**Guidelines for Obtaining and Conducting an In-School Risk Assessment and Follow Up**

(Based on the Suicide Prevention Guidelines 22.1-272.1 Code of Virginia 2003 Revision, please refer to the guidelines for full information)

1. **Guidelines of Obtaining and Conducting an In-School Risk Assessment and Follow Up**
2. Reporting Concerns

All licensed school professionals bear a responsibility to identify and report students at risk of suicide. Some school personnel, such as building administrators and teachers, do not by training and job responsibility possess the skills to professionally assess imminent danger with regard to suicidal ideation. The latter are expected to report any direct communication from a student that indicates a suicidal intent to licensed school professionals, who by training and job responsibility possess the skills to professionally assess imminent danger such as school guidance counselors. Details for making the report under various conditions (e.g. school counselor is on sick leave) should be included in each school division’s crisis management plan.

1. Conduction and Assessment

Licensed school professionals who by training and job-related duties are responsible for assessing imminent risk of danger related to suicidal ideation include school counselors, school nurses (Registered Nurses and Licensed Practical Nurses), school psychologists, and school social workers.

1. Making Contacts

The school personnel identified above who are responsible for conducting this assessment are also responsible, subsequent to this assessment, for ensuring that a contact is made to parents or Department of Social Services (DSS) as deemed appropriate within the parameters of statue. Refer to attachment A.

1. **Guidelines For Notifying Concerned Parties**
2. Identification of Available and Appropriate Community Services for Suicidal Children

Each school division will develop and maintain a current local and state-level resource list of public and private assessment and treatment facilities appropriate for school age children. Refer to attachment B.

1. Parent Notification Timelines and Procedures

If a student is determined to be at imminent risk of suicide, then the licensed school professional who completed the assessment shall immediately call at least one of the student’s parents/guardians. When contacting the student’s parent or guardian, the licensed school professional should:

\*provide his or her name and position in the school

\*state that in his or her professional judgment the student is at imminent risk of suicide

\*assure the parent or guardian that the student is currently safe

\*state the legal requirement for the call citing the 22.1-272.1 of the Code of Virginia

\*ask the parent whether he or she is aware of the student’s mental state

\*ask the parent whether he or she wishes to obtain or has obtained mental health counseling for the student

\*provide names of community counseling resources if appropriate

\*offer to facilitate the referral, and

\*determine the parent’s intent to seek appropriate services for the student.

Parents who opt for supportive interventions outside the professional mental health arena, such as religious-based interventions, should provide at a minimum a plan that will include a safety plan and an issues-based intervention procedure that will keep the child safe and will address the precipitant issues. The licensed school professional shall document the phone call or attempted phone call to the parent or guardian. The documentation shall include the time and date of the call, the parent’s or guardian’s response, and any required follow up.

If the licensed school professional is unable to contact either parent or guardian by the end of the school day, then he or she shall follow the school’s crisis management plan for seeking treatment for a student without the parent’s authorization. (see attachment A)

A student who is at imminent risk of suicide must remain under adult supervision until a parent or other authorized individual accepts responsibility for the student’s safety.

1. Issues of Abuse and Neglect

If a student indicates that parental abuse or neglect is the reason for contemplating suicide, parental contact should not be made. The licensed school professional should follow school guidelines to ensure that local social services agency is notified immediately in a manner consistent with school reporting guidelines.

1. Department of Social Services Notification Timelines and Procedures

If the licensed school professional suspects or has knowledge of abuse or neglect, he/she ensure that the Virginia Department of Social Services (1-800-552-7096) or Child Protective Services unit of the local department of social services is contacted in accordance with school reporting guidelines.

1. **Guidelines for Following Up an Intervention**

The licensed school professional who initiates the referral makes direct, personal contact (by telephone, letter and/or a visit, depending on family circumstances) with at least one custodial parent and/or guardian to help make an initial assessment of the child’s status and to invite the parent/guardian to attend a follow up meeting with the school’s student assistance team or its equivalent.

It is recommended that written confirmation of the meeting should be accompanied by the brochure entitled What Every Parent Should Know About Preventing Youth Suicide.

