CCCS Suicide Prevention Plan and Procedures

Updated July 2024

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Introduction

Schools play a major role in the prevention of suicide for school age youth. The U.S. Surgeon General promoted the adoption of suicide prevention protocols by local school districts. Additionally, the Oregon State Legislature passed Senate Bill 52 also known as Adi's Act requiring districts to adopt policies, develop, and implement plans for suicide prevention, intervention, and post crisis response.

This plan provides specific information to staff, students and our community on how we will work to build a positive culture, prevent suicide, intervene when necessary, and respond in the event of a crisis. This is a living document and will be revisited each year by the members of the Crisis Response Team (executive director, dean of student services, counselor, and consultants).

Our schools all have strengths and resources unique to the school context and student needs. The intent of this plan is to align our resources and build on our school's strengths.

Quick Notes: What Schools Need To Know

● School staff are frequently considered the first line of contact in reaching students at risk for suicide.
● All school staff are responsible for taking reasonable and prudent actions to help at risk students - NOT providing the in-depth assessment or counseling that a qualified professional provides.
    - Reasonable and prudent actions may consist of notifying parents, making a referral, securing outside assistance, staying with someone until help arrives, etc.
● All school staff share the responsibility of knowing protocols to refer a student at risk of suicide
● Research indicates talking about suicide or asking someone if they feel suicidal or are having thoughts of suicide will NOT put the idea in someone's head
● Peers often know, but do not tell adults, about peers contemplating suicide because they do not know how adults will respond or think they can't help
● School staff, families, and students need to be confident that help is available if/when they raise a concern regarding suicide.
● Even with a comprehensive suicide prevention and intervention plan, not all suicidal behavior can be prevented.
● Advanced planning is critical to provide an effective crisis response that provides internal and external resources to address student issues and normalize the learning environment.

Prevention Focus

Suicide/Self-Harm prevention strategies may include, but are not to be limited to, efforts to promote a positive school climate that enhances students' feelings of connectedness with the school and each other, and is characterized by caring staff and harmonious interrelationships among students. Coburg Community Charter School uses a multi-tiered system of support to provide instruction for Social Emotional and Resilience Skills through core instruction for all, targeted intervention, and intensive support based on the needs of students. Staff meet regularly to discuss student needs, develop additional supports, and implement restorative practices.

Student Health and Wellness Education Program

The school's comprehensive wellness program will promote the healthy mental, emotional, and social development of students including, but not limited to, problem-solving skills, self-awareness, self-regulation, relationships skills, self-esteem, and self-advocacy.

As a community school, awareness of student well-being is of paramount importance. Connection and care is a part of daily practices. Staff proactively builds relationships, including greeting students by name each day, collaborating closely with parents when there are concerns or needs, and building community practices. All efforts are made to treat students with respect and as individuals, including restorative justice and individualized responses for discipline.

Instructional Programs and Materials Available		
Conscious Discipline	self-regulation, problem solving, coping skills, positive class and school community, and resilience	K-8
Character Strong	self-awareness, self-management, social awareness, relationship skills, responsible decision making	K-8
Social Thinking Skills	ability to work as part of a group, ability to make and keep friends, self-awareness, social-awareness	K-8
Restorative Justice Practices	collaboration and reintegration, giving attention to the unintended consequences of actions and offering chances for relationship and social repair, empowerment, meaningful dialoguing skill development	K-8
Cisco Umbrella	Safety program is placed on all devices to detect high risk searches and prevent students from accessing harmful sites.	K-8

The school also draws from community resources to build its practices, get support, and seek expertise. These resources will be drawn on to support parent education as well.

Lane ESD	Lane ESD provides training and supports in SEL resources, suicide prevention, intervention, and postvention	K-8 Staff
Lane County Public Health	Lane County Public Health offers multiple supports, including from the Suicide Prevention Coaltion.	K-8
Hope and Safety Alliance	The Hope and Safety Alliance provides classes on healthy relationship knowledge and skills, green and red flags, self-worth, mental and emotional health when requested.	6-8
Lines for Life	Lines for Life offers regional support in the creation and adoption of policies and programs, as well as cross-collaboration with other organizations and groups	K-8 Staff
Oregons for Gambling Awareness	Founder Ronda Hatefi provides support for the school in creation and implementation of mental health hygiene, mental health first aid kids, and	6-8
Association of Oregon Community Mental Health Programs	AOCMHP offers trainings and events, including CBT for suicide prevention, DBT, ABFT and postvention	Staff

Protective Factors + Risk Factors

The community commits to paying attention to and nurturing protective factors for all students, and to thinking about suicide prevention in an "upstream" way. Staff will be offered trainings that help them build up resilience and protective skills, as well as learning to identify risk factors.

