

**APPENDIX A**  
**SUICIDE PREVENTION AND INTERVENTION**

The Waterford Board of Education (the “Board”) recognizes that suicide is a complex issue and that schools are not mental health treatment centers. School personnel may recognize a potentially suicidal youth and, in such cases, may make a preliminary determination of level of risk. The Board directs the school staff to refer students who come to their attention as being at risk of attempting suicide for professional assessment and treatment services outside of the school.

The Board recognizes the need for youth suicide prevention procedures and will establish programs to assist staff to identify risk factors, intervention procedures, and procedures for referral to outside services. Training will be provided for teachers and other school staff and students to provide awareness and assistance in this area.

Any Board employee who has knowledge of a suicidal threat, attempt or ideation must immediately report this information to the building principal or designee, who will, in turn, notify the appropriate Pupil Personnel Service staff member (Social Worker, School Psychologist, and/or School Counselor) with administrative assistance, if necessary, will contact the student's family and appropriate resources outside and within the school system. Information concerning a student's suicide attempt, threat or risk will be shared with others to the degree necessary to protect that student and others.

**Management of Suicidal Risk**

The school cannot be expected to thoroughly evaluate and eliminate suicidal risk. Nevertheless, the Waterford Board of Education (the “Board”) is committed to respond in a supportive manner, both aggressively and immediately, to a student who has attempted, has threatened, or is seriously considering attempting suicide. The following procedures shall be implemented toward this end.

- I. Any staff member who becomes aware of a student who may be at risk of suicide must immediately notify the building principal or his/her designee. This must be done even if the student has confided in the staff person and asked that his/her communication be kept confidential. The school administration will then notify an appropriate Pupil Personnel Service Staff member (Social Worker/School Psychologist, and/or School Counselor).
- II. The staff member shall interview the student, consider available background information and determine whether the student is "at-risk" or in "imminent danger."
- III. If the student is assessed to be "at-risk":
  - A. The staff member shall notify the student's parent/guardian and request a meeting with them as soon as possible, preferably that same day.
  - B. When the parent/guardian arrives at school, the staff member shall meet with him/her to discuss:
    1. the seriousness of the situation;
    2. the need for an immediate suicide risk evaluation at a medical or mental health facility, or other appropriate evaluation(s);

3. the need for continued monitoring of the student at home if he/she is released following the evaluation;
  4. referral to appropriate professional services outside the school system; and
  5. a request for the parent/guardian to sign a release of information form permitting communication between the school and the facility to which the student will be taken, the student's therapist and other appropriate individuals.
- C. The staff member shall document in writing the course of events, including what transpired at the meeting, and the outcome.
- D. If the parent/guardian does not follow through, thereby leaving the student "at-risk", a medical referral to the Department of Children and Families (DCF) should be made (if the student is less than 18 years of age). The parent/guardian should be notified as soon as possible that such a referral has been made.
- E. The staff member may notify other staff, as necessary to protect the student and others.
- F. The staff member may refer the student to the school's Student Teacher Assistance Team (STAT), Mental Health Team, Crisis Intervention Team (CIT), Planning Placement Team (PPT) or other staff as appropriate for further consultation and planning.
- G. The staff member or the team shall monitor the student's progress and shall consult as necessary with family, outside professionals and school staff.
- IV. If the student is assessed to be "in imminent danger":
- A. The staff member shall ensure that the student is not left alone.
  - B. The staff member shall notify the parent/guardian and request that the student be picked up at school and taken to a medical or mental health professional for thorough suicidal risk evaluation.
  - C. When the parent/guardian arrives at school, the staff member shall meet with him/her to discuss:
    1. the seriousness of the situation;
    2. the need for an immediate suicide risk evaluation at a medical or mental health facility, or other appropriate evaluation(s);
    3. the need for continued monitoring of the student at home if he/she is released following the evaluation;
    4. referral to appropriate professional services outside the school system; and
    5. a request for the parent/guardian to sign a release of information form permitting communication between the school and the facility to which the student will be taken, the student's therapist and other appropriate individuals.

