the school with concerns or questions.

Sincerely,

Principal

Adapted from: After a Suicide: A Toolkit for Schools. (American Foundation for Suicide Prevention, 2008).
Fecha

Estimados padres/ guardianes y miembros de la comunidad:

Lamentablemente debemos informarles que uno de nuestros estudiantes, ________________, ha muerto. Nuestros pensamientos acompañan a su familia en este difícil momento.

La causa de su muerte aún no ha sido determinada por las autoridades. Somos conscientes de que ha habido algunas conversaciones acerca de la posibilidad de suicidio. Los rumores han empezado a circular, y le hemos pedido a nuestros estudiantes mesura, ya que esta información podría ser inexacta, lo cual sería muy doloroso e injusto. Haremos nuestro mayor esfuerzo para darles información precisa en cuanto ésta esté disponible.

Dado que el tema del suicidio se ha planteado hoy en la escuela, queremos aprovechar esta oportunidad para recordar a nuestra comunidad que el suicidio es un acto muy complejo. Generalmente, está causado por un trastorno mental tal como la depresión, que podría impedir a una persona pensar claramente acerca de sus problemas y cómo resolverlos. En ocasiones, estos trastornos no se identifican o advierten fácilmente, en otras oportunidades, una persona con este trastorno, presentará síntomas y signos más obvios. Incluimos en esta carta algunos datos que podrían ser útiles para hablar con su hija/o acerca de este tema.

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La información sobre el servicio fúnebre se pondrá a su disposición tan pronto como esté disponible. Si su hijo/a desea asistir al mismo, le recomendamos los acompañe. Si el funeral ocurriese durante el horario escolar, los estudiantes que deseen asistir al mismo necesitarán de su permiso para salir de la escuela. Quisiéramos reiterarles cuán entristecidos estamos por esta pérdida y que haremos todo lo posible para ayudarles a ustedes y a su hija/o. Por favor, no dude en contactar a la escuela si tuviera preguntas o preocupaciones.

Atentamente,

Director/a

Adapted from: After a Suicide: A Toolkit for Schools. (American Foundation for Suicide Prevention, 2008).
Sample Letter: Suicide Completion (family will not disclose information)

Date

Dear Parents / Guardians and Community Members:

It is with deep sadness that we inform you that one of our students, __________ has died. Our thoughts are with (his/her) family during this difficult time.

The family has requested that the information about the cause of death not be shared at this time. We are aware that there have been rumors that this was a suicide death. Since the subject has been raised at school today, we want to take this opportunity to remind our community that suicide is a very complicated act. It is usually caused by a mental disorder such as depression, which can prevent a person from thinking clearly about his or her problems and how to solve them. Sometimes these disorders are not identified or noticed; other times, a person with a disorder will show obvious symptoms or signs. I am including some information that may be helpful to you in discussing suicide with your child.

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We are saddened by this loss and will do everything we can to help you and your student. Please do not hesitate to contact the school with concerns or questions.

Sincerely,

Principal

Adapted from: After a Suicide: A Toolkit for Schools. (American Foundation for Suicide Prevention, 2008).
Fecha:

Estimados padres/ guardianes y miembros de la comunidad:

Lamentablemente debemos informarles que uno de nuestros estudiantes, ________________, ha muerto. Nuestros pensamientos acompañan a su familia en este difícil momento.

La familia ha pedido que la información sobre la causa de la muerte no sea compartida en este momento. Somos conscientes de que ha habido rumores acerca de que la causa de la muerte fue por suicidio. Dado que el tema se ha planteado hoy en la escuela, queremos aprovechar esta oportunidad para recordar a nuestra comunidad que es el suicidio un acto muy complejo. Generalmente, está causado por un trastorno mental tal como la depresión, que podría impedir a una persona pensar claramente acerca de sus problemas y cómo resolverlos. En ocasiones, estos trastornos no se identifican o advierten fácilmente, en otras oportunidades, una persona con este trastorno, presentará síntomas y signos más obvios. Incluimos en esta carta algunos datos que podrían ser útiles para hablar con su hija/o acerca de este tema.

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Quisiéramos reiterarles cuan entristecidos estamos por esta pérdida y que haremos todo lo posible para ayudarles a ustedes y a su hija/o. Por favor, no dude en contactar a la escuela si tuviera preguntas o preocupaciones.

Atentamente,

Director/a
After a Suicide Overview: Answering Questions from Students

Dr. Scott Poland, Director of Psychological Services, Cypress-Fairbanks Independent School District, Houston, TX, and Member of the National Emergency Assistance Team

The aftermath of a youth suicide is a sad and challenging time for a school. The major tasks for suicide postvention are to help your students and fellow faculty to manage the understandable feelings of shock, grief and confusion. The major focus at this time should be grief resolution and prevention of further suicides.

The following suggestions are intended to guide teachers during this difficult time.

* It is important to be honest with students about the scope of the problem of youth suicide and the key role that everyone (including the student) plays in prevention.
* It is important to balance being truthful and honest without violating the privacy of the suicide victim and his/her family and to take care not to glorify their actions.
* It is important to have the facts of the incident, be alert to speculation and erroneous information that may be circulating and assertively, yet kindly, redirect students toward productive, healthy conversation.

Commonly Asked Questions and Appropriate Responses:

* **Why did he/she die by suicide?** We are never going to know the answer to that question as the answer has died with him/her. The focus needs to be on helping you with your thoughts and feelings and everyone working together to prevent future suicides rather than explaining "why".
* **What method did they use to end their life?** Answer specifically with information as to the method such as he/she shot herself or died by hanging but do not go into explicit details such as what was the type of gun or rope used or the condition of the body etc.
* **Why didn't God stop him/her?** There are varying religious beliefs about suicide and you are all free to have your own beliefs. However, many religious leaders have used the expression "God sounded the alarm but could not stop him/her." God has embraced them yes, and he/she is in whatever afterlife you believe in, but God is actually saddened that he/she did not stay on this earth and do God's work over their natural lifetime.
* **What should I say about him/her now that they have made the choice to die by suicide?** It is important that we remember the positive things about them and to respect their privacy and that of their family. Please be sensitive to the needs of their close friends and family members.
* **Didn't he/she make a poor choice and is it okay to be angry with them?** They did make a very poor choice and research has found that many young people who survived a suicide attempt are very glad to be alive and never attempted suicide again. You have permission for any and all your feelings in the aftermath of suicide and it is okay to be angry with them.
* **Isn't someone or something to blame for this suicide?** The suicide victim made a very poor choice and there is no one to blame. The decision to die by suicide involved every
interaction and experience throughout the young person’s entire life up until the moment they died and yet it did not have to happen. It is the fault of no one.

* How can I cope with this suicide? It is important to remember what or who has helped you cope when you have had to deal with sad things in your life before. Please turn to the important adults in your life for help and share your feelings with them. It is important to maintain normal routines, proper sleeping and eating habits and to engage in regular exercise. Please avoid drugs and alcohol. Resiliency which is the ability to bounce back from adversity is a learned behavior. Everyone does the best when surrounded by friends and family who care about us and by viewing the future in a positive manner.

* What is an appropriate memorial to a suicide victim? The most appropriate memorial is a living one such as a scholarship fund or contributions to support suicide prevention. The American Association of Suicidology cautions that permanent markers or memorials such as plaques or trees planted in memory of the deceased dramatize and glorify their actions. Special pages in yearbooks or school activities dedicated to the suicide victim are also not recommended as anything that glorifies the suicide victim will contribute to other teenagers considering suicide.

* How serious is the problem of youth suicide? It is the third leading cause of death for teenagers and the eighth leading cause of death for all Americans. Approximately 30,000 Americans die by suicide each year.

* What are the warning signs of suicide? The most common signs are the following: making a suicide attempt, verbal and written statements about death and suicide, fascination and preoccupation with death, giving away of prized possessions, saying goodbye to friends and family, making out wills, and dramatic changes in behavior and personality.

* What should I do if I believe someone to be suicidal? Listen to them, support them and let them know that they are not the first person to feels this way. There is help available and mental health professionals such as counselors and psychologists have special training to help young people who are suicidal. Do not keep a secret about suicidal behavior and save a life by getting adult help as that is what a good friend does and someday your friend will thank you.

* How can I make a difference in suicide prevention? Know the warnings signs, listen to your friends carefully, do not hesitate to get adult help and, remember that most youth suicides can be prevented. One person can make the difference and prevent a suicide!

* Where can I go for more information about preventing suicide? Contact the American Association of Suicidology at www.suicidology.org or the Yellow Ribbon Suicide Prevention Program at www.yellowribbon.org

* National Suicide Hotline: 1-800-Suicide.
Contagion & Memorials:

What is contagion?

Contagion is a process by which exposure to the suicide or suicide behavior of one or more persons influences others to commit or attempt suicide. The risk for imitation or contagion is highest among adolescents (American Foundation for Suicide Prevention, 2008).

How does contagion affect funerals & memorials?

Due to the high risk of contagion it is very important to memorialize the student in a way that doesn’t somehow glamorize or romanticize the death or the student. It is recommended that the memorial activity also be connected to suicide prevention. For example, your school could create a Suicide Prevention Program in that student’s name. In that way, you are both honoring the student and preventing further suicides.

However, it is also important not to stigmatize a suicide death by treating it drastically different than a student who might have died of natural causes, accidentally, or violently. Treating the death differently may be painful and unfair to the student’s family and friends. For example, if one student death is recognized at graduation, all students who have died that year should be recognized in the same way.

