Suicide and Violence
Risk Assessment Guide

Greenville Independent School District

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Purpose of Guide

The goal of this manual is to provide the information necessary to effectively implement district procedures regarding the handling of potentially suicidal or violent students. It will also provide an opportunity to learn skills in assessing the risk of suicide or violence of students who are brought to the attention of a primary caregiver.

Suicide Risk Assessment

A goal of the Greenville Independent School District is to try and foster the safety of students by reducing the risk of suicide attempts and completions among the students of the school district. Greenville ISD will provide training to help school personnel recognize the signs of potentially self-destructive behavior, respond appropriately, and refer promptly to appropriate services.

The Greenville ISD will also provide training to counselors and other caregivers to give them the necessary skills to assess the risk of suicide and assist the student in finding options other than suicide for the relief of emotional distress. The training includes information on school policy and procedures to follow during a crisis and how to offer supportive follow-up services until the crisis has been resolved.

Should there be a completed suicide; the counselor will provide access to short-term supportive services for the family and schoolmates of the deceased. The post-vention procedures include offering consultation and guidance to administrators, teachers, and other school personnel, providing group and individual counseling to the bereaved classmates and assisting the school in returning to its normal educational routine. A secondary goal of post-vention services is to try to prevent other students from choosing suicide as an option by guiding the schools to respond appropriately to the completed suicide.
School District Procedures

Every campus shall have a designated Primary Caregiver (usually the school counselor) who has received appropriate training in suicide and crisis intervention. No suicide threat shall be ignored. A suicide threat is defined as any spoken, written, or behavioral indication of self-destructive tendencies with the intent of taking one’s own life. School personnel shall take all threats seriously and shall implement the following procedures:

1. Any person on the campus aware of a suicide threat on the part of a student contacts the Primary Caregiver designated in his or her building.
2. The Primary Caregiver provides immediate crisis counseling and conducts a screening to assess the risk that the student will attempt suicide.
3. All dangerous substances and/or implements are removed immediately from the student and the area.
4. The student is not left alone or returned to class unsupervised until an adult family member, preferably a parent or guardian, has been notified and an intervention plan agreed upon.
5. The Primary Caregiver informs the building administrator of the crisis situation.
6. The Primary Caregiver requests services of specialized suicide and crisis personnel through the building administrator if the student is determined to be at high risk to attempt suicide.
7. A parent, guardian, or relative is notified of the student’s threat by the Primary Caregiver and/or other designated school personnel. No student is released from school prior to notification and consent of an adult family member, preferably a parent or guardian, unless the student is an adult.
8. The Primary Caregiver or specialized suicide and crisis intervention personnel may not transport a suicidal student to a hospital or home but may accompany a parent or guardian who assumes responsibility for transportation, including any costs.

Attempted

All attempted suicides shall be treated initially as medical emergencies. A suicide attempt is defined as any life-threatening behavior or gesture on the part of a student with the intent of taking his or her own life. It is not left to the discretion of school personnel to determine the seriousness of the attempt. The management of cases involving suicide shall follow the procedures for threatened suicide and include the following:

1. The student’s parent, guardian, or relative shall be contacted immediately, and the principal or designee shall strongly suggest that the student receive medical treatment from a physician and/or counseling from a community mental health professional.
2. If the student has ingested medication, chemical agents, or has incurred physical injury, the counseling procedure described in the FFE (LEGAL) which is found under GISD School Board Policy with the title Student Welfare Student
Assistance Programs/Counseling shall be followed, unless there is an emergency requiring the Primary Caregiver or school administration to contact paramedics.

3. The building administrator will be notified of all suicide attempts. The Primary Caregiver shall be assisted by personnel specialized in suicide and crisis intervention.

4. Upon the student’s return to school, the Primary Caregiver shall convene a meeting with the parents or guardian, building administrator, nurse, and a member of the crisis team, to make recommendations regarding supportive counseling and follow-up services.

5. If the principal or designee has strongly suggested that the student receive medical treatment from a physician and/or counseling from a community mental health profession and the student returns to school without those services, the Primary Caregiver or other professional personnel may determine if the lack of treatment constitutes abuse or neglect. If the primary Caregiver or other professional personnel believes in good faith that there is possible abuse or neglect, the law requires that the abuse be reported in one of the following ways:
   a. Contact Child Protective Service 800-252-5400
   b. File a report online at www.txabusehotline.org

6. If the student’s absence from school exceeds five consecutive days, the procedure described in the FEC (LOCAL) which is found under GISD School Board Policy with the title Personal Illness, shall be followed.