ATTACHMENT A

**Risk Assessment Interview Form**

1. **THREAT REPORTED**

|  |
| --- |
| Staff Member completing form: |
| Position: |
| School: |
| Source of report:   |  |  |  |  | | --- | --- | --- | --- | |  | Teacher |  | Support staff | |  | Student |  | Anonymous | |  | Other |  |  | |
| Date of Assessment completed: |
| **Information on student making threat/engaging in concerning behavior:** |
| Name of Student: |
| |  |  |  |  | | --- | --- | --- | --- | | Date of Birth: |  | Grade: |  | |
| Address: |
| Home Phone: |
| Parent/guardian: |
| Parent/guardian contact info: |
| Other Information: |
| **Information about the threat/concerning behaviors:** |
| |  |  | | --- | --- | | Date Threat occurred: | Date Staff Member learned of threat: | |
| Where was the threat made: |
| Who reported the threat: |
| What was reported (quote as closely as possible; us quotation marks to identify direct quotes): |
| **Information on target/recipient(s) of threat:** |
| Threat against self:   |  |  |  |  | | --- | --- | --- | --- | |  | Yes |  | No |   If yes go to the next section labeled Findings form Interview. If No continue with the next set of questions. |
| Has the intended target and/or victim(s) been identified?   |  |  |  |  | | --- | --- | --- | --- | |  | Yes |  | No | |
| Name(s) and grade of the intended target/victim? |
| Primary recipient(s) of the threat (check all that apply):   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | Student |  | Teacher |  | Parent |  | Administrator |  | Other: | |

1. **Findings for Interview**

|  |
| --- |
| **Student Interview** |
| What exactly was said and done: |
| What was meant by what was said or done: |
| Reason student said or did concerning act: |
| What student now plans (does the student have a plan?):   |  | | --- | | **History and Observations:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | History of suicidal behaviors/ or threats against others?   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | Yes |  | No | Against self | | |  | Yes |  | No | Against someone else | | |  | Yes |  | No | Family history | | | Describe the event: | | | | | | Prior Attempt(s):   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | Yes |  | No | Describe if yes: | | | | | | | History of counseling or psychiatric care/hospitalization:   |  |  | | --- | --- | |  | Yes: Describe (include name of counselor/psychiatrist): | |  | No | | | | | |   Observed Behaviors   |  |  |  |  | | --- | --- | --- | --- | |  | Crying |  | Emotional outbursts | |  | Recklessness |  | Physical violence/fighting | |  | Withdrawal |  | Poor Communication | |  | Law breaking |  | Poor impulse control | |  | Truancy or running away |  | Dramatic change in behavior | |  | Self-mutilation |  | Psychiatric Symptoms\* | |  | Alcohol/drug misuse |  | Dramatic Drop in grades | |  | Prior suicidal behavior |  | Prior suicide threats | |  | Impaired Judgment |  | Agitation | |  | Putting affairs in order and/or giving away possessions\* |  | Other: |   Student’s Situation   |  |  |  |  | | --- | --- | --- | --- | |  | Loss of a loved person by death, separation, divorce, alienation, illness  Describe: |  | Relationship problems | |  | Bullied |  | Relationship problems | |  | Trouble with the law\* |  | Family issues | |  | Sexual or physical abuse |  | School Problems | |  | Recent publicized suicide |  | Much pressure to succeed | |  | Recent publicized violence |  | Alternative lifestyle | |  | Other: |  |  |   Physical Changes   |  |  |  |  | | --- | --- | --- | --- | |  | Lack of interest/pleasure\* |  | Change in activity level | |  | Disturbed sleep\* |  | Loss of appetite | |  | Loss of health |  | Weight loss / gain | |  | Change in physical appearance |  | Physical complaints | |  | Other: |  |  |   Thoughts and Feelings   |  |  |  |  | | --- | --- | --- | --- | |  | Self-blame/guilt |  | Suicidal ideation | |  | Feels need to escape |  | Helpless | |  | Preoccupied |  | Trouble concentrating | |  | Confused thinking |  | Desperate\* | |  | Preoccupation with death (poems/drawings) |  | Angry | |  | Sad/depressed |  | Ashamed | |  | Lonely/disconnected |  | Homicidal ideation | |  | Hopeless/feels no future |  | Talk of death or suicide | |  | Anxious |  | Feels persecuted/paranoia | |  | Feels should be punished |  | Feels lack of alternative resources | |  | Planning for suicide\*: describe |  | Feels lack of support from others | |  | Hopelessness |  | Other: |   **\*RED FLAGS** | |
| **Witness Interview (if applicable)** |
| What exactly the student said or did: |
| What witness thinks student meant: |
| What witness thinks was motive for what student said/did: |
| **If threat was made against another person: Threat Recipient(s) Interview (if applicable):** |
| What exactly the student said or did, if witnessed: |
| Nature of relationship with student; whether there is history of conflict or prior threats: |
| What recipient thinks was motive for what student said/did: |