Protective Factors	Risk Factors
●Engaged in effective physical and/or mental health care ●Feeling connected to others (family, friends, school, at least one trusted adult) ●Positive problem solving skills ●Healthy coping skills ●Restricted access to means to kill self ●Stable living environment ●Willing to access support/help ●Positive self esteem ● Resiliency ●High frustration tolerance ●Emotional regulation ●Cultural and/or religious beliefs that discourage suicide ●Successful at school ●Has responsibility for others ●Financial stability ●Future planning ●Acceptance of identity (family, peers, school) KEEP IN MIND: a person with an array of protective factors in place can still struggle with thoughts of suicide.	●Current plan to kill self ●Current suicidal ideation ●Access to means to kill self ●Previous suicide attempts ●Family history of suicide ●Exposure to suicide by others ●Recent discharge from psychiatric hospitalization ●History of mental health challenges ●Current drug/alcohol use ●Sense of hopelessness ●Self-hate or self-injurious behavior ●Current psychological/emotional pain ●Loss (relationship, work, financial) ●Relationship issues (friends/family/school) ●Feeling isolated/alone ●Current/past trauma ● Bullying ●Discrimination and lived experience with oppression ●Chronic pain/physical health problems ●Impulsive or aggressive behavior ●Unwilling to seek help ●Members of disproportionately at-risk groups (LGBTQ+, Black, Indigenous, People of Color, etc)

Coburg Community Charter School acknowledges the needs of groups at increased risk for suicidal behavior and plans to work actively to use restorative practices to better serve all students. (See Appendix II for more information.)

- Youth Living with Mental and/or Substance Use Disorders
- Youth Who Engage in Self-Harm or Have Attempted Suicide
- Youth in Out-of-Home Settings
- Youth Experiencing Homelessness
- Racial and Ethnic Minority Youth (American Indian/Alaska Native (AI/AN) Youth, Black Youth, Latinx Youth, Asian Youth)
- LGBTQ (Lesbian, Gay, Bisexual, Transgender, Queer or Questioning) Youth
- Youth Bereaved by Suicide
- Youth Living with Medical Conditions, Disabilities, or Learning Differences

Student Reporting

The school will regularly encourage students to connect with a trusted adult (teacher, administrator, counselor, etc) when they are experiencing depression or thoughts of suicide/self-harm or when they suspect or have knowledge of another student's despair, self-harm, or suicidal ideation. The school actively works to create an environment where students can express feelings and concerns to staff.

Coburg Community Charter School:

- ❑ Recognizes that physical and mental health underpin all learning. Physical and mental health and wellness are integral components of student outcomes, both educationally and beyond graduation.
- ❑ Further recognizes that suicide is a leading cause of death among young people aged 10 - 24 in Oregon.
- ❑ Has an ethical responsibility to take a proactive approach in preventing deaths by suicide.
- ❑ Acknowledges the school's role in providing a culture and environment that is sensitive to individual and societal factors that place youth at greater risk for suicide and helps to foster positive youth development and resilience.
- ❑ Acknowledges that comprehensive suicide prevention policies include prevention, intervention, and postvention components.
- ❑ Will publish its policy and plan on the district website and will revisit and refine the plan as needed.
- ❑ Is commitment to practices which nourish the dignity of all humans, such as restorative justice and conscious discipline practices.

Confidentiality

School employees are bound by laws of The Family Education Rights and Privacy Act of 1974; commonly known as FERPA. FERPA generally precludes schools from disclosing student information without first obtaining consent, but there are exceptions, including health and safety emergencies and communication with district staff who have a legitimate educational interest. Further, there are situations when confidentiality must NOT BE MAINTAINED, meaning that staff have a legal obligation to share information.

If at any time, a student has shared information that indicates the student is in imminent risk of harm/danger to self or others, that information MUST BE shared immediately. The details regarding the student can be discussed with those who need to intervene to keep the student safe. This is in compliance with FERPA.