When school personnel become aware of a completed suicide by a student or faculty member in their building, the following procedures shall be followed:

1. The building administrator shall be notified.

2. The building administrator shall consult with the GISD central office administration regarding communication with the media and the dissemination of information to students, faculty, and parents.

3. The designated crisis team shall provide post-vention strategies for students and faculty.
Threats of Violence

All threats of violence must be reported to the principal by students and school personnel to ensure safety. All threats will be taken seriously.

If the principal suspects that a student has made or engaged in a terroristic threat, the principal shall call the police and the parents. Only the police can determine if a terroristic threat has been made. The Texas Penal Code, Section 22.07, defines a terroristic threat as the threat to commit any offense involving violence to any person or property with the intent to place any person in fear of imminent serious bodily injury, or prevent or interrupt the occupation or use of a building, room, place of assembly, place of employment, aircraft, automobile, or other mode of transportation.

If the principal determines that the threat is of a less serious nature, the principal shall call the parents.

If a threat of violence has been made, the Primary Caregiver, usually a counselor, must complete a violence risk assessment as follows:

1. For threats assessed as high-risk, the caregiver shall request assistance from the designated crisis team to determine the need for additional services.

2. For threats assessed as low or medium, the Primary Caregiver:
   a. Shall develop an action plan and confer with the parents.
   b. May also obtain consultation from the designated crisis team

If the police charge the student with making a terroristic threat, Texas Education Code Section 37.006, requires mandatory removal of the student to an off-campus alternative education placement.

Regardless of the level of risk, no student will be left alone, returned to class unsupervised or released from school until a parent or guardian has been notified and an intervention plan agreed upon. Student access to all dangerous implements should be removed. All students making threats may, at the discretion of the student (if the student is an adult), parent, or guardian, receive follow-up through the local campus student support team.
Conducting a Risk Assessment

When a primary caregiver is notified that a student is expressing suicidal thoughts/intent or is a potential harm to others, the first response is to meet with that student as quickly as possible to determine the extent of the student’s distress, if any. When contacting the parent the counselor makes every effort to have the parent give written consent for a risk assessment. If consent is given by the parent, then continue with the student interview using the Suicide Risk Assessment or Violence Risk Assessment form and determine the level of risk.
Figure 1: RISK ASSESSMENT PROCESS

Should the parent refuse the use of the SRZ/VRA instrument, then the counselor will continue the conversation with the student and determine level of risk based on their best clinical judgment. If the student is deemed to be at high risk, contact your building administrator for next steps or have parent transport student to an emergency care facility.
Referral to Outside Agencies for Emergency Care

Referral to outside agencies should be made only after a risk assessment has been completed. The only exception would be if the student attempted suicide at school. A suicide attempt on campus requires immediate referral to the nurse. If it is a life-threatening situation, a 911 call is necessary. Other referrals for Emergency Care are for students assessed as being at risk for suicide and only after consulting with the designated crisis team personnel. MHMR is not an appropriate resource for Emergency Care. See procedures for referring student to MHMR.

Parent Resource Guide for Agencies

Many students who express suicidal thoughts are not at high risk for a suicide attempt. They may not need emergency services but instead may need the mental health services provided by community agencies. The Primary Caregiver or other professional personnel may provide the list below as a resource guide for a parent. The parent is responsible for payment of such services.

Possible Agencies
Glen Oaks Hospital  903-454-6000
Adapt of Texas (18 & over) 877-544-1887
Lakes Regional MH Services  903-455-3987
Presbyterian Hospital of Greenville 903-408-5000
Providence of Texas 214-914-3370
STAR Family Connection 903-454-7277
Telecare Mobile Crisis Team 866-260-8000

Emergency Care of Suicidal Students

The following psychiatric referral procedures are suggested for students who are assessed as high risk to attempt suicide or who have already made a suicide attempt.

1. A student who threatens suicide is referred to the Primary Caregiver (usually the school counselor). The Primary Caregiver conducts the initial risk assessment. If the risk for a suicide attempt is high, the counselor shall contact the parent or guardian. If necessary, the Primary Caregiver may contact a licensed specialist in school psychology (LSSP) or social worker assigned to the campus to assist with the case. The LSSP or social worker is always called to the school for a student who has attempted suicide. The chosen action plan by the parents or guardian, in conjunction with the Primary Caregiver, may include further psychiatric evaluation.