- D. The staff member shall document in writing the course of events, including what transpired at the meeting, and the outcome.
- E. The staff member shall inform the principal of the course of events and the outcome.
- F. The staff member may notify other staff, as necessary to protect the student and others.
- G. The staff member may refer the student to the school's Student Teacher Assistance Team (STAT), Mental Health Team, Crisis Intervention Team (CIT), Planning Placement Team (PPT) or other staff as appropriate for further consultation and planning.
- H. If the parent/guardian is unable to come to school:
  - 1. The staff member shall provide, over the telephone, information as to available resources outside and within the school system and shall plan follow-up contacts.
  - 2. The staff member will notify the parent/guardian of his/her intent to and arrange transport of the student to an appropriate evaluation/treatment site by means of emergency vehicle (e.g., ambulance or police cruiser).
  - 3. Police may be notified if the student poses a threat to the safety of him/herself or others, or as dictated by other circumstances.
  - 4. The staff member shall document in writing the course of events and the outcome.
  - 5. The staff member shall inform the principal of the course of events and the outcome.
- I. If the parent/guardian does not agree with the school's determination that the student is in imminent danger or for any other reason refuses to take action:
  - 1. The staff member shall meet with the building principal to develop an immediate plan focused on protection of the student.
  - 2. The staff member shall notify the parent/guardian of the plan and shall either a) inform the parent/guardian that the Department of Children and Families (DCF) will be contacted and a medical neglect referral made, if the parent/guardian remains uncooperative and the student is less than 18 years of age; or b) inform the parent or guardian and student that the police will be called if the parent or guardian or student remains uncooperative.
  - 3. The staff member shall arrange for an emergency vehicle to transport the student to the hospital or an appropriate mental health facility; shall inform hospital staff of the situation; shall plan follow-up in relation to hospital staff or mental health facility staff decisions as to how to proceed.
  - 4. The staff member shall consult and cooperate with DCF and/or the police as necessary.

5. The staff member shall document in writing the course of events and the outcome.
- J. When a student assessed to have been "in imminent danger" returns to the school, the staff member or the appropriate school-based team (if such referral has been made) shall coordinate consultation with outside professionals, supportive services in school, and changes in the instructional program, when necessary.

Suicide Education/Prevention - Students and Staff

- I. As part of the Waterford Public Schools' Health Education Curriculum and Developmental Guidance Curriculum, students will be educated regarding suicide risk factors and danger signals, and how they might appropriately respond if confronted with suicidal behavior, verbalizations, or thoughts.
- II. Annually, in-service training for school staff will be held in each school building to discuss suicide risk factors, danger signals, and the procedures outlined in these regulations.

Legal Reference:

Connecticut General Statutes 10-221 (e)

Connecticut State Department of Education, *Guidelines for Suicide Prevention: Policy and Procedures (Second Edition)*, available at [https://portal.ct.gov/-/media/SDE/School-Social-Work/SP\\_Guidelines.pdf](https://portal.ct.gov/-/media/SDE/School-Social-Work/SP_Guidelines.pdf).

Adopted : October 26, 2023

Revised: November 16, 2023

**APPENDIX B**  
**REPORT OF STUDENT RISK OF SELF-HARM CONFIDENTIAL**

***NOTE TO STAFF: This form is to be used for preliminary assessment purposes only and completed in conjunction with Waterford Board of Education policy and administrative regulations 5350. Student safety is the District's first priority. ALL IMMEDIATE SAFETY MEASURES MUST BE TAKEN PRIOR TO COMPLETING THIS FORM.***

School: \_\_\_\_\_

Grade: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Date of Report: \_\_\_\_\_

Student's Name, Phone Number and Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent(s)/Guardian(s) Names and Phone Numbers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent(s)/Guardian(s) Email Addresses:

\_\_\_\_\_  
\_\_\_\_\_

Staff Member(s) Completing This Report:

\_\_\_\_\_  
\_\_\_\_\_

Primary Teacher/Case Manager/School Counselor/Related Service Provider:

\_\_\_\_\_  
\_\_\_\_\_

IEP Student:      Yes\_\_\_      No\_\_\_

504 Student:      Yes\_\_\_      No\_\_\_

**A. REASON FOR REFERRAL**

1. Who made the referral? (Check all that apply)

- Student self-referred
- Staff member
- Parent/guardian
- Student's peer
- Other: \_\_\_\_\_

2. Describe the specific concern(s) or event(s) that led to this referral.

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3. The student exhibits feelings of: (Check all that apply)