If the family holds the funeral or memorial service during school hours, it is recommended that the school remain open and that school buses not be used to transport students to and from the services. Students should be allowed to leave school and to attend the service with appropriate parent permission. It is recommended that administrators and assigned school clinicians attend the services to support students. Additionally, schools should strongly encourage parents whose children are attending the service to attend with them (American Foundation for Suicide Prevention, 2008).
Response:

HOMICIDE IDEATION, ATTEMPT, & COMPLETION

{What’s Included?}

* Homicide Ideation Assessment................................. 79
* Homicide Ideation Summary Form.............................. 78
* Homicide Ideation Response Tree............................. 79
* Verification of Emergency Conference
  (English).............................................................. 80
* Verification of Emergency Conference
  (Spanish)............................................................. 81
* Homicide Ideation Protocol...................................... 82
* Homicide Attempt Protocol...................................... 84
* Homicide Completion Protocol................................. 86
* Homicide Completion Response................................. 88
Homicide Ideation Assessment

STEP ONE: Conduct a homicide inquiry to evaluate the intention of the student who expressed a homicide threat. Use the table below as a guide only; it is not necessary to read questions verbatim. Questions should also be modified for age and cognitive understanding. *The most important questions are bolded and have an asterisk.*

<table>
<thead>
<tr>
<th><strong>Ideation</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Are you thinking about hurting (insert name of alleged victim)?</em></td>
</tr>
<tr>
<td>What exactly happened today when you were . . . (Refer to place of incident)?</td>
</tr>
<tr>
<td>How long have you been having these thoughts?</td>
</tr>
</tbody>
</table>

| *Do you have a plan for how you would hurt others?* |
| Do you know how, when and where you would do it? |
| Do you have the means to do it? |
| Have you done any preparation? |

<table>
<thead>
<tr>
<th><strong>Behaviors</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>What happened today when you were… (Refer to the place of the incident)?</td>
</tr>
<tr>
<td><em>What exactly did you say? And what exactly did you do? (Write down student’s exact words).</em></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Intent</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><em>What did you mean when you said/did that?</em></td>
</tr>
<tr>
<td>What was the reason you said/did that? (Find out if there is prior conflict or history to this threat)</td>
</tr>
</tbody>
</table>

STEP 2: Interview witnesses and alleged victim/target separately. Use the sample questions written above to conduct the inquiry. Write down the exact content of the threat and statements by each party.

STEP 3: Consider whether threat is clearly transient or substantive to determine risk level.

* Transient Threats: Statements that do not express the intent to harm.
* Substantive Threats: Represent a serious or very serious intent to harm somebody.

*If in doubt, treat the threat as substantive. Consider student’s age, credibility, and previous discipline history.*

<table>
<thead>
<tr>
<th><strong>Low</strong></th>
<th><strong>Moderate</strong></th>
<th><strong>High</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Is vague and indirect.</td>
<td>Could be carried out but seems unrealistic.</td>
<td>Direct, specific, and plausible.</td>
</tr>
<tr>
<td>Information is inconsistent.</td>
<td>Includes vague information of place and time.</td>
<td>Potential risk to safety of others.</td>
</tr>
<tr>
<td>The plan lacks details and realism.</td>
<td>Lacks a detailed plan.</td>
<td>Suggests concrete steps have been taken, i.e., stalking or acquisition of a weapon.</td>
</tr>
<tr>
<td>Content suggests person is unlikely to carry out the threat.</td>
<td>Lacks preparatory steps.</td>
<td>Almost always requires bringing in law enforcement.</td>
</tr>
<tr>
<td>Statements seek to convey that the threat is not empty: &quot;I'm serious!&quot; or &quot;I really mean this!&quot;</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

STEP 4: Once risk level is determined, utilize the Homicide Ideation Response Tree (page 79) and/or Homicide Ideation Protocol (page 82) to determine next step.

(Dewey, 2004, p.532)
# Homicide Ideation Assessment Summary Form

A copy of this form should be provided to the parent at the time of the Emergency Conference for Homicide Ideation.

<table>
<thead>
<tr>
<th>School</th>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Student Name</th>
<th>ID#</th>
<th>Age</th>
<th>Grade</th>
<th>Gender: M / F</th>
<th>Disability</th>
<th>Parent/Guardian</th>
<th>Contact Number</th>
</tr>
</thead>
</table>

**Brief description of ideation/behavior/plan:**

- [ ] High
- [ ] Moderate
- [ ] Low

**Additional Notes/Concerns:**

- [ ]
- [ ]
- [ ]

<table>
<thead>
<tr>
<th>Clinician Name</th>
<th>Title</th>
<th>Contact Number</th>
</tr>
</thead>
</table>

Parent or Legal Guardian ____________________________

School Clinician, Title ____________________________
HOMICIDAL IDEATION RESPONSE TREE

This tree is designed to assist clinicians after a homicide assessment is completed and risk level is determined

**IS THE STUDENT A RISK TO OTHERS?**

- **NO**
  1. Inform parents/guardians of homicidal ideation.
  2. Inform pertinent school personnel (administrators, teachers, etc.) about the safety precautions.
  3. Follow up and monitor the student’s behavior throughout the school day.
  4. Provide parents with appropriate referrals, if necessary.
  5. Encourage parents/guardians to pick up student from school.
  6. Provide parents/guardians with a plan of action (number to CARES, location of ER, etc.) in the event that the ideation returns or escalates.

- **YES**
  1. Contact Crisis Management for support and guidance at 773-553-1792.
  2. Inform parent/guardian of ideation and need for psychological/psychiatric evaluation.
  3. Find out if the student is SASS eligible by calling the CARES Hotline at 1-800-345-9049.
  4. Parental permission is not needed to call CARES.

**IS THE STUDENT AN IMMINENT RISK?**

- **NO**
  1. Call 911. Police can take Protective Custody to transport student to the hospital emergency room for a psychiatric evaluation.
  2. Provide CPD Officers with “Verification of Conference: Suicide Ideation”
  3. If parent/guardian is not present, principal/designee goes with child and stays at facility until parent/guardian arrives or child is admitted.
  4. Contact Crisis Management for support and guidance at 773-553-1792.

- **YES**
  1. After a reasonable wait, call 911.
  2. Police can take Protective Custody to transport student to an emergency room for a psychiatric evaluation.
  3. If parent/guardian is not present, principal/designee goes with child and stays at facility until parent/guardian arrives or child is admitted.

**IS THE STUDENT SASS ELIGIBLE?**

- **YES**
  1. SASS comes to the school to evaluate the student within two hours and recommends counseling services and/or hospitalization.
  2. Parental permission is not necessary to call CARES.
  3. Parental permission is not necessary for hospitalization.
  4. If the parent/guardian is not compliant call the DCFS Hotline (1-800-252-2873) to report medical neglect.
  5. If the parent/guardian is not compliant and you are worried about the student’s safety, call 911 to request a Well-Being Check.

- **NO**
  1. Help parent(s)/guardian(s) find appropriate evaluator within their medical insurance.
  2. Parent signs “Verification of Conference Homicidal Ideation” and “Authorization for Release of Confidential Information” forms.
  3. Follow up with parent/guardian to ensure evaluation occurred on the day of the ideation.

**CAN YOU REACH THE PARENTS?**

- **YES**
  1. Document all steps taken.

- **NO**
  1. Document all steps taken.

Document all steps taken.
Verification of Emergency Conference: Homicidal Ideation

Date: ____________  Time: ____________

I, the parent/guardian of ______________________________________________, was involved in a conference with school personnel today. I have been notified that my child has been exhibiting signs of homicidal ideation.

I have been further advised that I should seek further psychiatric/psychological consultation from the mental health community. I have been provided with two copies of the “Suicidal Ideation Assessment Summary.” I understand that one copy is for my records and the other should go to my child’s health care provider.

I have been provided with the names of community services/resources. I understand the importance of seeking these services today. The school has clarified its role and will provide follow up assistance to support the treatment services I obtain and pay for in from the community.

**Hospitals/Community Agencies:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone Number</th>
<th>Address</th>
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</table>

________________________
Parent or Legal Guardian

________________________
Parent or Legal Guardian

_______________________
School Clinician, Title

_______________________
School Administrator, Title
Verificación de la Conferencia de Emergencia: Ideación Homicida

Fecha: ____________  Hora: ____________

Yo, el padre/guardián de ____________________________________________, he participado hoy de una conferencia con el personal escolar. He sido notificado que mi hijo/a ha manifestado ideas homicidas.

Más aún, se me ha aconsejado que debiera obtener una consulta psiquiátrica/psicológica de un profesional de la salud mental. Además, he sido provisto con dos copias de la “Evaluación de la Ideación Suicida.” Entiendo que debo archivar una copia y otra debo entregársela al proveedor de salud mental de mi hijo/a al que acudirá.

Se me ha provisto también con nombres de servicios de salud mental en la comunidad. Entiendo la importancia de conseguir tratamiento hoy. La escuela ha clarificado su rol y proveerá seguimiento al tratamiento que obtendré y pagare de una agencia comunal de Salud Mental o un hospital.

**Hospitales/Agencia de la Comunidad:**

<table>
<thead>
<tr>
<th>Nombre</th>
<th>Número de Teléfono</th>
<th>Dirección</th>
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</table>

__________________________
Padre o Guardián

__________________________
Padre o Guardián

__________________________
Clínico de la Escuela, Título

__________________________
Administrador de la Escuela, Título
Homicidal Ideation/Serious Bodily Harm Protocol

1. Take all threats seriously.
2. DO NOT LEAVE THE STUDENT ALONE. Escort the student to the administrator’s office and/or counseling office. Place child under watch of an adult who will maintain CONSTANT supervision.
3. Involve a member of the School Crisis Response Team (counselor and/or clinician) to meet with the student to conduct a brief risk assessment to determine if the student is a danger to him/herself or others. Under no circumstances should a person who is not a mental health professional (school counselor, social worker, psychologist, or nurse) attempt to assess the severity of the risk.
   a. If the counselor and/or clinician determine that the student is not a risk to him/herself or others there is no need for further evaluation. However, the student’s parent/guardian should be contacted and informed of the ideation.
      i. Determine who will follow up with student and monitor his/her behavior throughout the school day.
      ii. Make appropriate referrals, if necessary.
   b. If the counselor and/or clinician determine that the student is a risk to him/herself or others proceed to step 4.
4. Contact the Crisis Management Unit for guidance and support (773-553-1792).
5. Contact the Student Safety Center at (773-553-3335).
6. Contact parent or guardian and make them aware of the homicidal ideation and the need for a psychological or psychiatric evaluation.
   a. If the child is SASS eligible (the CARES intake worker can determine eligibility):
      i. Alert the parent/guardian that you will be contacting SASS and ask the parent/guardian to come to the school.
      ii. CONTACT CARES (800-345-9049).
      iii. A SASS representative will come to evaluate the student and recommend next steps.
   NOTE: If the parent/guardian cannot be immediately reached, CARES can be contacted without having parent/guardian permission.
   b. If the child has private insurance:
      i. Assist the parent/guardian in determining where the evaluation will take place. If the parent/guardian does not agree to take the student for an evaluation that day, call the DCFS Hotline (1-800-252-2873) to report medical neglect.
      ii. If the parent takes the child out of school without agreeing to obtain an evaluation that day, call 911 and ask for a Well-Being Check. Give the dispatcher your name and a telephone number where you can be reached. Explain the purpose of the Well-Being Check (for example, the child is expressing homicidal ideation) and advise of any circumstances that might present a danger to the responding police officer. Advise the dispatcher of
any disability the child may have that would affect his/her ability to communicate.

iii. If the parent/guardian agrees to take the student for an evaluation, ask him/her to sign a “Verification of Conference: Homicide Ideation” form and the “Authorization for Release of Confidential Information” form.

iv. The next school day, follow up with the parent/guardian to ensure that the evaluation occurred. If it did not, call the DCFS Hotline to report medical neglect. If the child does not come to school, call 311 to ask for a Well-Being Check and follow the procedure in subsection ii above.