2. Parents always have the option of choosing private or public care. The school district is not responsible for expenses incurred even if the school refers the family or paramedics take the student to a hospital emergency room.
3. If the parents choose public care, refer suicidal students to the nearest psychiatric emergency room for evaluation. Presbyterian Hospital of Greenville, Glen Oaks Hospital, or another psychiatric facility of the parents’ choosing which have emergency care may be considered. The psychiatrist will make an assessment and will make further referrals when necessary. It is important to recognize that an evaluation by a psychiatrist is not a guarantee of hospitalization. Consent to treatment should follow Board Policy FFAC (LEGAL).

4. When sending a student to a psychiatric emergency room, send the following information, upon signed release of the medical/student records by the parents, guardian, or adult student:

   • Medical including allergies (copy of health history and health card)
   • Medication history including any drugs taken that day. (check medication distribution log.)
   • Past treatment history, both individual and family. (Copy of health history and health card.)
   • Possible precipitating events. (Copy of suicide report form and suicide risk assessment form completed by school personnel, if available.)
   • Family demographics: name, address, and phone number. (Enrollment card.)
   • Emergency contact person, if parents cannot be located.

If a release cannot be obtained, Section 611.004 of the Texas Health and Safety code does allow disclosure of confidential information “to medical or law enforcement personnel, if the professional” (counselor, LSSP, or social worker) “determines that there is a probability of imminent physical injury by the patient to the patient or others or there is the probability of immediate mental or emotional injury to the patient.”

5. The Student Resource Officer or Hunt County Sheriff’s Department will respond to calls from any school needing assistance with a student in an acute suicidal crisis. Reserve these requests for extreme situations when stabilization is needed.

6. If the student refuses to agree to treatment by a physician, or a parent cannot be located, and if there is potential danger to self or to others, school officials should call the Student Resource Officer or Hunt County Sheriff’s Department for assistance in transporting the student to an emergency facility. If the SRO’s are unavailable, the Greenville Police can be called at 903-457-2900.
7. If at all possible, an administrator or the school nurse should be involved in the decision to send a student who has attempted suicide to a hospital.

8. Use professional judgment and only call 911 for an ambulance when a student cannot be transported safely by a parent or the Student Resource Officer and stabilization is necessary. Paramedics generally will only transport if there is a serious physical injury or overdose situation creating a medical necessity. Parents generally should be responsible for transporting their child or adolescent to a hospital emergency room when a psychiatric evaluation is necessary. If the parents are not available the SRO or Hunt County Sheriff’s Department will provide transportation for a student who does not need the services of a paramedic.

9. It is recommended parents or guardians be present at the hospital to assist with the crisis intervention process. However, under the Texas Family Code, a suicidal child or adolescent can be evaluated and treated without a parent or guardian present.

10. When the school is referring a student to the hospital, someone from the school (counselor, psychologist, or social worker) may accompany or meet the student and parents at the hospital, but the school employee may not transport the student.

11. The school should secure parent permission to obtain information regarding disposition or treatment by a psychiatric facility by having the parent complete a release of confidential information form (form is included in this packet).

12. School procedures strongly recommend all students who attempt suicide to be seen by a physician if there is physical injury or if there is a medical necessity for treatment (i.e. overdose). Either a physician or community mental health profession may see the student if there is no physical injury or medical necessity for treatment. **Advise the parent that a signed clearance by the physician will be required for the student to re-enter the school after being released from the hospital or a mental health professional after evaluation.** The **Suicide Referral for Emergency Care** form should be given to the parent to take to the evaluator. Completion of the clearance form indicates that it is the opinion of the physician or mental health professional that the student should return to school. It does not indicate that the student is free of suicidal ideation or intent.
Referring Suicidal Students to Mental Health Facilities

Use the following procedures when referring students who have threatened or attempted suicide:

· MHMR is not an appropriate referral for emergencies. Send the suicidal student (and parent) to a hospital psychiatric emergency room if there is a concern for immediate danger.

· MHMR may be an appropriate referral for follow-up services after the suicidal student has been treated on an emergency basis or for students who are assessed as low to medium risks.

· The Primary Caregiver will provide the initial crisis intervention assistance and conduct a risk assessment before referring the suicidal student to an outside source.