- Loneliness
- Hopelessness or helplessness
- Depression
- Anxiety/agitation
- Being emotionally overwhelmed; inability to cope with stress
- Impulsiveness/recklessness
- Other – Please specify: \_\_\_\_\_

4. Other related concerns: (Check all that apply)

- Recent death of a loved one
- Sudden drop in grades
- Poor school attendance
- Changes in appetite or sleep patterns
- Changes/problems with peers / relationships
- More withdrawn than usual
- More energized than usual
- Problems with drug or alcohol use
- Other – Please specify: \_\_\_\_\_

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**B. SUMMARY OF STUDENT'S CURRENT RISK**

**Screening Tool Used**

- Columbia-Suicide Severity Rating Scale
- Elementary Student Suicide Assessment

1. Does the student have a specific plan for how the student will cause self-harm? If so, please describe the plan.

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2. Does the student have immediate access to the method of harm the student identified? Please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. LEVEL OF RISK:**

- Imminent Danger
- At Risk
- Other
- Explain: \_\_\_\_\_

**If there is a determination that the student is “at risk” or “in imminent danger”, follow the steps outlined in Waterford Board of Education Policy and Regulation 5350, including but not limited to informing the parents/guardians of the following:**

1. The seriousness of the situation;
2. The need for an immediate suicide risk evaluation at a medical or mental health facility, or other appropriate evaluation(s);
3. The need for continued monitoring of the student at home if the student is released following the evaluation;
4. Referral to appropriate professional services outside the school system; and
5. A request for the parent/guardian to sign a release of information form permitting communication between the school and the facility to which the student will be taken, the student's therapist and other appropriate individuals.

**D. RECOMMENDATIONS MADE TO PARENT/GUARDIAN (PER SCHOOL POLICY) AND PARENT RESPONSE:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**E. FOLLOW UP: (Check all that apply)**

- Student's parents/guardians brought student home and will follow up with mental health professional.\*
- EMPS (Emergency Mobile Psychiatric Services) called and came to school to assess.
- EMPS notified and will follow up with family.
- Student sent to the hospital per EMPS.
- Student sent to the hospital per \_\_\_\_\_
- Other – Please specify: \_\_\_\_\_

**F. STUDENT’S OUTSIDE MENTAL HEALTH PROFESSIONALS?**

Yes \_\_\_\_\_ No \_\_\_\_\_

Name and Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Release: Yes/No

Name and Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Release: Yes/No

**G. CHECK PROFESSIONAL STAFF NOTIFIED IF APPROPRIATE:**

- Principal (Per Waterford Board Policy)
- Director of Pupil Personnel Services (Per Waterford Board Policy)
- School Nurse
- School Social Worker
- School Psychologist
- School Counselor
- Case Manager for Special Education or 504 Student
- Classroom Teacher

Name and title of staff member completing this form:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

cc: Principal, Assistant Principal, Parent/Guardian, Director of Student Services, Student's Health File

## APPENDIX C

### **GUIDELINES FOR STAFF RECOGNIZING POTENTIAL SUICIDE RISK FACTORS**

As reflected in Board Policy 5350, the Waterford Board of Education (the “Board”) recognizes the need for youth suicide prevention procedures and establishes programs to assist the staff of the Waterford Public Schools (the “District”) to identify risk factors, intervention procedures, and procedures for referral to outside services.

Any District employee who has knowledge or becomes aware of a suicidal threat, attempt or ideation (including knowledge that a student may be at risk of suicide) must immediately report this information to the building principal or the principal’s designee, who will, in turn, notify the designated Team. Such report must be made even if the student has confided in the staff person and asked that the communication be kept confidential. The principal or designee will then notify an appropriate Pupil Personnel Service staff member, who will proceed in accordance with the District’s administrative regulations.

As explained by the Connecticut State Department of Education (“SDE”):

Identification of students who are seriously at risk of self-harm is the first step in the intervention process. All school personnel should be prepared through the educational program to recognize those students who exhibit risk factors for suicide. . . . Whenever a staff member becomes concerned that a student may be at risk for suicide, or is unsure whether observed behavior of a student constitutes a warning sign, that staff member should immediately inform a member of the clinical intervention team. A student who has a concern about a peer should also be directed to a clinical intervention team member.