7. In the event that a child’s parent/guardian cannot be contacted and the school has attempted to make contact through the numbers listed on the Emergency Contact Card, and after a reasonable amount of time has expired, call 911. The police have authority to transport the student to an appropriate mental health facility or the nearest emergency room. If the child is transported to the hospital by the police or ambulance and the parents/guardians are not present, it is best practice for the principal or the principal’s designee to accompany the child to the emergency room or mental health facility until the parent/guardian arrives or the child is admitted to the hospital.

8. If a parent/guardian is uncooperative, medical neglect should be reported to DCFS (800-25-ABUSE).

9. If the student threatened to cause serious bodily harm or death to a particular individual or group of people, then the clinician who conducted the risk assessment has sole discretion to decide whether to warn the potential victim(s). If the clinician decides to warn the potential victim, the clinician should:
   a. also warn his/her parents/guardians;
   b. implement a safety plan with Safety & Security; and
   c. meet with the threatened student(s) or staff members to assess their emotionality and coping strategies. This counselor and/or clinician should continue to meet with the individual and make long-term community counseling referrals as needed.

10. As a general rule, staff should encourage students to report any threats of violence from classmates. In many incidents, those perpetrating violence previously told others about their intentions. Staff should instruct students that if they know about a threat but do not report it, they would carry a heavy emotional burden and deep regret if the threat were carried out.

11. Complete an Incident Report in Verify. If the police were called, note the RD number. If DCFS was called, note the SCR number and attach the Written Confirmation to the Incident Report.

12. Adhere to the policies and procedures under the Student Code of Conduct.

Homicide Attempt Protocol

**First Responder:**

1. Assume the victim is alive.
2. Check the scene for safety. First responder should not enter an actively dangerous scene.
3. Direct another person to call 911 and notify administrator in charge of the building (Incident Commander).
4. Direct another person to retrieve the defibrillator.
5. Administer First Aid/CPR/AED.
6. **DO NOT LEAVE VICTIM and/or OFFENDER STUDENT ALONE; ensure CONSTANT adult supervision is maintained.**

**Incident Commander/Principal Responsibilities:**

1. Limit access to immediate area until paramedics arrive. Treat the area as a crime scene.
2. If the alleged perpetrator is present, direct security personnel to follow the Search & Seizure Policy. The alleged perpetrator should be taken to a secure location away from the victim and kept under CONSTANT adult supervision until the police arrive.
3. Declare a LOCKDOWN, if necessary.
4. Assign someone to direct EMT responders to the scene upon arrival.
5. Notify appropriate CPS Departments:
   a. Student Safety Center (773-553-3335).
   b. Network Office.
   c. Crisis Management Unit (773-553-1792).
   d. Communications (773-553-1620).

Tell them briefly what you know about the incident. Explain the student has been taken by ambulance to the hospital. Encourage them to get to the hospital safely, asking someone else to drive, if possible. If siblings also attend the school, ask the parent what arrangements should be made for them.

*Sample Script: Hello, (insert name of parent/guardian) This is (insert your name and position at the school.) I am calling to let you know that (insert name of student) was seriously injured and is being taken by ambulance to (insert name and address of hospital). Do you have someone who can drive you to the hospital? If not, please drive there carefully or I can ask the police to transport you. The doctors will be able to give you more information.

You have two other children at the school. Do you want us to tell them? Who will be responsible for these students after school today?

6. Activate the SCHOOL CRISIS PLAN* and have the school crisis team meet. Team should:
a. If necessary, determine an appropriate way to disseminate information to staff, students, parents, and community.
b. Develop interventions.
c. Determine which students, if any, were witnesses to the incident.
d. Identify family, friends and associates of BOTH the victim and the offender. Ensure safety measures are implemented to separate these two groups of students.
e. Arrange for counselors and clinicians to meet with students, staff, and parents as needed in the previously identified overflow room.
f. If the student has siblings in the school, bring them to a secure area. Tell the siblings that their brother/sister has been hurt and explain the arrangements their parents have made for them. If the parent/guardian has not been reached, explain that their brother/sister has been seriously hurt and has been taken by ambulance to the hospital. Ask if they know how to reach their parents. Explain that they will remain at the school until their parents/guardians can be contacted.
g. The School Crisis Intervention Team should continue meeting with students as necessary in small group and individual counseling sessions.

7. Follow the Student Code of Conduct to address the alleged perpetration.
8. Complete an Incident Report in Verify. If the police were called, note the RD number.
9. Direct that personal property of the victim be secured. This includes items in classroom and locker.
10. Hold an emergency staff meeting at the close of school to brief staff, if necessary, and inform them of what physical and psychological supports will be available for students and staff.
11. School Crisis Team should meet again to determine what level of supports will be needed for the following day.
12. The school security officers should meet to prepare for the following school day, such as identifying members of opposing factions and to prepare enhanced screening measures upon student arrival. Work closely with the Chicago Police Officers assigned to the school for arrival and dismissal procedures.

*Each school is required to create a plan to address the psychological and physical safety of students and staff during a traumatic situation.*
Homicide Completion Protocol

First Responder:

1. Assume the victim is alive.
2. Check the scene for safety. First responder should not enter an actively dangerous scene.
3. Direct another person to call 911 and notify administrator in charge of the building (Incident Commander).
4. Direct another person to retrieve the defibrillator.
5. Administer First Aid/CPR/AED.
6. DO NOT LEAVE THE STUDENT ALONE; ensure CONSTANT adult supervision is maintained.

Incident Commander/Principal Responsibilities:

1. Limit access to immediate area until paramedics arrive. Treat the area as a crime scene.
2. If the alleged perpetrator is present, direct security personnel to follow the Search & Seizure Policy. The alleged perpetrator should be taken to a secure location away from the victim and kept under CONSTANT adult supervision until the police arrive.
3. Declare a LOCKDOWN, if necessary.
4. Assign someone to direct EMT responders to the scene upon arrival.
5. Notify appropriate CPS Departments:
   a. Student Safety Center (773-553-3335)
   b. Network Office.
   c. Crisis Management Unit (773-553-1792).
   d. Communications (773-553-1620).

Tell them briefly what you know about the incident. Explain that the student has been taken by ambulance to the hospital. Do not tell the parent/guardian that the student is deceased unless a physician has confirmed this. Encourage them to get to the hospital safely, asking someone else to drive, if possible. If siblings also attend the school, ask the parent what arrangements should be made for them.

**Sample Script:** Hello, (insert name of parent/guardian) This is (insert your name and position at the school.) I am calling to let you know that (insert name of student) was seriously injured and is being taken by ambulance to (insert name and address of hospital). Do you have someone who can drive you to the hospital? If not, please drive there carefully or I can ask the police to transport you. The doctors will be able to give you more information. You have two other children at the school. What do you want us to tell them?

You have two other children at the school. Do you want us to tell them? Who will be responsible for these students after school today?

6. Activate the school CRISIS PLAN* and have the school crisis team meet. Team should:
a. Determine an appropriate way to disseminate information to staff, students, parents, and community.

b. Develop interventions

c. Determine which students, if any, were witnesses to the incident.

d. Identify friends and associates of BOTH the victim and the offender. Ensure safety measures are implemented to separate these two groups of students.

e. Arrange for counselors and clinicians to meet with students, staff, and parents as needed in the previously identified overflow room.

f. If the student has siblings in the school, bring them to a secure area. Tell the siblings that their brother/sister has been hurt and explain the arrangements their parents have made for them. If the parent/guardian has not been reached, explain that their brother/sister has been seriously hurt and has been taken by ambulance to the hospital. Ask if they know how to reach their parents. Explain that they will remain at the school until their parents/guardians can be contacted.

g. The School Crisis Intervention Team should continue meeting with students as necessary in small group and individual counseling sessions.

7. Isolate all witnesses for interviews by law enforcement. These students will need immediate psychological/emotional support before and after their interviews.

8. Do not interact with the media. Refer all media requests to the Communications Department for directions (773-553-1620).

9. Declare an ALL CLEAR code when appropriate.

10. Complete an Incident Report in Verify. If the police were called, note the RD number. If DCFS was called, note the SCR number and attach the Written Confirmation to the Incident Report.

11. Adhere to the policies and procedures under the Student Code of Conduct.

12. Direct that personal property of the victim be secured. This includes items in classroom and locker.

13. Hold an emergency staff meeting at the close of school to brief staff on facts of the situation and what resources will be available to deal with physical and emotional needs of the students and staff.

14. The School Crisis Team should convene again to determine what level of supports will be needed for the following day. Create a letter to be sent home with the students giving a brief description of what occurred and what supports were made available at the school.