1. **Analysis of Findings**

|  |
| --- |
| 1. What are the student’s motive(s) and goals? |
| 1. Have there been any communications suggesting ideas or intent to attack? Or harm self? (specify) |
| 1. Has the student shown inappropriate interest in any of the following: school attacks, attackers, weapons, incidents of mass violence, or others that have committed suicide?   If yes please describe: |
| 1. Has the student engaged in attack-related behaviors such as **developing a plan** to harm self or others, making efforts to acquire or practice weapons (such as guns, knives, medications, etc.), checking out places/areas of attack, rehearsing.   If yes to any of the above please describe: |
| 1. Does the student have the means to carry out an act of targeted violence against self or others? |
| 1. Is the student experiencing hopelessness, desperation, and/or depression? |
| 1. Does the student have a trusting relationship with at least one responsible adult? |
| 1. Does the student see violence as an acceptable, or desirable, or the only way to solve problems? |
| 1. Is the student’s conversation and “story” consistent with his or her actions? |
| 1. Are other people concerned about the student’s potential to harm self or others? |
| 1. What circumstances might affect the likelihood of an attack against self or others? |
| 1. Are any of the following indicators of potential for violence present?  |  |  |  | | --- | --- | --- | | **Indicators** |  | **Comments** | | Ideas or plans about injuring him/herself or attacking a school or persons at school | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | Yes |  | No |  | Unknown | |  | | Communications or writings that suggest that the student has unusual or worrisome interest in school | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | Yes |  | No |  | Unknown | |  | | Comments that express or imply the student is considering mounting an attack at school | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | Yes |  | No |  | Unknown | |  | | Recent weapon-seeking behavior, especially if weapon-seeking is inked to ideas about attack or expressions about interest in attack | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | Yes |  | No |  | Unknown | |  | | Communications or writings suggesting the student condones or is considering violence to redress a grievance or solve a problem | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | Yes |  | No |  | Unknown | |  | | Rehearsals of attacks or ambushes | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | Yes |  | No |  | Unknown | |  | |
| 1. **Determination of Threat Level** |
| Risk Estimation   |  |  | | --- | --- | |  | **High/Imminent Risk/Threat:** Person/situation appears to pose a threat of violence exhibiting behaviors that indicate both a continuing intent to harm and efforts to acquire the capacity to carry out the plan, **appears to pose a clear and immediate threat of serious violence towards self or others.** | |  | **Moderate Risk:** Person does not appear to pose a threat of violence at this time towards self or others; however, exhibits behaviors that indicate a continuing intent to harm and potential for further violence. A self-destructive act which the student perceives would not be a serious threat to life. Some thought on how to carry out act, general place and time, no clear steps taken to implement plan, specific statements to suggest threat is not empty. | |  | Low Risk: Person does not appear to pose a threat of violence to self or others, and any underlying issues can be resolved easily | |
| Basis for Determination: |
| 1. **Response** |
| Once the threat is classified, follow corresponding, prescribed responses |
| |  |  |  | | --- | --- | --- | | Low Risk | Moderate Risk | High/Imminent Risk | | |  |  | | --- | --- | |  | Consult with Threat Assessment team, as needed | |  | Contact student’s parent/guardian, as needed | |  | Follow discipline procedures as needed | |  | See the threat is resolved | |  | Consult with SRO if needed | |  | Develop behavior intervention/plan if needed | |  | Refer to community based services if needed | |  | Monitor | |  | Parent Contract completed | |  | Student contract completed | |  | Other: | | |  |  | | --- | --- | |  | Consult with Threat Assessment team, as needed | |  | Contact student’s parent/guardian | |  | Provide direct supervision of student until parent/guardian assumes control | |  | See the threat is resolved | |  | Consult with SRO if needed | |  | Caution the student about the consequences of carrying out the threat | |  | Protect and notify intended victim and their parents if applicable | |  | Consult with administrator | |  | Refer to community based services | |  | If needs further evaluation, recommend to Mecklenburg Behavioral Health | |  | Contact student’s counselor and/or psychiatrist if applicable | |  | Parent contract completed | |  | Student Contract completed | |  | Other: | | |  |  | | --- | --- | |  | Needs further evaluation, recommend to Mecklenburg Behavioral Health | |  | Contact student’s parent/guardian | |  | Provide direct supervision of student until parent/guardian assumes control | |  | Notify SRO or law enforcement if a threat to another person | |  | Protect and notify intended victim and their parents if applicable | |  | Notify Administrator especially if it is a threat to another person | |  | Parent contract completed | |  | Student contract completed | |  | Other: | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Documentation:**  Parent/Guardian Notification and Involvement:  Was the parent/guardian contacted?   |  |  | | --- | --- | |  | No: Why not | |  | Yes: date and time of contact and notes: |   In those cases when the parent/guardian was contacted, the parent/ guardian was:   |  |  | | --- | --- | |  | In agreement with the recommendation for follow up and did bring the child to behavioral health | |  | In agreement with the recommendation for follow up with counselor and/or psychiatrist | |  | Disagreed with the recommendation for follow-up and did bring the child for follow-up to behavioral health | |  | Disagreed with the recommendation for follow-up and did bring the child for follow-up with counselor and/or psychiatrist | |  | Disagreed with the recommendation for follow up and did not bring the child for treatment | |  | Other: | |
| **If parent was unable to be reached and the student was rated in the High/Imminent Risk level contact the resource officer.** |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Parent Contract completed |  | yes |  | No | | Student Contract completed |  |  |  |  | |
| Any addition information: |
| 1. **Follow Up** |
| |  |  | | --- | --- | |  | Parent contact made the next day (date and time of call):  What happened: | |  | Called and left message (date and times called): | |  | Could not reach or leave a message (date and time called): | |  | Other: | | Did the parent follow through with your recommendations:   |  |  |  |  | | --- | --- | --- | --- | |  | yes |  | no | | | | In the case when the parent/guardian disagreed with the need for referral and did not follow through, was Child Protective Services called?   |  |  |  |  | | --- | --- | --- | --- | |  | Yes |  | No |   Time and Date of phone call: | | |