· Referring staff (counselor, social worker, or licensed specialist in school psychology) should call the mental health facility to see if the family can make a quick appointment for assessment. Quick is defined as within two or three days.
Suggested Interview with Suicidal Students

NOTE: Lethality = Thoughts + Intentions + Plan + Means

1. Suggested Interview With Student Threatening Suicide (Make index cards for quick reference):
   a. · It seems things have not been going so well for you lately. Tell me about it.
   b. · Have you felt upset, maybe had some sad or angry feelings you have trouble talking about?
   c. · Maybe I could help you talk about these thoughts and feelings?
   d. · What are your thoughts about school?
   e. · What are your thoughts about friends?
   f. · What are your thoughts about family?
   g. · Do you believe things can get better or are you worried things will just stay the same or get worse?

   With young or withdrawn students, you may use drawings or other visual material.

2. Thoughts, ideas, or intentions about suicide:
   a. Do you ever wish you were dead? Do you think about killing yourself? How often? How intense are your thoughts? Do you plan to do it or do you only think about it?
   b. Are you thinking about suicide a lot lately?
   c. If you killed yourself, what do you think will happen? To your family? What about to you? What do you think happens after death?
   d. Are you the kind of person who acts quickly? Impulsively? Or, do you make plans?
   e. What would have to happen to make you go ahead and kill yourself? Is that likely? When would that happen?
3. Plans and means to commit suicide:

   a. Do you have an idea about how you would do it, if you kill yourself? (if the person says yes, ask more questions). What would you do? When would you do it?

   b. Ask the person if the means are available to them. For example, do you have a gun, or pills, or a car? Do you have a way of getting a gun or pills or razor blades?

   c. Do you think that a gun or pills or hanging would kill you?

   d. Sometimes, when people think about dying, they make plans for their belongings or make a will. Have you done any of those things?

   e. What do you think about death? Does it seem like a safe, comforting thing? Does death seem bad or scary?

   f. What does your religion believe about suicide? Do you agree?

4. Personal factors and history:

Some people have personalities and life histories that make them more likely to kill themselves. To find out if someone has such a history, ask questions such as:

   a. Have you recently lost anyone or anything important to you? You may already know that the person lost a family member or possession. If not, be sure to inquire.

   b. Have you felt like a failure lately? Has anything happened that hurt your pride?

   c. Are you the kind of person who has to do everything right? When you don’t do everything right, do you feel very bad about yourself? How are thing going for you now?

   d. Have you known anyone who killed himself or herself? Anyone who tried to? What do you think about his or her death?

   e. Have you ever tried to kill yourself? Have you ever pretended to? Held a gun to your head or put a rope around your neck or thought About driving your car off the road into a tree?
f. Before you came to this school, did you ever see a doctor or go to the hospital because you were very sad? Heard or saw things others did not hear or see? Sometimes had too much energy? Did you ever feel like that – sad or too energetic, or hearing or seeing things – without seeing a doctor?

g. Do you ever hear voices that tell you to do things? Do they ever tell you to hurt yourself? Kill yourself?

h. Has anyone in your family had those problems or seen a doctor for them?

i. When people drink they often do things they wouldn’t otherwise do. Find out how much the person drinks or uses drugs. When you feel very upset or sad what do you do to feel better? Sometimes, when people are very sad or nervous, they drink or use drugs to feel better? Do you ever do that? How often? Do you ever drink so much you can’t remember what you did when you got high/drunk?

j. Are you the kind of person who makes friends easily?

5. Feeling depressed and hopeless:

   a. Do you ever feel that you have no reason to live?

   b. Do you believe things will get better for you?

   c. Do you feel you can take care of things? Make things better?

   d. Do you think things will be better in the future?

   e. What do you think your life will be like a year from now? Five years from now?

   f. Do you feel good about yourself today?
Suggested Interview With Students Threatening Violence:

1. **Plan.** You have threatened to _____. 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? Who do you know that has a gun? Have you even seen it? Do you know how to use it?

2. **Aggressive behavior.** When you get angry, what do you do? Do people treat you fairly? Have you ever set a fire to things or a building?

3. **Discipline record.** Have you ever been suspended or expelled? Have your parents ever been called to school because of your behavior?

4. **Academic performance.** What grade are you in and what do you think about that?

5. **Previous threat.** Have you ever threatened to harm anyone before?

6. **Exposure to violence.** Have you ever seen anyone killed or seriously hurt?

7. **Victim of abuse.** Has anyone ever intentionally hurt you?