15. The school security officers should meet to prepare for the following school day, such as identifying members of opposing factions and to prepare enhanced screening measures upon student arrival. Work closely with the Chicago Police Officers assigned to the school for arrival and dismissal procedures.


*Each school is required to create a plan to address the psychological and physical safety of students and staff during a traumatic situation.*
HOMICIDE COMPLETION RESPONSE:

How do we respond?

Information on how to best respond to a homicide completion can be found in the “Student/Staff Fatality” portion of this manual located on (page 19).

Please refer to this section for sample meeting structures, scripts, letters, and general guidelines and tips. As always, you are encouraged to call Crisis Management, 773-553-1792 for additional assistance.
Response:

ABUSE & NEGLECT

{What’s Included?}

* Mandated Reporting Overview.........................91
* Written Confirmation of Suspected Child Abuse..... 95
REPORTING CHILD ABUSE AND NEGLECT:

Importance of review:

At the beginning of the school year, it’s important to review the responsibilities of educators to protect students from abuse and neglect. School staff plays a crucial role in the State’s efforts to prevent child abuse because, next to parents, they are the adults who have the most frequent contact with children.

Who is a mandated reporter?

Under Illinois law, every person who works at a school has an obligation to call the Department of Children and Family Services (DCFS) Hotline (800-252-2873 or 800-25-ABUSE) when they have reason to believe that a child they know in their professional or official capacity may have been abused or neglected. The employee does not have to notify his/her supervisor of the Hotline call. Some school personnel wrongly believe their legal obligation is satisfied if they advise the principal of their suspicions and let the principal decide whether to call DCFS. And some principals believe they have authority to decide whether staff should make a report or not. Under Illinois law, however, when any individual who is mandated to report in his capacity as a school staff member reasonably suspects child abuse or neglect, it is his/her Individual responsibility to make a report to DCFS immediately.

A school staff member has an obligation to call DCFS, whether or not the principal or other administrator agrees with his/her assessment. Under no circumstances may the principal or administrator in charge of the school or other institution exercise any control or restraint over the making of such a report. Nor may staff members or administrators be discriminated against or disciplined for making a good faith report to DCFS.

If an employee notifies the principal of the report, the principal should ask the employee to complete a CPS Incident Report. If the principal learns of the report from DCFS, the principal should complete the CPS Incident Report (IR). A copy of the Written Confirmation (next page) and any police report should be attached to the IR.
When to call the hotline?

Whenever you believe that a person who is caring for the child, who lives with the child, who is a family member, or who works with or around children has caused injury or harm or put the child at risk of physical injury. A mandated reporter’s legal obligation is not satisfied by notifying his/her supervisor of the suspicion. A mandated reporter who has reasonable cause to believe that a child known to him/her in his/her official capacity may have been abused or neglected shall immediately call the DCFS Hotline at:

1-800-252-2873 (1-800-25-ABUSE).

How does DCFS define child abuse or neglect?

⇒ ABUSED CHILD: When a parent, member of the immediate family or household, person responsible for the child’s welfare, or parent’s paramour inflicts or fails to protect a child from:

* physical injury that is not an accident and that causes disfigurement, impairment of physical or emotional health, or loss or impairment of a bodily function;
* sex abuse or committing or permitting female genital mutilation;
* torture;
* excessive corporal punishment;
* When any of these individuals sells, distributes or gives to a child under 18 an illegal substance.

⇒ NEGLECTED CHILD: Any child who:

* is not receiving the care necessary for her well-being, including adequate food, clothing and shelter;
* is abandoned by his parents or other person responsible for the child’s welfare without a proper plan of care;
* is born testing positive for a controlled substance.

What is needed to make a hotline call?

* The child’s name, address, and age.
* The nature of the suspected abuse or neglect including when and where it occurred.
* The names of suspected perpetrators and their relationship to the child (parent, teacher, etc.).
* Any information you think will be helpful.

Consequences of failure to report:

Mandated reporters may face criminal and professional sanctions if they fail to report child abuse. Willful failure to report is a Class A misdemeanor. In addition, the regional and state superintendents have authority to suspend and revoke teaching and administrative certificates and endorsements for willful failure to report.

Written confirmation:

Calling the Hotline is not the mandated reporter’s only obligation. Within 48 hours of the Hotline call, the mandated reporter must fax written confirmation of his/her report to DCFS (page 95). On the Written Confirmation Form be sure to note any evidence of prior, non-accidental injuries to the child or her siblings; whether any photographs were taken; and any other information the reporter believes might help DCFS protect the child or other member of her family. Mandated reporters should keep copy of the Written Confirmation in their own records in case they have to prove they fulfilled their legal obligation.

Immunity from liability:

Any person who participates in good faith in making a report is immune from civil and criminal liability. The law presumes that reporters acted in good faith, so the burden is on the person challenging the reporter to show that she was acting in bad faith.

NOTE: The name of the reporter will not be disclosed to the alleged perpetrator or anyone else unless ordered by a judge or hearing officer.

When a teacher or administrator is accused of child abuse:

For any allegations of physical or sexual misconduct by a teacher or staff member, the principal or her designee must immediately:
1. Conduct a brief fact-finding inquiry with the alleged victim, the alleged offender, and any witnesses, so s/he can complete a CPS Incident Report
2. Call the police and the DCFS hotline

When a DCFS investigator arrives at the school, s/he should make a reasonable effort to interview the school employee during times s/he is not scheduled to teach.

**When a parent/guardian or family member is accused:**

If the child is afraid to go home, call the DCFS Hotline. If an investigator does not arrive before the school day ends, do not send the child home. Call 911 to ask the police to take protective custody. Do not notify the parent/guardian of the Hotline call. Allow DCFS to make the notification.

**Notice of Indicated DCFS Report:**

If DCFS finds that it is more likely than not that a child was physically or sexually abused or neglected ("indicates the report"), it will notify the child’s school of its finding within 10 days. School staff is responsible for ensuring that this report remains confidential in compliance with the School Student Records Act. If the report is “unfounded” or the indicated finding is overturned on appeal, DCFS will contact the school to return the report to DCFS.

**Legal questions?**

* Call Senior Assistant General Counsel, James Ciesil, 3-1643,
* Or Deputy General Counsel, Lee Ann Lowder, 3-5955.

**More information:**

* The Board’s Child Abuse Reporting Policy can be found in full at: http://policy.cps.k12.il.us/download.aspx?ID=156
* Online training is available for mandated reporters at www.dcfstraining.org/rnanrep/index.jsp

**IN LIFE THREATENING EMERGENCIES ALWAYS CALL 911!**
WRITTEN CONFIRMATION OF SUSPECTED CHILD ABUSE/NEGLECT REPORT:  
MANDATED REPORTERS

CPS Employees/Mandated Reporters: Complete and **fax this form to DCFS at 773-371-6162** within 48 hours after calling the Child Abuse Hotline. Attach this form to the Infraction Event on Verifi. **KEEP A COPY FOR YOUR RECORDS.**

DATE: ___________________________________________________________________________________

ABOUT: ___________________________________________________________________________________

<table>
<thead>
<tr>
<th>Child’s Name</th>
<th>Child’s Birth Date</th>
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Other children: __________________________________________________________________________

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<th>Street Address</th>
<th>Zip Code</th>
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Chicago, IL  

Name of Parent/Custodians: ______________________________________________________________________

Address (if different than the child’s address) ______________________________________________________________________

This is to confirm my telephone call to the Child Abuse Hotline on ________________________________ .

(Date)  (SCR #)

1. What injuries or signs of abuse/neglect are there?

2. How and approximately when did the abuse/neglect occur and how did you become aware of the abuse/neglect?

3. Had there been evidence of abuse/neglect before now? ___Yes  ___No

4. If the answer to question 3 is “yes,” please explain the nature of the abuse/neglect.

5. Names and addresses of other persons who may be willing to provide information about this case:

6. Your relationship to child(ren):

7. Reporter Action Recommended or Taken:

PLEASE CHECK THE APPROPRIATE RESPONSE:

_____ I saw the child(ren).

_____ I heard about the child(ren). From whom?

____ I ____ have/____ have not told the child’s family of my concern.

____I have not told the child’s family of my report to the Hotline due to Chicago Board of Education policy.  
I ____ believe/____ do not believe the child is in immediate physical danger.

_____________________________________________  __________________________
(Name Printed)  (Signature)

_______________________________________________________________________________
(Title)  (CPS School or Department)
Response:
SIGNIFICANTLY DISRUPTIVE BEHAVIORS

{What’s Included?}

* Verification of Emergency Conference
  (English).................................................. 99
* Verification of Emergency Conference
  (Spanish).................................................. 100
* Safety Plan Overview.............................. 101
* Sample Safety Plan (General)...................... 102
* Sample Safety Plan (Sexualized Behaviors)....... 105
* Sample Safety Plan (Bullying Behaviors)......... 111
Verification of Emergency Conference: Significantly Disruptive Behaviors

Date: ____________  Time: ____________

I, the parent/guardian of ______________________________________________, was involved in a conference with school personnel today. I have been notified that my child has been exhibiting significantly disruptive behaviors which could be considered a danger to her/himself or others. I have been further advised that I should seek further psychiatric/psychological consultation from the mental health community. I have been provided with the names of community services/resources. I understand that all services will be at my expense. The school has clarified its role and will provide follow up assistance to support the treatment services from the community.

Hospitals/Community Agencies:

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__________________________________
Parent or Legal Guardian

__________________________________
Parent or Legal Guardian

__________________________________
School Clinician, Title

__________________________________
School Administrator, Title
Verificación de la Conferencia de Emergencia: Comportamientos Altamente Perturbadores

Fecha: ____________  Hora: ____________

Yo, el padre/guardián de __________________________________________, he participado hoy de una conferencia con el personal escolar. He sido notificado que mi hijo/a ha manifestado comportamientos altamente perturbadores. Más aun, se me ha aconsejado que debiera obtener una consulta psiquiátrica/psicológica con un profesional de la salud mental. Se me ha provisto con nombres de servicios de salud mental en la comuna. Entiendo que todos los servicios estarán financieramente a mi cargo. La escuela ha clarificado su rol y proveerá seguimiento al tratamiento provisto por la agencia comunal de Salud Mental/hospital.