**SUMMARY**

|  |
| --- |
| Staff Member completing form: |
| Position: |
| School: |
| Date of Assessment completed: |
| **Information on student making threat/engaging in concerning behavior:** |
| Name of Student: |
| |  |  |  |  | | --- | --- | --- | --- | | Date of Birth: |  | Grade: |  | |
| Address: |
| Home Phone: |
| Parent/guardian: |
| Parent/guardian contact info: |
| Other Information: |
| Risk Estimation   |  |  | | --- | --- | |  | **High/Imminent Risk/Threat:** Appears to pose a clear and immediate threat of serious violence towards self or others. | |  | **Moderate Risk:** Person does not appear to pose a threat of violence at this time towards self or others; however, exhibits behaviors that indicate a continuing intent to harm and potential for further violence. | |  | **Low Risk**: Person does not appear to pose a threat of violence to self or others, and any underlying issues can be resolved easily | |
| Basis for Determination: |
| |  |  |  | | --- | --- | --- | | Low Risk | Moderate Risk | High/Imminent Risk | | |  |  | | --- | --- | |  | Contact student’s parent/guardian, as needed | |  | Refer to community based services if needed | |  | Parent Contract completed | |  | Student contract completed | |  | Other: | | |  |  | | --- | --- | |  | Contact student’s parent/guardian | |  | Refer to community based services | |  | If needs further evaluation, recommend to Mecklenburg Behavioral Health | |  | Contact student’s counselor and/or psychiatrist if applicable | |  | Parent contract completed | |  | Student Contract completed | |  | Other: | | |  |  | | --- | --- | |  | Needs further evaluation, recommend to Mecklenburg Behavioral Health | |  | Contact student’s parent/guardian | |  | Notify SRO or law enforcement if a threat to another person | |  | Parent contract completed | |  | Student contract completed | |  | Other: | | |

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Person Completing the Form/Date Parent/Guardian Date