Comprehensive Suicide Prevention Plan Components

Coburg Community Charter School takes a multifaceted strategic approach to preventing suicide: prevention, intervention, and postvention (PIP). Although each section has important independent elements, prevention efforts work best, just like CCCS students, when they are connected or interconnected. This plan will outline each of the three components and CCCS's commitment to each one of them. CCCS is dedicated to developing a suicide prevention program using a culturally competent approach that considers cultural factors, such as the role of the family, level of acculturation, language acculturation, language preferences, and religious beliefs. This process includes staff and student awareness surrounding identity, human dignity, and connection.

Prevention Procedures

Coburg Community Charter School takes intentional steps to create a school culture that encourages positive coping skills by building protective factors while communicating about suicide in a safe and healthy way. Suicide prevention includes mental and physical wellness education, accessible resources, staff training, mental health awareness campaigns, restorative practices, and building a culture of belonging. The school has adopted the staff and student training programs set forth below.

Suicide Prevention Plan Timeline & Tracking

Training Program	Who Receives Training	Date of Last Training
QPR Question, Persuade, Refer Gatekeeper Training will be provided annually for all student-facing staff members.	All student-facing staff	Alissa applied for train the trainer program
Columbia Suicide Severity Rating Scale (C-SSRS) The Crisis Response Team will be trained annually on the C-SSRS tool and its variants. This is an evidence-based first responder tool that is part of our Level 1 assessment to gauge risk and response level needed during a potential suicidal engagement.	School Counselor, Admin team, Others as needed Training for C-SSRS OHA Training	Alissa Trained 9/2023
ASIST The Crisis Response Team will be trained every three years through the LivingWorks Applied Suicide Intervention Skills Training. This training is available through Lane ESD and supported by OHA.	School Counselor & ADMIN Staff Contact: Daniel Gallo dgallo@lesd.k12.or.us	Scheduling in October 2024
Character Strong Survey- Done twice per year to follow changes in student well being. Counselor/ Assistant Principal will look at data and produce skills groups based on needs.	Teachers (Done Fall 2023)	Teachers: As needed

Living Training opportunities from OHA:
https://www.oregon.gov/oha/HSD/BH-Child-Family/Pages/Training.aspx

OHA Contact:
Jill Baker, LSC
Youth Suicide Prevention and Intervention Coordinator
Oregon Health Authority 500 Summer Street NE
Health Systems Division Child, Adolescent & Family Behavioral Health Services
Salem, OR 97301
jill.baker@dhsoha.state.or.us

Annual Review

Coburg Community Charter School will track training and review annually to ensure trainings are available and pertinent to current needs and programming.

The Crisis Response Team will also meet annually to consider the intersection of suicide prevention activities and other prevention efforts such as health and wellness curriculum, sexual violence prevention, drug awareness, unhoused youth, wraparound services, social-emotional learning, trauma-informed education, disability identification and services, and supports for underrepresented populations such as positive identity development and affinity groups. Prevention efforts are best characterized as being part of a multi-tiered system of support where universal practices across domains are employed, increasingly intensive training and supports are engaged as screening, and intervention outcomes are evaluated.

Intervention Procedures

The following flow chart will be made available and reviewed yearly with staff to ensure collective knowledge of emergency procedures and knowledge of who is on the Crisis Response Team.