Hospitales/Agencia de la Comunidad:

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<th>Nombre</th>
<th>Número de Teléfono</th>
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_____________________________
Padre o Guardián

_____________________________
Padre o Guardián

_____________________________
Clínico de la Escuela, Título

_____________________________
Administrador de la Escuela, Título
SAFETY PLAN OVERVIEW:

What is a safety plan?

A Safety Plan is designed to provide special supervision to individual students. The plan should include specific interventions which target dangerous or potentially dangerous behavior. The goal is to minimize the risk of harm to the student or others. A Safety Plan should specifically address issues of safety; behavioral concerns should be addressed in a Functional Analysis/Behavior Intervention Plan. A Safety Plan should be developed after the FA/BIP.

Who creates the plan?

Ideally, the School Team, the student, and the parent/guardian will all be involved in the creation of the plan. In certain cases, it may be necessary to involve a representative from Safety and Security. It is important that all members responsible for enacting the plan are involved in its creation.

Recommendations:

* Please, be as specific as possible. When information is not immediately available, please complete the form to the best of your abilities.
* Typically, a Safety Plan will be implemented in conjunction with a Functional Assessment/Behavior Intervention Plan (FA/BIP).
* A Safety Plan is a living document that needs to be revised, at least quarterly, to update all participants on the child’s progress.
* The Safety Plan and all of its relevant components may be shared with any adult in the building who plays an active role in the student’s education. List the names of adults who will be given access to the Safety Plan.

Sample plan:

The following plans should be used as a guide. Please adjust them as necessary to meet the specific needs of the student and your school.

* Sample Safety Plan: General
* Sample Safety Plan: Sexualized Behaviors
* Sample Safety Plan: Bullying Behaviors
# Student Safety Plan

## IDENTIFYING INFORMATION:

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<thead>
<tr>
<th><strong>Student Name:</strong> Last, First</th>
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<td><strong>Student ID:</strong></td>
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<td><strong>Age:</strong></td>
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<td><strong>Grade:</strong></td>
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<td><strong>School:</strong></td>
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<td><strong>Delinquency/Criminal History:</strong></td>
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<td><strong>School Suspensions/Expulsion History:</strong></td>
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<td><strong>School Activities:</strong></td>
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<td><strong>Extracurricular Activities:</strong></td>
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<td><strong>Treatment:</strong></td>
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<td><strong>Medications:</strong></td>
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<td><strong>Special Education Services:</strong></td>
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<td><strong>Incident Report Number:</strong></td>
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**Brief description of behavior(s):**

**Functional Assessment/Behavior Intervention Plan Available:**
- □ Yes
- □ No

*If yes, attach document to Safety Plan. If no, develop FA/BIP.*

## ARRIVAL & DISMISSAL:

**Check In & Out Requirement:**
- □ Yes
- □ No

*If yes, indicate arrival times and staff member assigned to checks.*

<table>
<thead>
<tr>
<th><strong>Arrival Time:</strong></th>
<th><strong>Staff:</strong></th>
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<th><strong>Dismissal Time:</strong></th>
<th><strong>Staff Member:</strong></th>
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**TRANSITIONS:** Fill out the time, location, and staff member assigned (if applicable) for all transitions which are potentially problematic. Examples of transitions include time between classes and restroom breaks.

**LUNCH:**

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<tr>
<th>Time</th>
<th>Location</th>
<th>Staff Assigned</th>
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*Specific Activity:*

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<th>Time</th>
<th>Location</th>
<th>Staff Assigned</th>
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**RESTROOM BREAKS:**

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<th>Staff Assigned</th>
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**TIME BETWEEN CLASSES:**

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<th>Time</th>
<th>Location</th>
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**OTHER:**

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**EXTRACURRICULAR ACTIVITIES/AFTER-SCHOOL:**

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<th>Location</th>
<th>Staff Assigned</th>
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*Specific Activity:*

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**TRANSPORTATION:**

*Specific Activity: detail mode of transportation, concerns, and intervention strategies:*

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**GENERAL RESTRICTIONS:**

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<th>Restriction</th>
<th>Rationale</th>
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________________________________________  __________________________________________
Student                                                                                     Parent or Legal Guardian

________________________________________  __________________________________________
Parent or Legal Guardian                                                                 School Clinician, Title

________________________________________  __________________________________________
School Administrator, Title
# Student Safety Plan: Sexualized Behaviors

## IDENTIFYING INFORMATION:

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<thead>
<tr>
<th>Student Name: Last, First</th>
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<td>Student ID:</td>
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<td>Age:</td>
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<td>Grade:</td>
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<td>School Suspensions/Expulsion History:</td>
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<td>School Activities:</td>
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<td>Extracurricular Activities:</td>
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<td>Treatment:</td>
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<td>Medications:</td>
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<td>Special Education Services:</td>
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<td>Incident Report Number:</td>
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Brief description of behavior(s):

---

### Functional Assessment/Behavior Intervention Plan Available:

- [ ] Yes
- [ ] No

*If yes, attach document to Safety Plan. If no, develop FA/BIP.*

## SCHOOL SAFETY CONTRACT:

I, (student’s name/parent/guardian)______________________________, agree to follow the terms of this School Safety Contract, which is designed to protect individuals at my school and at school-related activities. I am fully aware that following these rules is not a guarantee that the Illinois Department of Children and Family Services will not investigate or take action if a risk of harm or other abuse exists. I also recognize that some of the recommendations may not actually be of concern right now, but may become of concern in the future. Finally, I realize that victim sensitivity and the safety of all students will be considered the top priority any time this contract is amended. Victim sensitivity and student safety are paramount concerns.
Please, check all applicable items:

☐ If the student with sexual behavioral problems (SBP) rides a school bus, s/he will have an assigned seat by herself/himself -- the front seat located diagonally from the bus driver. The bus driver (name of person) _________________________ will be an informed supervisor and will be aware that s/he is taking on the role of an informed and trained supervisor.

☐ The student with SBP will have informed and trained supervision (name of person) ___________ at his/her bus stop if other students share the bus stop.

☐ The student with SBP will not wait for the school bus at the same stop as his/her victim(s) (name of victim/s) _________________________________.

☐ The student with SBP will not ride the same bus as his/her victim(s) _________________________________.

☐ The student with SBP will check in by _____ time each morning with (name of person) ________________, and out at _____ time with (name of person) _____________ each afternoon.

☐ The student with SBP will arrive and depart from school by means of: _________________________________.

☐ The student with SBP will arrive and depart from school at a designated location _______________________________ that will be monitored by an informed and trained supervisor (name of person) _________________________________.

☐ The student with SBP will not be allowed to wander the hallways of the school unattended when s/he is scheduled to be in class. An approved school pass is required if the student with SBP is to travel from one location of the school to another during instructional times.

☐ The student with SBP is not permitted to be in the same location as any on-site day care center.

☐ The student with SBP is not permitted to have contact with severe needs special education students.

☐ The student with SBP who is in grades K - 9 will not be allowed in areas of the school where children three or more years younger than him/her are present.
☐ The student with frottage problems (touching others in a sexual manner without permission) will need to have an escort from an informed and trained supervisor (name of person) ____________________________ when traveling from one location of the school to another.

☐ The student with SBP who is deemed highly impulsive will need to have an escort (name of person) ____________________________ from an informed and trained supervisor when traveling from one location of the school to another.

☐ The student with SBP who is deemed highly impulsive and/or who has frottage problems will not attend school dances.

☐ Kindergarten through eighth grade students with SBP should not volunteer or supervise other students who are three or more years younger than they are.

☐ High school students who have SBP should not volunteer or supervise other students who attend middle or grade schools.

☐ High school students who have SBP should not work at middle or grade schools.

☐ Middle school students who have SBP should not work at grade schools.

☐ The student with SBP will not be allowed to assume any position of authority (e.g., crossing guard, class monitor, peer tutor, aide for younger kids, or referee for games).

☐ Every effort should be made to try to ensure that the student victim(s) and the student with SBP will not attend field trips together. If both must attend the same field trip, they should be transported on different buses and participate in different tour groups. An informed and trained supervisor will accompany the student with SBP on the field trip to promote safety.

☐ If the student with SBP is involved in extracurricular activities that would require travel, an informed and trained supervisor (usually a coach or teacher) (name of person) ___________________________________ will visually monitor the student. If the coach or teacher cannot devote proper attention at all times, another informed and trained supervisor must be assigned.

☐ The student with SBP will not be in the same class(es) as his/her victim(s). The student victim(s) should be given first priority in attending the desired class.

☐ If the student victim(s) and the student with SBP are in the same section of a class, they will not be paired together (e.g. lab or project partners, members of the same small group), and will be assigned to sit in separate locations.
- The student victim(s) and the student with SBP will not participate in the same sports or academic teams, or other extracurricular organizations affiliated with the school system. The student victim(s) should be given first priority in participating in the desired sports or academic teams, or other extracurricular organizations.

- If the student victim(s) and student with SBP are serving detentions or in-school suspensions at the same time, they should be assigned to separate locations.

- The student with SBP will attend breakfast at _____ and lunch at ______. Every effort should be made to ensure that the student with SBP has different meals periods than his/her victim(s). If this is not possible, an informed supervisor (name of person) ____________________________ will visually monitor the SBP, who will sit separately from his/her victim(s) during meal periods.

- The student with SBP will be required to sit separately from the student victim(s) at school assemblies, sporting events, and other school-sponsored activities.

- The student with SBP will be able to access restrooms only from __________ (location).

- An informed and trained supervisor is/is not (circle one) required for the student with SBP to access the restroom. The informed supervisor(s) will be__________________________.

- The student victim and the student with SBP will not be in the same physical education class, nor will they share the same time for showering or undressing in the presence of others.