8. **Cruelty to animals.** Do you have a pet or have you ever had a pet? Have you ever intentionally hurt an animal?

9. **Victim of harassment.** Has anyone ever teased or harassed you?

10. **Gang affiliation.** What gang are you a member of? Would you like to be a part of one? Do you see the gang as a source of protection?

11. **Family support.** Who in your family are you close to now? Who were you close to when you were younger?

12. **Empathy.** Is there anyone you feel sorry for? Do you ever wish you hadn’t done something?

13. **Relationship skills.** Do you see yourself as having a lot of friends? Do you wish you had more? How would your friends describe you? Do you think others respect you?

14. **Preoccupation with violence.** What kind of movies or TV programs do you like to watch? Do you like to make up stories about violence or do you talk to your friends about violent stories much? Video games?

15. **Drugs.** How much do you use drugs or drink alcohol each week?

16. **Emotional stability.** Do your moods swing from sad to happy? Describe it to me? How often?
Developing an Action Plan

The key to an effective action plan is an accurate risk assessment. The action plan is determined by the specific needs of the student.

Action Plan for Suicide and Violence

1. Building Administrator notification
2. Parental notification
3. The Building Administrator will notify the Central Office Administration on all high risk cases involving suicidal and/or violent students, this includes suicide attempts and students who have completed suicides
4. Clearance to return to school by a physician or mental health professional
5. Building administrator notified of student’s imminent return
6. Primary Caregiver meets with parents to make recommendations regarding supportive counseling and follow-up services for high risk and “acting out” students

Other Components of an Action Plan that May be Included

1. Refer to additional school based programs
2. Draft a “no-harm contract”
3. Student identifies a support person at home and school
4. Student checks in daily with the Primary Caregiver
5. Best practice follow-up plan which would include at least one additional meeting with the Primary Caregiver

Notification of Campus Administrator

Each primary caregiver must decide upon a system of notification with their principal. For high risk students or those who have made a suicide attempt, the administrator will be notified immediately.
Notification of Parents/Guardians by School Personnel

Sample opening of phone conversation:

I am calling to talk about a concern regarding your child. Today in school he/she did . . . (Tell how the child was brought to your attention, in cases involving a violence risk the parent may already have been contacted by an administrator). In talking to him/her, s/he disclosed that s/he was feeling suicidal or wanted to harm him/herself or someone else. Our district’s procedures require that I inform you of this threat/attempt and ask you for written consent to do a risk assessment. This survey will allow me to give you a better idea of the level of risk that your child is experiencing at this time.

Additional information to give to parents while on the phone depending on the risk level:

Low Risk Cases: Inform of risk level and suggest love, support, and guidance in problem solving.

Medium Risk Cases: Inform of risk level. Ask about how accessible weapons and other potentially lethal instruments/objects in the home are. If they are accessible, suggest that they get them out of the house or have them safely locked up. Suggest three referrals for outside counseling if appropriate or requested.

High Risk: Consult with Building Administrator

Inform building administrator and school nurse of the risk level.

Primary Caregiver, Building Administrator, or School Nurse will then call the parent/guardian and ask them to come to the school. Set up a time that they will come to the school that same day and as soon as possible. Student must not be left alone at any time.

Conference with Parents: *

- Attendees: 1. Both parents (preferably)
  2. At least two school staff members from the Crisis Team
  3. Student for all or part depending upon age
- Approach the meeting with a cooperative attitude that every effort will be made to help the student
- Help the parent understand the severity of the situation and provide them with suggestions such as:
  1. Increase supervision
  2. Reduce availability of lethal weapons
  3. Assist their child in obtaining help
SRA – VRA GUIDE

From *Suicide Intervention in the Schools* by Scott Poland, pages 88-93, Tables 5.4.
Greenville Independent School District

**SRA/VRA REPORT FORM**

DATE: ___________________ Staff member Completing Form: _____________________

**STUDENT INFORMATION**

Student Name: ____________________________________________

Demographic Information: 请圈选

<table>
<thead>
<tr>
<th>Type of Threat</th>
<th>Suicide: Threat</th>
<th>Attempt</th>
<th>Completion</th>
<th>Violence: Threat</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk Assessment</td>
<td>Suicide: High</td>
<td>Medium</td>
<td>Low</td>
<td>Violence: High</td>
</tr>
</tbody>
</table>

