

Action Plan Documentation

Determined <i>Low Risk</i> based on CSSRS Screening			
<ul style="list-style-type: none"> Suicidal ideation with low frequency, intensity and duration No intent (degree to which student has planned suicidal behavior) No plans 	<ul style="list-style-type: none"> Few risk factors Good self-control Presence of protective factors 		
Date:	Student:	School:	Grade:
Action Plan Checklist	Responsible Staff	External Contacts	Phone Number
<input type="checkbox"/> Take every warning sign seriously			
<input type="checkbox"/> Notify administration			
<input type="checkbox"/> Notify parent/caregiver with student present if appropriate			
<input type="checkbox"/> Complete Parent/Caregiver Notification Form			
<input type="checkbox"/> Develop Student Safety Plan and/or Self-Care Plan with student and parents if necessary			
<input type="checkbox"/> Refer to primary care or mental health services if necessary			
<input type="checkbox"/> Get parent signature on Authorization for Release and/or Disclosure of Information Form if necessary and share parent information and resources			
<input type="checkbox"/> Communicate to appropriate staff and document (using the Treat with Care memo for teacher/s)			
<input type="checkbox"/> Provide copy of Student Safety Plan with parents and involved staff			
<input type="checkbox"/> Complete Webs of Support form with student			
<input type="checkbox"/> Share Teen Guide to Mental Health & Wellness with student			
<input type="checkbox"/> Follow up with student and family as often as necessary until student is stable			
<input type="checkbox"/> Debrief with involved staff to assisted with the intervention, provide for expression of feelings, concerns and suggestions			
Who identified student as being at risk:			
Reason for concern:			
Staff notified:			

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Additional Information:

Determined *Moderate-High Risk* based on CSSRS Screening

- Suicidal ideation with moderate frequency, intensity and duration
- Non-specific intent, some plans, not concrete

- May express previous suicide attempt, some risk factors
- Moderate self-control, presence of some protective factors

Date:	Student:	School:	Grade:	
Action Plan Checklist		Responsible Staff	External Contacts	Phone Number
<input type="checkbox"/> Remain with student to ensure safety				
<input type="checkbox"/> Notify other appropriate staff member(s)				
<input type="checkbox"/> Notify parent/caregiver with student present				
<input type="checkbox"/> Complete Parent/Caregiver Notification Form				
If hospitalization is not required:				
<input type="checkbox"/> Develop Student Safety Plan and/or Self-Care Plan with student and parents if necessary				
<input type="checkbox"/> Discuss means restriction with parent/caregiver				
<input type="checkbox"/> Confirm understanding of next steps for student's care				
<input type="checkbox"/> Provide referrals to outpatient care services				
<input type="checkbox"/> Check for sibling and school of attendance				
<input type="checkbox"/> Get parent signature on Authorization for Release and/or Disclosure of Information Form if necessary				
<input type="checkbox"/> Communicate to appropriate staff and document				
<input type="checkbox"/> Complete Web of Support form with student				
<input type="checkbox"/> Share Teen Guide to Mental Health & Wellness with student				
<input type="checkbox"/> Student released to parent/caregiver or appropriate authority				

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<input type="checkbox"/> Debrief with all staff involved			
<input type="checkbox"/> Establish a plan for periodic contact to follow up until student is stable			
Who identified student as being at risk:			
Reason for concern:			
Staff notified:			
Additional Information:			

Determined Extreme Risk			
<ul style="list-style-type: none"> Frequent, intense and enduring suicidal ideation Clear intent, specific/concrete plans and/or access to lethal means Pervasive symptoms of psychological distress, depression/sense of hopelessness 	<ul style="list-style-type: none"> Many risk factors including history of suicidal attempts, hospitalization and/or self-injurious behaviors Limited self-control. Low level of rescue and reversibility of plan IF ACUTE LIFE THREATENING SITUATION, CALL 9-1-1 		
Date:	Student:	School:	Grade:
Action Plan Checklist	Responsible Staff	External Contacts	Phone Number
<input type="checkbox"/> DO NOT LEAVE STUDENT ALONE			
<input type="checkbox"/> Call 911, PERT or dispatch officer to mobilize community links			
<input type="checkbox"/> Clear students from the area, ensure safety			
<input type="checkbox"/> Notify appropriate staff members			
<input type="checkbox"/> Notify parent/caregiver about seriousness of situation			
<input type="checkbox"/> Check for sibling and school of attendance			
<input type="checkbox"/> Complete Parent/Caregiver Notification Form			
<input type="checkbox"/> Student released to parent/caregiver or appropriate authority			

Adopted from Duarte & Kim, Revised 2017

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<input type="checkbox"/> Debrief with involved staff			
If Student is Hospitalized... <ul style="list-style-type: none"> ● Follow up with parent/caregiver ● Determine next steps for extended absence ● Follow steps on the Student Re-Entry Plan 			
Before student returns to school, initiate re-entry and after-care plan			
<p>Who identified student as being at risk:</p> <p>Reason for concern:</p> <p>Staff notified:</p> <p>Additional Information:</p>			