- If the student with SBP has problems with frottage (sexualized touch without consent or authorization), s/he will be restricted from contact sports.

- The student with SBP who is deemed highly impulsive will be restricted from contact sports.

- If the student with SBP is in a physical education or extracurricular activity that would require showering or the usage of a therapeutic whirlpool, sauna, or steam room, an informed supervisor will provide visual monitoring.

- If the student with SBP is involved in activities that required him/her to change clothing in locker rooms, an informed supervisor will be present.

- The student with SBP may not access the inter/intranet while on school grounds.

- A student with SBP who drives to school will not be allowed to give car rides to other students.
☐ The student with SBP will attend each scheduled class daily.

☐ The student with SBP will not attend school or any other school-related event under the influence of any mind/mood altering chemicals.

☐ The student with SBP will not attend school or any other school-related event with any material that could be used as a weapon or is related to a weapon (e.g., knife, box cutter, mace, gun, ammunition).

☐ The student with SBP has been notified that s/he may be directed to leave a special event at school if his/her behavior poses a risk to any person, animal or property, or if any informed supervisor or other school employee has a reason to believe that s/he is violating his/her safety plan or other supervision and management agreement.

☐ The student with SBP will follow district protocol on excused absences.

☐ The student with SBP will be required to comply with all terms and conditions set forth by any court, social service or other supervising agency while on school property or at any school event s/he is permitted to attend.

☐ The student with SBP will be able to access personnel in the building for assistance in coping with risk behavior or other support system issues. Those persons are: _________________________________.

☐ If a large student gathering occurs (e.g., play times, recess, school assemblies, etc.), an adequate school staff-to-student ratio will be implemented to ensure visual monitoring of the student with SBP.

☐ Library materials will be scanned for sexual objectification material.

☐ Substitute teachers must be made aware of general safety plans for the school and specific safety plans for students with SBP.

☐ Additional rules and/or amendments to the above-mentioned school safety contract:

________________________________________________________________________

________________________________________________________________________

☐ Possible consequences for violating this contract will include, but may not be limited to the following:

________________________________________________________________________

________________________________________________________________________
Please attach a current copy of the student’s class and extracurricular activities schedules. 
In the event the student transfers from the current school, the principal will be responsible for 
ensuring that this contract is forwarded to the principal at the next school.

The principal understands that this contract will need to be updated when events in the student’s 
life and circumstances change. The multidisciplinary team (MDT) can make written 
modifications to the terms of this contract. All participants who are affected by this contract will 
receive timely notice of any change to the contract.

The confidentiality of this contract is crucial. Each participant agrees that s/he will not disclose 
the nature of the student’s adjudication of delinquency or the terms of this contract to any other 
person. A violation of the confidentiality of this contract is cause for discharge under the 
Chicago Board of Education’s Employee Discipline Code. Each participant also agrees that s/he 
will make every effort to ensure that students who are affected by this contract are not 
stigmatized.

Any violation of this contract will be reported immediately to the principal and the other 
members of MDT. The principal has advised all school personnel who are participating in this 
contract of their obligation as mandated reporters of child abuse. By signing this contract, each 
school employee acknowledges that s/he is an informed and trained supervisor, who is willing to 
comply with its terms. All participants are aware that an overly restrictive safety contract may be 
detrimental by creating a negative self-fulfilling prophecy that could increase risk. Participants 
have reviewed the results of a current sex offense specific evaluation/risk assessment to ensure 
that the appropriate level of supervision has been implemented for the student’s level of risk.

I, (student’s name) ____________________________, have read the terms of this School Safety 
Contract and I fully comprehend what is being asked of me. By signing this school safety 
contract, I understand that I am agreeing to abide by all of its conditions.

__________________________________
Student

__________________________________
Parent or Legal Guardian

__________________________________
Parent or Legal Guardian

__________________________________
School Clinician, Title

__________________________________
School Administrator, Title
Student Safety Plan: *Bullying Behaviors*

**IDENTIFYING INFORMATION:**

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<thead>
<tr>
<th>Student Name: Last, First</th>
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<td>Student ID:</td>
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<td>Special Education Services:</td>
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<tr>
<td>Incident Report Number:</td>
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</table>

**Brief description of behavior(s):**

- Functional Assessment/Behavior Intervention Plan Available:
  - ☐ Yes
  - ☐ No

*If yes, attach document to Safety Plan. If no, develop FA/BIP.*

**SAFETY PLAN:**

Please, check all applicable items:

- ☐ At the beginning of the school day, ________ will walk through the main entrance and will report to the main office. A school staff member (name of person) ________________ will escort ________________ to class.

- ☐ __________ will not discuss __________ with any other student, in her presence or outside of her presence, on school grounds or off school grounds.
☐ _________ will not attempt to contact _______________ in person, by phone, using the internet, or any social network.

☐ _________ will not direct, encourage or advise anyone to verbally or physically harass _________ in person, by phone, text message, using the internet, or social networks, including, but not limited to, having anyone call her/him to ask for sexual favors or calling her/him a derogatory name.

☐ If any student discusses __________ in her/his presence, __________ will take all reasonable steps to go somewhere else so as not to participate in discussions regarding her/him.

☐ _________ will go to the lunchroom only during her/his assigned, _____ period lunch. The victim will not go to the lunchroom during ________’s lunch period.

☐ After school, ________________ will wait in the classroom until a Security Officer (name of person) ________________________________comes to escort her/him from the building.

☐ _________ may be disciplined under the Student Code of Conduct for use of intimidation or persistent severe bullying (Act of Misconduct 5-4) or persistent or severe acts of sexual harassment (Act of Misconduct 5-9), if she violates this School Safety Plan.

__________________________________
Student

__________________________________
Parent or Legal Guardian

__________________________________
Parent or Legal Guardian

__________________________________
School Clinician, Title

__________________________________
School Administrator, Title
Response:

SEAMLESS INTEGRATION WITH CPD

{What’s Included?}

* Seamless Integration Overview ....................... 115
* Verification of Emergency Conference
  (English) ................................................. 116
When to ask CPD for support:

* The student is afraid to go home due to alleged abuse/neglect. The police can take protective custody of the student(s).
* Well-Being checks.
* Arrests for violation of the law.
* Additional security presence after a violent crisis in the community.

When to request a CPD transport:

* The student is an imminent danger to her/himself or others and the severity of the situation did not allow for a SASS screening or an Emergency Conference with the parent/guardian.
* School attempted to call the parent/guardian for a reasonable amount of time, but could not be reached.
* Parent/guardian was uncooperative and/or unwilling to take the student for an assessment.

Info to give CPD:

* Verification of Emergency Conference: Request for Police Transport (page 116).
* Assessment Summary Form, if applicable (page 47 and page 48).
* Student’s records or IEP, if applicable.

Confidentiality Issues:

The Illinois School Student Record Act authorizes the release of school records:

* “in connection with an emergency, to appropriate persons if the knowledge of such information is necessary to protect the health or safety of the student or other persons” and

* “[t]o juvenile authorities when necessary for the discharge of their official duties who request information prior to adjudication of the student and who certify in writing that the information will not be disclosed to any other party except as provided under law or order of court. For purposes of this Section ‘juvenile authorities’ means: . . . (vii) law enforcement officers and prosecutors (105 ILCS 10).”
Verification of Emergency Conference: Request for Police Transport

Date: ____________  Time: ____________

I, Officer ____________________________________________________________, was involved in a conference with school personnel today. I have been notified that __________________________ has been exhibiting signs that he/she may be a danger to him/herself and/or others.

Check applicable statement:

☐ I have been further advised that the school attempted to call the parent/guardian for a reasonable amount of time, but could not reach them

☐ I have been further advised that the parent/guardian was uncooperative and/or unwilling to take the student for an assessment.

☐ I have been further advised that the student was an imminent danger to him/herself and/or others and the severity of the situation did not allow for a SASS screening or an Emergency Conference with the parent/guardian.

☐ Other: ____________________________________________________________

The school clinician has screened the student for signs of ____________________ and based on his/her clinical judgment the student needs to be transported to the nearest hospital to seek further psychiatric/psychological consultation from the mental health community, as soon as possible.

I have been provided with a copy of the Assessment Summary. I understand that this copy should be given to the health care provider to better understand the need for a psychiatric/psychological evaluation.

The family contact information is:

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<tr>
<th>Name</th>
<th>Phone Number</th>
<th>Address</th>
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___________________________________  ____________________________
Officer  School Clinician, Title

___________________________________  ____________________________
Officer  School Administrator, Title
Response: ADDITIONAL FORMS & DOCUMENTS

{What’s Included?}

* Authorization for Release of Confidential Information ........................................... 119
* Hospital to School Re-entry Plan....................... 120
* Letter: Injury in Accident (English)............... 126
* Letter: Injury in Accident (Spanish)............... 127
* Letter: Violent Incident (English)............... 128
* Letter: Violent Incident (Spanish)............... 129
Authorization for Release of Confidential Information

I, ________________________________, authorize: ____________________________
(parent/guardian)

__________________________________________________________
(name & address of agency or individual)
to release any information in its possession or control, which relates to my child,

_________________________________________  ___________________________,
(name & birthdate)
for inspection and/or copying to the Chicago Public Schools (CPS) and/or its employee,

__________________________________________________________
(name, title, address)
The purpose of this authorization is to allow CPS to provide appropriate educational and other
services to my child. List other purpose for this Authorization, if any:

__________________________________________________________________________

This authorization includes, but is not limited to, the release of mental health records,
psychological and psychiatric evaluations and after-care plans.

I understand that if I do not sign this Authorization, the Chicago Public Schools will be
hampered in its effort to provide appropriate educational and other services to my child. List
other consequences of refusal to sign Authorization, if any:

__________________________________________________________________________

This authorization shall remain in effect until ______________________________
(date; for ex., one year from signing)

unless I provide a written revocation of it to the Chicago Public Schools before that date.

__________________________
Signature of Parent/Guardian

Date:__________________________

Signature of witness who can attest to the Parent/Guardian’s identity:
**CONFIDENTIAL INFORMATION:** DO NOT place this completed form in the student’s cumulative folder. Keep it with other records accessible only by a school mental health professional; and administrators.