Grade  PK  K  1  2  3  4  5  6  7  8  9  10  11  12

Ethnicity  African American  Anglo  Hispanic  Other________

Gender  Male  Female

Program  General Education  Special Education

**Mandatory Steps**

<table>
<thead>
<tr>
<th>Steps Taken</th>
<th>Steps Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent Notified</td>
<td>By Phone  Meeting  Date/Time ________________</td>
</tr>
<tr>
<td>Parent Consent Received</td>
<td>Yes  No</td>
</tr>
<tr>
<td>Administrator Notified</td>
<td>Verbal  Email  Written  Date/Time ________________</td>
</tr>
</tbody>
</table>

Suicide Attempt  Student needs clearance to return to school. Give parent Referral for Emergency Care Form and schedule a meeting upon student's return to campus with parent, nurse, and administrator.

Terroristic Threat  If student is ticketed by police, get police report number ________________

Send to Building Administrator  Copies of this form should be sent to the building administrator and kept by the Primary Caregiver.

**Action Plan**

<table>
<thead>
<tr>
<th>Check all that apply</th>
<th>Person Responsible</th>
<th>Date Initiated</th>
</tr>
</thead>
<tbody>
<tr>
<td>____ No-harm contract</td>
<td>___________________</td>
<td>________</td>
</tr>
<tr>
<td>____ Identify support person  For home and school</td>
<td>___________________</td>
<td>________</td>
</tr>
<tr>
<td>____ Consult with parent on Monitoring support  Physician clearance received</td>
<td>___________________</td>
<td>________</td>
</tr>
<tr>
<td>____ Gave at least 3 agency referrals</td>
<td>___________________</td>
<td>________</td>
</tr>
</tbody>
</table>

Greenville Independent School District
No – Harm Contract

Date: ______________

I ______________ agree not to harm myself or attempt suicide.

From now until ______________ when I will meet with
__________________________.

If I am having thoughts of harming myself or committing suicide, I will
do the following until I receive help:

Get assistance from: __________________________

Call Suicide Crisis Line at (214) 828-1000 or Teen Help Line at (972)233-TEEN

Call ____________________ at ______________________

I understand the contract that I am signing and agree to abide by it.

_________________________________     ________________________
Student Signature           School Personnel Signature

Contrato De No-Hacerme Dano

Fecha: ______________

Yo ______________ estoy de acuerdo que no me voy hacer dano o tratar de
matarme (suicidarme) de ahora hasta _______________, cuando yo voy a
tener una cita con __________________________.

Si yo tengo ideas de hacer me dano o matarme, Yo voy hacer lo siguiente hasta
que yo reciba ayuda:

Conseguir ayuda de ____________________________.

Llamar el telefono de Suicide Crisis al (214)828-1000 o el telefono de Teen Help
Line al (214)233-8336

Llamar ____________________ al telefono ______________________

Yo entiendo el contrato que estoy firmando y estoy de acuerdo que voy a seguir
el plan

_________________________________     ________________________
Firma de Estudiante           Firma de la persona de Es cuela
## Suicide Risk Assessment

**Student Name ____________________________ School _______________________ Date_____________________**

<table>
<thead>
<tr>
<th></th>
<th>Low</th>
<th>Medium</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Lifestyle ___stable relationships, Personality and school performance</td>
<td>___ recent acting out behavior and substance abuse; acute suicidal behavior in stable personality.</td>
<td>___ unstable personality: emotional disturbance; repeated difficulty with peers, family, and teachers</td>
</tr>
<tr>
<td>2</td>
<td>Medical Status ___no significant medical problems.</td>
<td>___ acute, but short term Or psychosomatic illness</td>
<td>___ chronic debilitating or acute catastrophic illness</td>
</tr>
<tr>
<td>3</td>
<td>Stress ---no significant stress</td>
<td>___ moderate reaction to loss or environmental changes</td>
<td>___ severe reaction to loss or environmental changes</td>
</tr>
<tr>
<td>4</td>
<td>Symptoms: Coping Behavior ___daily activities continue as usual with few changes</td>
<td>___ some daily activities disrupted; disturbance in eating, sleeping, school work</td>
<td>___ gross disturbances in daily functioning</td>
</tr>
<tr>
<td>5</td>
<td>Suicide Plan: Details ___vague</td>
<td>___ some specifics</td>
<td>___ well thought out; knows when, where, and how</td>
</tr>
<tr>
<td>6</td>
<td>Suicide Plan: Availability of means ___unavailable; will have to get</td>
<td>___ available have close by</td>
<td>___ have in hand</td>
</tr>
<tr>
<td>7</td>
<td>Suicide Plan: Time ___no specific time, or in the future</td>
<td>___ within a few hours</td>
<td>___ immediately</td>
</tr>
<tr>
<td>8</td>
<td>Suicide Plan: Lethality of method ___pill; slash wrists</td>
<td>___ drugs and alcohol; car wreck; carbon monoxide</td>
<td>___ gun; hanging; jumping</td>
</tr>
<tr>
<td>9</td>
<td>Suicide Plan: Chance of intervention ___others present most of the time</td>
<td>___ others available if called upon</td>
<td>___ no one nearby; isolated</td>
</tr>
<tr>
<td>10</td>
<td>Previous Suicide Attempts ___none or one of low lethality</td>
<td>___ multiple of low lethality or one of medium lethality; History of repeated threats</td>
<td>___ one of high lethality, or multiple of medium lethality</td>
</tr>
</tbody>
</table>
## SRA – VRA GUIDE