It is important to recognize that identification is distinct from assessment and management. Classroom teachers in particular have a critical role to play in the identification process. Once a student is identified as possibly at risk for suicide, or already in crisis, further assessment and intervention becomes the responsibility of school mental health professionals who are appropriately qualified and trained, and duly authorized within their job descriptions to carry out such responsibilities.

The following information is provided to assist school employees in recognizing students who exhibit risk factors for suicide.

#### **Risk Factors**

The following factors have been identified by the SDE as factors that may increase a student’s risk for suicidal behavior.

Biopsychosocial risk factors may include:

- Mental disorders, particularly mood disorders, schizophrenia, anxiety disorders, and certain personality disorders (e.g., borderline, antisocial)
- Alcohol and drug use
- Feelings of hopelessness
- Impulsive and/or aggressive tendencies
- History of trauma or abuse
- Some major physical illnesses
- Previous suicide attempt
- Family history of suicide

Environmental risk factors may include:

- Relational or social loss
- Easy access to lethal means (e.g., guns)
- Local clusters of suicide that have a contagious influence

Sociocultural risk factors may include:

- Sense of isolation and lack of social support
- Stigma associated with help-seeking behavior
- Barriers to accessing mental health care and substance abuse treatment
- Certain cultural and religious beliefs (e.g., that suicide is a noble resolution of a personal dilemma)
- Exposure to and influence of others who have died by suicide, including media influence

### **Protective Factors**

The impact of risk factors is countered, to some degree, by the presence of protective factors. Protective factors may include:

- Effective clinical services for mental, physical and substance use disorders
- Easy access to various clinical intervention and support for help-seeking
- Restricted access to highly lethal means of suicide
- Strong connections to family and community
- Skills in problem solving, conflict resolution, and nonviolent handling of disputes
- Resiliency, self-esteem, optimism, and empathy
- Cultural and religious beliefs that discourage suicide and support self-preservation

### **Suicide Crisis Indicators**

A suicide crisis is a time-limited occurrence in which an individual is in immediate danger of suicide. Indicators of a suicide crisis, sometimes referred to as warning signs, help identify individuals in immediate need of attention and can include:

- Suicidal statements or suicide notes
- Ominous utterances (speaking of going away, or of others being better off without them)
- Marked changes in behavior (e.g., trouble sleeping or eating, loss of interest in usual activities, neglect of self-care)
- Intense affective state in combination with depression
- Preoccupation with death, afterlife and violence in the context of sad or negative feelings
- Precipitating event (e.g., marked reaction to loss of loved one)
- Statements of hopelessness
- Deteriorating functioning in school, at work, or socially
- Telltale actions (e.g., buying a gun, putting one's affairs in order)
- Increased use of alcohol or drugs
- Other self-destructive behavior (e.g., loss of control, rage explosions)
- Recent incarceration

As noted above, whenever an employee becomes aware or concerned that a student may be at risk for suicide, or is unsure whether observed behavior of a student constitutes a warning sign, the employee should immediately inform a member of the clinical intervention team so that the appropriate next steps may be taken.

**LETTER TO FAMILY**

[Date]

[Parent/Guardian Name]

Parent/Guardian Address]

Dear [Parent/Guardian]:

As you are aware, this writer met with your child, [Student Name] on [Date]. At that time, [Student First Name] shared that [he/she] was [insert relevant information, such as experiencing suicide ideation].

As you are aware, school administration was notified. We also notified you and shared the seriousness of the situation.

As previously communicated, school staff determined that an evaluation by Emergency Mobile Psychiatric Services (EMPS) was appropriate, and the evaluation was conducted on [Date]. EMPS has since provided [insert school name] with the attached documentation stating that at time of assessment, [Student First Name] [quote language from EMPS]. **As discussed, this assessment was preliminary only**, and we believe it is important for you to continue to monitor [Student First Name] and seek appropriate professional services outside the school system, as appropriate, for continued evaluation and care. For your reference, we have attached a list of community resources compiled by the State Department of Education.

It is school policy to inform parents of student concerns such as [Student Name]'s and to share our recommendations to promote student safety and well-being. It is not our intention to invade a student's privacy or that of his/her family. If I or staff at [insert school name] can be of further assistance in this matter, please do not hesitate to call, [insert phone number & extension], or email, [insert email address].

Sincerely,