**POSSIBLE QUESTIONS TO ASK**

IV. **Possible Questions to ask- these are guidelines**

1. Presenting problem/intent to harm, means, method, motive:
   * Type of threat: verbal or written, general or detailed
   * Clarify the statement, threat, or action that was made in terms of context and precipitating internal or environmental factors.
   * In the past few weeks have you wished you were dead?
   * In the past few weeks, have you felt that you or your family would be better off if you were dead?
   * In the past week have you been having thoughts about killing yourself?
   * Have you ever tried to kill yourself?
   * Ask some or all of the following: How would you do it?; What did you have in mind?; What are you planning to do?; When would you do it?; What would you use to do it?; Do you have access to guns or other weapons?; Do you know how to use them?; Have you used this weapon before?; Do you know someone who has this weapon?; What would you like to be the end result of your actions (death?)?; Checking out possible sites of the attack?; Rehearsing attacks or ambushes?
2. Determine the lethality of the plan; immediate risk or long-term plan?
3. Determine motives:

* Trying to get help, cause problems; avenge a perceived wrong (if so, against whom?)
* Perceived injustice history (pattern of blaming, believes has been treated unfairly); victim or perceived victim of harassment or discrimination; provocative victim pattern
* Perceives difference from others; hates those who are different
* Gang affiliation or other anti-social affiliations
* To bring attention to themselves or a problem
* Have there been attempts to resolve the problem; does the student feel that any part of the problem is resolved or see any alternatives?
* Does the situation or circumstance that led to these statements or actions still exist?

1. Does the student see violence as an acceptable, desirable, or only way to solve problems?

* Is he/she using the behavior as a means to end a problem or do they view violence as a legitimate means to that end?
* Do the student’s friends, parents, and fellow students implicitly or explicitly support or endorse violence as a way of resolving problems or disputes?

1. Is the student’s story consistent with his/her actions?

1. Is the student experiencing hopelessness, desperation and/or despair?

* Has the student experienced a recent failure, loss and/or loss of status?
* Is the student known to be having difficulty coping with a stressful event?
* Assess degree of hopelessness/desperation and potential for suicide (previous section)
* Inquire about responses to past stressful events to gauge response to future or present events
* Friends or support systems?

1. Ask the student if he/she has made any communications to others (not already aware of) regarding the attack/threat.

9. Ask the student if he/she has a trusting relationship with a responsible adult.

* Students with trusting relationships with adults may be directed away from violence and despair and toward hope.
* Is the student emotionally connected to or disconnected from other students?

1. Assess how capable the student is to organize and carry out an act of targeted violence?

* How organized is the student’s thinking and behavior?
* Determine what steps are needed to carry out the plan and the extent to which the student is capable of developing and executing a viable plan, including acquiring weapons, and gaining access to the target.
* If the student has a mental health disorder – is he/she being treated? Is he/she compliant with treatment?
* What are the behaviors of the student when treated as opposed to untreated?

ATTACHMENT B

**Emergency Resources**

Mecklenburg Behavioral Health Center

523 Madison Street

PO Box 470

Boydton VA 23917

434-738-0154

Community Memorial Hospital

125 Buena Vista Circle

South Hill VA 23970

(434) 447-3151

(434) 774-2400

Suicide Prevention Hotline

1-800-784-8433

911

PARENT AGREEMENT

|  |  |
| --- | --- |
| Student Name: |  |
| Parent Name: |  |
| Date: |  |

Your child has been found to be in risk of harming himself/herself or others. The student’s actions or statements indicate:

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

Due to this, the following actions are expected from the parents:

|  |  |
| --- | --- |
|  | I agree to secure my home and safety of my child by providing appropriate supervision |
|  | I agree to take my child to Mecklenburg Behavioral Health Center |
|  | I agree to contact my child’s counselor and/or psychiatrist |
|  | Other: |

Resource available:

Mecklenburg Behavioral Health

(434) 738-0154

523 Madison St.

Boydton VA 23917

*Available for emergency/after hour crisis for children*

Community Memorial Hospital

125 Buena Vista Circle

South Hill VA 23970

(434) 447-3151 OR (434) 774-2400

Or call 911

\_\_\_\_\_ I am aware of the resources available.

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

Parent Signature Date

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

Witness Date

*Keep original and give the parent a copy.*

STUDENT AGREEMENT

|  |  |
| --- | --- |
| Student Name: |  |
| Date: |  |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree that I will not harm or hurt myself or others in any way.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, further agree that, if I continue to have these thoughts or feelings, I will contact at least one of the following responsible adults:

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

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

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

Or if unable, I will call one of the following:

Mecklenburg Behavioral Health (434) 738-0154

1-800-784-2433 (1-800 Suicide) (Suicide hotline)

911

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

Student Signature Date

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

Witness Date

*Keep original and give the student a copy.*