| 11. Resources | ___ help available; significant others concerned and willing to help | ___ family and friends available, but unwilling to consistently help | ___ family and friends unavailable, or are hostile, exhausted, or injurious |
| 12. Communication Aspects | ___ direct expression of feelings and suicidal intent | ___ interpersonalized suicidal goal (they’ll be sorry; I’ll show them) | ___ very indirect or non-verbal expression of Internalized suicidal goal (guilt worthlessness) |
| 13. Symptoms: Depression | ___ mild; feels slightly down | ___ moderate; some moodiness, sadness, irritability, loneliness, and decrease of energy | ___ overwhelmed with hopelessness, sadness, and feels worthless |

### TOTAL CHECKS
- _____ LOW
- _____ MEDIUM
- _____ HIGH

### Scoring
1. Calculate weighted scores: (x1) _______________ (x2)_______________ (x3)_________________
2. Add weighted scores = _______________
3. Divide by 3 = _______________
   This is the final Risk Assessment Score

### CHECK FINAL Assessment: LOW (below 7) __________ MEDIUM (7 to 10) ________________ HIGH (above 10)_________
   If high, consult with Building Administrator

### Additional information needed:
- Warning signs __________________________________________________________
- Special Education eligibility label _________________________________________
- Family history of suicide, __Y/N__ if yes, what is the relationship to the child ________________________________;
- Place of suicide attempt ___home ___school; Method ________________________________

---

Student Name _________________________________ School __________________________ Date ______________
Suicide Risk Assessment Worksheet

Student Name _______________________________ School _________________  Date ____________________

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No student shall be required, as part of any program funded in whole or in part by the US Department of Education, to submit to a survey, analysis, or evaluation that reveals information concerning the following topics without the prior consent of the student (if the student is an adult or an emancipated minor) or, in the case of an unemancipated minor, without the prior written consent of the parent. Topics covered by this provision are:

1. Political affiliations or beliefs of the student or the student’s parents.
2. Mental and psychological problems of the student or the student’s family.
3. Sex behavior and attitudes.
4. Illegal, anti-social, self-incriminating, and demeaning behavior.
5. Critical appraisals of other individuals with whom respondents have close family relationships.
6. Legally recognized privileged or analogous relationships, such as those of lawyers, physicians, and ministers.
7. Religious practices, affiliations, or beliefs of the student or the student’s parent.
8. Income (other than that required by law to determine eligibility for participation in a program or for receiving financial assistance under such program).

I, ___________________________ parent/legal guardian/eligible student, DO consent to this assessment being administered with my child or myself in case of an eligible student _______________________________ Date________________

I_________________________ parent/legal guardian/eligible student, DO NOT consent to this assessment being administered with my child or myself in case of an eligible student _______________________________ Date________________

Instructions: Use as a checklist. See administration questions. Many items require additional contacts with a parent, teacher, counselor or administrator to be able to complete the assessment. Check only one column per item. Do not leave any item without a checkmark. There are 13 items.
## Threat of Violence Risk Assessment