**Guidelines & Recommendations:**

* Despite variation in the protocols of individual hospitals, it is important to make an attempt to communicate with hospitals to obtain the information below.
* When information is not immediately available, please complete the form to the best of your abilities.
* A clinician from the School Team should make contact with a student who had been hospitalized on the same day the student returns to school. Preferably, a clinician should approach the student to assess the student’s concerns, expectations, fears, etc. before the student attends classes.
* Ideally, the student, the student’s guardians(s), and the School Team should meet to create the Hospital to School Transition Plan.
* The transitional plan and all of its relevant components may be shared with any adult in the building who plays an active role in the student’s education. List the names of adults who will be given access to the transitional plan.

**Meeting Information:**

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<th>School</th>
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**Meeting Participants:**

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**Student Information:**

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<td>ID#:</td>
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<td>Age:</td>
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<td>Gender: M / F</td>
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<td>Grade:</td>
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<td>Disability:</td>
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<td>Parent/Guardian:</td>
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<td>Contact Number:</td>
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Background Information:

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<tr>
<th>CARES contacted:</th>
<th>☐ YES ☐ NO</th>
<th>CPD contacted:</th>
<th>☐ YES ☐ NO</th>
<th>Crisis Management Contacted:</th>
<th>☐ YES ☐ NO</th>
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<tbody>
<tr>
<td>Private Insurance:</td>
<td>☐ YES ☐ NO</td>
<td>Private Insurance:</td>
<td>☐ YES ☐ NO</td>
<td>Crisis Management Contacted:</td>
<td>☐ YES ☐ NO</td>
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Hospital, Diagnosis, and Medication Information:

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<thead>
<tr>
<th>Hospital:</th>
<th>Contact Number:</th>
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<tbody>
<tr>
<td>Date of Hospitalization:</td>
<td>Hospital Contact:</td>
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<tr>
<td>Date of Discharge</td>
<td>Release of Information:</td>
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</table>

*If you do not have a release of information, please obtain one ASAP. A Sample "Release of Confidential Information" form can be found in the Crisis Manual on page 119.

Does the student have a history of hospitalization? ☐ YES ☐ NO. If yes, explain:

Hospital recommendations for discharge:

Psychiatric Diagnosis, if applicable:

Other Diagnosis, if applicable:

<table>
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<tr>
<th>Name of Medication</th>
<th>Taken at School:</th>
<th>Dosage</th>
<th>Times per day</th>
<th>Start Date:</th>
<th>Stop Date:</th>
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Staff responsible for administering medication:  

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<th>Title:</th>
<th>Activity Details:</th>
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Note possible side effects, behavior or social/emotional expectations as a result of medication:

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Additional Outside Services:

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<thead>
<tr>
<th>Is the student receiving outside counseling services?</th>
<th>Name of Agency:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ YES</td>
<td></td>
</tr>
<tr>
<td>□ NO</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Clinician:</th>
<th>Contact Number:</th>
<th>Release of Information?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>□YES □NO</td>
</tr>
</tbody>
</table>

*If you do not have a release of information, please obtain one ASAP. A Sample “Release of Confidential Information” form can be found in the Crisis Manual on page 119.

Additional Information:

<table>
<thead>
<tr>
<th>Risk Factors &amp; Warning Signs:</th>
</tr>
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<tbody>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th>Protective Factors &amp; Student Strengths:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
Student Concerns about Returning to School:

<table>
<thead>
<tr>
<th>Name:</th>
<th>Title:</th>
<th>Activity Details:</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

School Action Plan

**Staff Assignments:** Staff members should be assigned to provide counseling, to monitor, or check in with the student. Assigned staff members should be made aware of the specific responsibility(ies) including the nature of the activity, frequency, duration, and time.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Title:</th>
<th>Activity Details:</th>
</tr>
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<tbody>
<tr>
<td></td>
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</tbody>
</table>

**Additional Plans:** A Safety Plan or a Behavior Plan might be necessary when a student is transitioning back to school. Sample Safety Plans can be found on page---of the manual.

<table>
<thead>
<tr>
<th>Safety Plan</th>
<th>□ YES □ NO □ In Process</th>
<th>Notes:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>FA/BIP</th>
<th>□ YES □ NO □ In Process</th>
<th>Notes:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

*Attach additional plans or relevant information to Transitional Plan.

<table>
<thead>
<tr>
<th>Additional Notes/Considerations:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td></td>
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<tr>
<td></td>
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</tbody>
</table>
Parent Action Plan

*Parent should receive a copy of the “Hospital to School Transitional Plan”*

In the case of emergency call 911 or take your child to the nearest emergency room.

CARES: The CARES Hotline (1-800-345-9049) can be contacted by parents/guardians. CARES can send a SASS worker to your home to evaluate your child. Home evaluations must be arranged by the parent/guardian and not the school.

Community Agency/Hospital: When possible, the school team should identify community resources to assist parents.

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone Number</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone Number</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional Notes:

---

Community Agency/Hospital: When possible, the school team should identify community resources to assist parents.

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone Number</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone Number</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

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Additional Notes:

_Cut Along the Dash_

---

Student Action Plan:

*The student, parent, and school should receive a copy of the Student Action Plan*

If I am having thoughts of hurting myself or others while at school I can contact:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Plan for Contacting</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If I am having thoughts of hurting myself or others while at home I can contact:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Plan for Contacting</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*In the case of an emergency, I can always call 911.*
Student

Parent or Legal Guardian

Parent or Legal Guardian

School Clinician, Title

School Administrator, Title
Sample Letter: Injury of Student

Date

Dear Parents/Guardians:

We regret to inform you that one of our students was injured in an incident that occurred on ________________. I am sure that this event has raised serious concerns for the entire school community, especially in our students.

If your child voices concerns or fears about the incident or if you notice any changes in his/her behavior, please inform your classroom teacher. Our counselors, social workers, and psychologists will follow up with students who need additional services.

(Only insert the following paragraph if applicable). Furthermore, the school administration is working closely with the Chicago Public Schools’ Office of Safety & Security as well as the Chicago Police Department to provide additional security presence in the school and out of the school during key transition times such as dismissal.

Feel free to contact the school at ________________ if you have any questions or concerns. Be assured that we are doing everything we can to provide for the physical and emotional safety of your student while in our care.

Sincerely,

School Principal
Fecha

Estimados Padres/Guardianes:

Lamentamos informarles que uno de nuestros estudiantes fue herido en un trágico incidente ocurrido el día ______________. Estoy seguro/a que este evento ha provocado gran preocupación para toda la comunidad escolar, especialmente en nuestros estudiantes.

Si su hijo/a expresara preocupaciones o temores con respecto al incidente o si notara algún cambio en su comportamiento le agradeceríamos que se lo informara a su maestro/a. Nuestros Consejeros, Trabajadores Sociales y Psicólogos continuarán ayudando a aquellos estudiantes que necesitasen servicios adicionales.

(Only insert the following paragraph if applicable). Más aún, la Administración de la escuela continuará trabajando estrechamente con la Oficina de Seguridad Escolar de las Escuelas Públicas de Chicago y con el Departamento de Policía de Chicago para proporcionar seguridad adicional tanto en la escuela como fuera de la misma durante los periodos de transición, tal como la salida.

No dude en ponerse en contacto con la escuela si usted tiene alguna pregunta o inquietud al teléfono ___________________. Estén seguros de que estamos haciendo todo lo posible para velar por la seguridad física y emocional de su hijo/a mientras esté en nuestro cuidado.

Los saluda atentamente,

Director/a de la Escuela
Dear Parents/Guardians:

We regret to inform you that a violent incident occurred in the proximity of the school building on _________________. I am sure that this event has raised serious concerns for the entire school community, especially in our students.

If your child voices concerns or fears regarding the incident or if you notice any changes in his/her behavior, please inform your classroom teacher. Our counselors, social workers, and psychologists will follow up with students who need additional services.

(Only insert the following paragraph if applicable). Furthermore, the school administration is working closely with the Chicago Public Schools’ Office of Safety & Security as well as the Chicago Police Department to provide additional security presence in the school and out of the school during key transition times such as dismissal.

Feel free to contact the school at ________________ if you have any questions or concerns. Be assured that we are doing everything we can to provide for the physical and emotional safety of your student while in our care.

Sincerely,

School Principal
Estimados Padres/Guardianes:

Lamentamos informarles que un incidente violento ocurrió en las inmediaciones del edificio escolar el día ________________________________. Estoy seguro/a que este evento ha provocado gran preocupación para toda la comunidad escolar, especialmente en nuestros estudiantes.

Si su hijo/a expresara preocupaciones o temores con respecto al incidente o si notara algún cambio en su comportamiento le agradeceríamos que se lo informara a su maestro/a. Nuestros Consejeros, Trabajadores Sociales y Psicólogos continuarán ayudando a aquellos estudiantes que necesitasen servicios adicionales.

(Only insert the following paragraph if applicable). Más aún, la Administración de la escuela continuará trabajando estrechamente con la Oficina de Seguridad Escolar de las Escuelas Públicas de Chicago y con el Departamento de Policía de Chicago para proporcionar seguridad adicional tanto en la escuela como fuera de la misma durante los periodos de transición, tal como la salida.

No dude en ponerse en contacto con la escuela si usted tiene alguna pregunta o inquietud al teléfono ____________________. Estén seguros de que estamos haciendo todo lo posible para velar por la seguridad física y emocional de su hijo/a mientras esté en nuestro cuidado.

Los saluda atentamente,

Director/a de la Escuela
AFTER A CRISIS:
recovery
&
evaluation

{What's Included?}

* Recovery Overview........................................... 133
* Funerals & Memorials........................................ 133
* Evaluation Overview........................................... 134
* Evaluation Checklist.......................................... 135
* Care for Caregivers............................................ 136
RECOVERY OVERVIEW:

What is recovery?