**Student Name ____________________________  School _______________________  Date_______________________**

<table>
<thead>
<tr>
<th>Risk Present But Lower</th>
<th>Medium</th>
<th>Higher</th>
</tr>
</thead>
<tbody>
<tr>
<td>**1. **Plan: Details</td>
<td>vague</td>
<td>some specifics</td>
</tr>
<tr>
<td>**2. **Plan: Access to weapons</td>
<td>unavailable, difficult to obtain</td>
<td>available, but will have to obtain</td>
</tr>
<tr>
<td>**3. **Plan: Time</td>
<td>no specific time or in future</td>
<td>within a few hours</td>
</tr>
<tr>
<td>**4. **Plan: Viability of Plan</td>
<td>plan unrealistic, unlikely to be implemented</td>
<td>some details of plan are</td>
</tr>
<tr>
<td><strong>5. Aggressive behavior</strong></td>
<td>when angry does not hurt or threaten to hurt others or property</td>
<td>displays little anger control, considered aggressive, has explosive outbursts, or believes has been treated unfairly</td>
</tr>
<tr>
<td><strong>6. Discipline record</strong></td>
<td>no previous discipline record</td>
<td>record of fighting, harassing, or verbally abusive</td>
</tr>
<tr>
<td><strong>7. Academic performance</strong></td>
<td>no academic difficulties</td>
<td>history of learning difficulties</td>
</tr>
<tr>
<td><strong>8. Exposure to violence</strong></td>
<td>exposed to violence only through movies, stories, computer software, video games</td>
<td>has directly witnessed a violent argument or fight at home, in the neighborhood, or school</td>
</tr>
<tr>
<td><strong>9. History of previous threats</strong></td>
<td>no history of previous threats</td>
<td>friends are aware of threats</td>
</tr>
<tr>
<td><strong>10. Victim of violence or abuse (verbal, sexual, or physical)</strong></td>
<td>no evidence that child is a victim of violence or abuse</td>
<td>perceives self as being taken advantage of or a victim but no evidence that abuse has occurred</td>
</tr>
<tr>
<td><strong>11. Exhibits cruelty to animals</strong></td>
<td>no tendency to be cruel to animals with friends</td>
<td>discusses cruelty to animals with friends</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td><strong>12. Victim or perceived victim of discrimination or harassment</strong></td>
<td>___ no history of discrimination or harassment</td>
<td>___ has a history of being teased</td>
</tr>
<tr>
<td><strong>13. Gang membership, member of anti-social group or cult</strong></td>
<td>___ no history of affiliation or interest in becoming a member of gang, anti-social group</td>
<td>___ has past affiliation or has interest in becoming a member of a gang, anti-social group, or cult</td>
</tr>
<tr>
<td><strong>14. Family support</strong></td>
<td>___ evidence of caring and Supportive family relationships</td>
<td>___ history of neglect</td>
</tr>
<tr>
<td><strong>15. Empathy, sympathy, or remorse</strong></td>
<td>___ displays normal capacity to feel for others</td>
<td>___ some indication the development of these feelings is delayed or absent</td>
</tr>
<tr>
<td><strong>16. Interpersonal/relationship skills</strong></td>
<td>___ has friends, respected among peers and teachers</td>
<td>___ identified as a bully, has poor interpersonal skills, or has few friends</td>
</tr>
<tr>
<td><strong>17. Preoccupation with weapons, death, &amp; violent themes</strong></td>
<td>___ no unusual history of thinking or talking about violence, does not enjoy reading about or watching</td>
<td>___ prefers and enjoys violence on TV or in movies, shows interest in weapons or talks about violence</td>
</tr>
<tr>
<td><strong>18. Drugs or alcohol usage Impulsivity</strong></td>
<td>___ does not use drugs, alcohol, is not considered impulsive</td>
<td>___ some experimentation with drugs or alcohol (1 or 2 times/month) somewhat impulsive</td>
</tr>
<tr>
<td><strong>19. Emotional stability</strong></td>
<td>___ emotions similar to peers’</td>
<td>___ depressive and/or manic episodes</td>
</tr>
</tbody>
</table>

**TOTAL CHECKS**

- _____ LOWER
- _____ MEDIUM
- _____ HIGHER

**Scoring**

1. Calculate weighted scores:  (x1) _______________  (x2)_______________  (x3)_________________
2. Add weighted scores = ___________________
3. Divide by 3 = _______________  This is the Final Risk Assessment Score

CHECK FINAL Assessment:  LOW (below 9) ____________ MEDIUM (9 thru 14) _____________ HIGH (above 14)_________

If high, consult with Building Administrator
Violence Risk Assessment Worksheet

Student Name _______________________________ School _________________  Date ____________________

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