Recovery refers to the process of restoring the school to pre-crisis levels of functioning. Each community reacts differently to crisis events. The length and duration of recovery will reflect those different reactions. Schools are encouraged to take those differences into consideration when addressing both the individual and collective needs for physical and psychological safety of the school community. Recovery activities need to focus on providing interventions that lead to reestablishing daily routines as well as providing a caring and supportive environment for students and staff affected by the crisis incident.

For individuals, long term efforts might include providing long term counseling services in the school setting for students and staff. If these services cannot be provided at school, it is important to provide appropriate referrals and to collaborate with community providers.

For the school community as a whole, long term recovery might include commemorating important benchmarks that bring back memories of a crisis event such as memorials, anniversaries of an event, birthdays, and graduations. It is important to plan ahead and to have appropriate school support staff available for those dates.

FUNERALS & MEMORIALS:

General recommendations:

If the family holds the funeral or memorial service during school hours, it is recommended that the school remain open and that school buses not be used to transport students to and from the services. Students should be allowed to leave school to attend the service with appropriate parent permission. The process for obtaining permission should be determined by individual schools. It is recommended that administrators and assigned school clinicians attend the services to support students. Additionally, schools should strongly encourage parents whose children are attending the service to attend with them.
Schools and students often wish to hold a memorial in addition to the funeral services arranged by the family. It can be challenging for schools to maintain a balance between meeting the expressed needs of students while still functioning as an educational setting.

Logistically, it might make sense for schools to hold a memorial service due to their position in the community and capacity for a crowd. However, it is strongly recommended that services not be held on school grounds. This allows the school to focus on maintaining its typical structure and routine. Routine is a very important component in the process of recovery. That said several activities can be done at school with minimal disruption and maximum effectiveness. Examples are below:

* Making cards, banners, etc to give to the family. Please note that any material that will be given to the family should be collected and received carefully by the school. Any inappropriate content should not be passed on to the family.
* Dedicating an event (such as a sporting event, play, dance, etc) to the student.
* Including a brief acknowledgement in the yearbook or at graduation.

Regardless of the activity your school chooses to participate in, it is important that schools attempt to treat all deaths the same way. It would be unfair to friends and family if a student who died of cancer was treated differently than a student who died in a car accident. The same is true for students who die by suicide or are killed in violent act. In suicide and homicide situations it is important to prepare for the risk of contagion. More information on contagion can be found on page 74.

**EVALUATION OVERVIEW:**

**Why is evaluation important?**

Evaluating a crisis response is a reflective debriefing process that allows you to be more prepared for future crisis situations. After a crisis incident, the team is encouraged to meet to identify the elements of the intervention that worked effectively as well as any problems or gaps in coverage that may have emerged over the course of the team's crisis response. Based on the outcome of this discussion, changes can be made to the crisis plans that address any problems that came to light as a result of the evaluation (Brock, 2009).
**Evaluation Checklist:**

<table>
<thead>
<tr>
<th><strong>Initial Contact</strong></th>
<th>Y</th>
<th>N</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was the school’s phone tree activated?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was the staff informed in an appropriate and timely manner?</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>First Meeting</strong></th>
<th>Y</th>
<th>N</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was a Crisis Team planning meeting conducted as soon as the crisis information was received?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did the school request additional support from the Crisis Management Department?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was an all-staff meeting conducted to explain when to read the script and where support/counseling can be attained for staff and students?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was a script prepared and distributed to all staff members?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did the Team identify an overflow room and determine who would maintain coverage throughout the day?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did the Team members receive Kleenex and art supplies to help students express their emotions and feelings?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did a Team member reach out to the family to offer support?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did the Team determine who would be following the deceased student or staff member’s schedule?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did the Team identify particular students or groups of students/staff members who would be affected the most?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was the School Security Officer(s) informed where to escort students demonstrating a strong emotional reaction to the incident?</td>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Crisis Response</strong></th>
<th>Y</th>
<th>N</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Were psycho educational groups conducted in the classrooms as needed?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Were students escorted/referred to the overflow room for individual and small group counseling?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did the referred students sign-in once in the overflow room to document affected students for follow-up?</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Third Meeting</strong></th>
<th>Y</th>
<th>N</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was a mid-day Crisis Team meeting conducted to evaluate the response and determine what level of support is still needed?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Were additional classrooms identified that needed a psycho educational group to be conducted?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did the Team follow-up with the teachers of the affected classrooms to ensure that the class has stabilized?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did the Team create a letter to be sent home with the students and distribute it to the classroom teachers?</td>
<td></td>
<td></td>
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</tbody>
</table>
Helping Children Cope with Crisis: Care for Caregivers

Parents, teachers, and other caregivers play a critical role in helping children cope with crises. The natural instinct is to put one’s own needs aside and tend to children first. **It is extremely important, however, for caregivers to monitor their own reactions and take care of their own needs.** Failure to do so can result in burnout, which interferes with one’s ability to provide crisis intervention assistance. Following are some suggestions that help caregivers maintain their own well-being even as they support the needs of children in their care.

**Signs of Burnout:**

<table>
<thead>
<tr>
<th>Warning Signs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cognitive</strong></td>
</tr>
<tr>
<td>* An inability to stop thinking about the crisis, crisis victims, and/or the crisis intervention.</td>
</tr>
<tr>
<td>* Loss of objectivity.</td>
</tr>
<tr>
<td>* An inability to make decisions, and/or express oneself either verbally or in writing.</td>
</tr>
<tr>
<td>* Personal identification with crisis victims and their families.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Affective</strong></th>
<th><strong>Behavioral</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>* Suicidal thoughts and/or severe depression.</td>
<td>* Alcohol and substance abuse.</td>
</tr>
<tr>
<td>* Irritability leading to anger or rage.</td>
<td>* Withdrawal from contact with co-workers, friends, and/or family.</td>
</tr>
<tr>
<td>* Intense cynicism and/or pessimism.</td>
<td>* Impulsive behaviors.</td>
</tr>
<tr>
<td>* Excessive worry about crisis victims and their families.</td>
<td>* Maintaining an unnecessary degree of contact/follow-up with crisis victims and their families.</td>
</tr>
<tr>
<td>* Being upset or jealous when others are doing crisis interventions.</td>
<td>* An inability to complete/return to normal job responsibilities.</td>
</tr>
<tr>
<td>* A compulsion to be involved in every crisis intervention.</td>
<td>* Attempts to work independently of the crisis intervention team.</td>
</tr>
<tr>
<td>* Significant agitation and restlessness after conducting a crisis intervention.</td>
<td></td>
</tr>
</tbody>
</table>

**Preventing Burnout:**

Whether it is in the aftermath of a serious crisis or during an extended period of high stress, unrelenting demand for support may result in burnout for even the most seasoned crisis caregivers, particularly if they themselves are feeling vulnerable due to the circumstances. The risk may be even higher for teachers and other caregivers who are not trained crisis responders.
Consequently all caregivers need to consider the following personal and professional suggestions to prevent burnout:

- Recognize that your reactions are normal and occur frequently among many well-trained crisis professionals.
- To the extent possible, maintain normal daily routines (especially physical exercise activities, meal-time, and bed-time routines). Connect with trusted friends or family who can help take the edge off of the moment.
- Give yourself permission to do things that you find pleasurable (e.g., going shopping or out to dinner with friends).
- Avoid using alcohol and drugs to cope with the effects of being a caregiver during times of crisis.
- Ask for support from family and friends to of reduce pressures or demands during the crisis response.
- Be sure to maintain healthy eating habits and drink plenty of water.
- Take periodic rest breaks at least every couple of hours.
- As much as possible, try to get some restful sleep, preferably without the use of sleep aids or alcohol.
- Take time at the end of each day to process or debrief the events of the day with other caregivers or colleagues.
- Be kind and gentle with yourself and others, as you have all shared exposure to a life-changing event. Everyone needs time to process the impact of these events into their lives.

Adapted from: Helping Children Cope with Crisis: Care for Caregivers (2003) National Association of School Psychologists (NASP)

References & Resources:


For further information on helping children cope with crisis, visit www.nasponline.org.
©2003, National Association of School Psychologists, 4340 East West Highway #402, Bethesda, MD 20814
GLOSSARY:

**Attempt**: to make an effort at, to try, to undertake.

**Best practice**: effective interventions that are generally research and evidence based.

**CARES**: Crisis and Referral Entry Services. CARES is a state agency that handles mental health crisis calls for children and youth in Illinois.

**Completion**: to finish or accomplish.

**Confidentiality**: ethical principle that certain information is private and not to be shared with third parties.

**Contagion**: the rapid spread or transmission of an idea or an emotion from person to person.

**Homicide Attempt**: a person has acted on his/her homicidal ideation with the intent to kill another person but the act was not accomplished.

**Homicidal Ideation**: a person has thoughts or ideas about killing another person.

**Homicide Completion**: a person has acted on his/her homicidal ideation with the intent to kill another person and the targeted victim is now deceased.

**Ideation**: entertaining thoughts or forming ideas about something.

**Overflow room**: an assigned location in the school for students and/or staff to meet if they need individual or small group counseling services after a crisis.
Protective factors: any determinant or variable associated with keeping a person from harm.

Risk factors: any determinant or variable associated with increased harm to self or others.

SASS: Screening, Assessment and Support Services. A state agency that provides intensive mental health services for children and youth who may need hospitalization for mental health care.

Script: a written message to be read to students in a classroom to give them the necessary details of the crisis event.

Suicide Attempt: a person has acted on his/her suicidal ideation with the intent to kill him/herself but the act was not accomplished.

Suicide Completion: a person has acted on his/her suicidal ideation with the intent to kill him/herself and is now deceased.

Suicide Ideation: a person has thoughts or ideas about killing him/herself.

Warning signs: signals that there is risk of harm or danger at some point in the near future.
REFERENCES:


After a Suicide: A Toolkit for Schools. Newton, MA: Education Development Center, Inc.


prevention and intervention. Bethesda, MD: National Association of School
Psychologists.


http://www.state.il.us/dcfs/faq/faq_faq_can.shtml.


http://dictionary.reference.com/