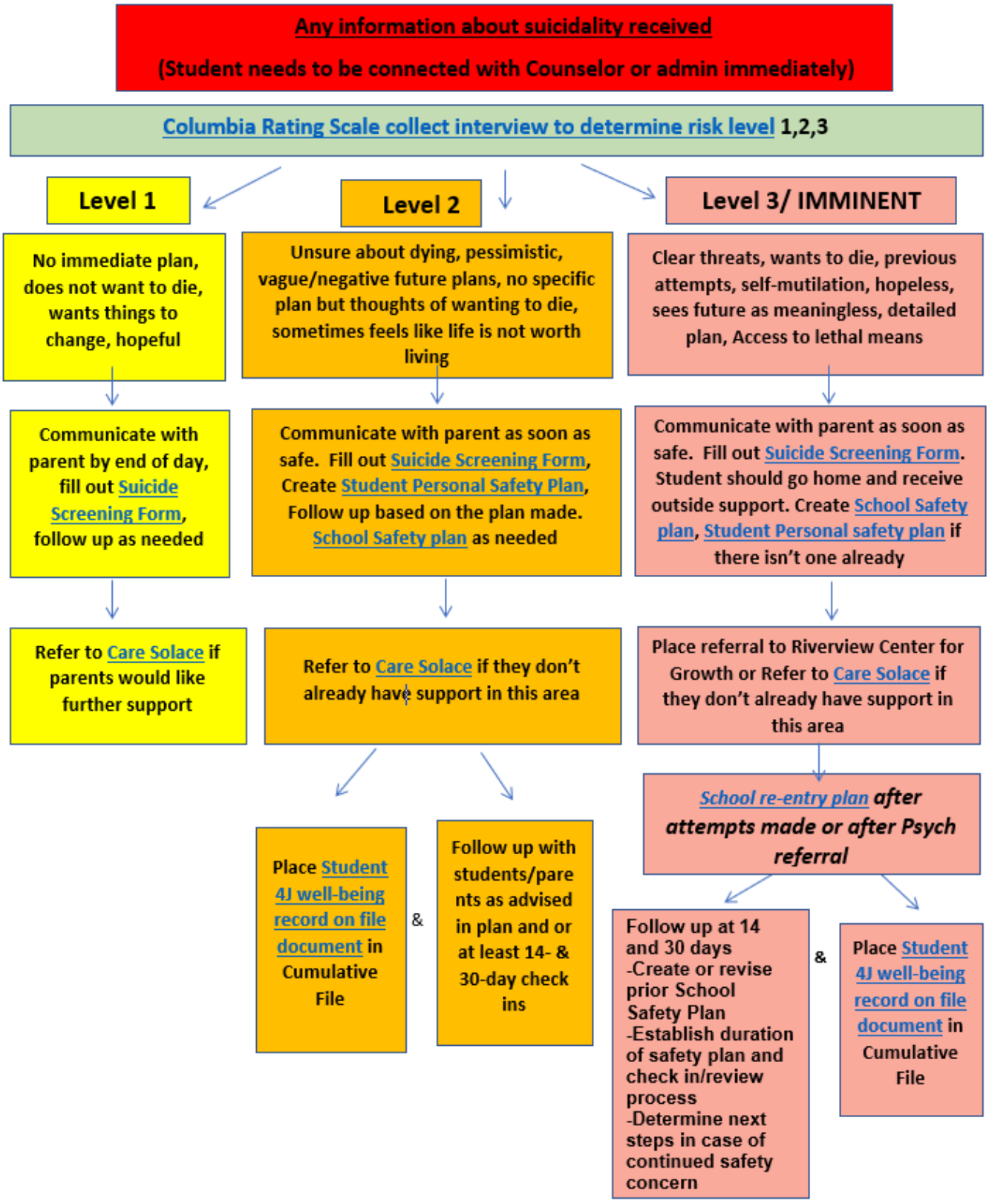
The risk of suicide is raised when any peer, teacher, caregiver, or school employee identifies someone as potentially suicidal because s/he/they has directly or indirectly expressed suicidal thoughts (ideation) or demonstrated other warning signs. It is critical that any school employee who has knowledge of a suicide threat **reports** this information immediately and directly to a trained School Screener (school counselor, dean of student services, or administrator) so that the student of concern receives appropriate attention. **Do not leave a voicemail or pass this information on through email. If you cannot reach a school screener, reach out to an administrator.**

If imminent danger exists, call **911** immediately. This is especially important if the student of concern is not in class or left the campus and a plan to suicide is discovered. If you are not sure if imminent danger exists, tell the school screener and they will call 911 if needed. All threats of self-harm must be taken seriously.

Screening Process

A suicide risk screening will need to be completed **for every student expressing comments and/or thoughts of suicide** when reported, even if the screener already knows the student and has a relationship with them, or even if parents report they have already spoken to student. Every effort should be made to conduct a screening the same day staff members are made aware of the risk for suicide. If the student is not in immediate but a concern about suicide risk exists, the trained school screener initiates the screening process.

Suicide Referral process



Depending on the circumstances, screener may communicate with parents both **before** and after the assessment is made. For example, the screener may talk to a parent who is reporting a concern and also speak to them post screening. The screener should use discretion for the order of events per the unique needs of the situation.

Process

1. Suicide screening is conducted by a school-employed provider trained in screening (School Counselor, mental health associate), or a school administrator.
2. The trained school screener conducts an interview of the student using the Screening Form available on the shared drive, or in print copies in the file cabinet in the counseling office.
3. The process starts with the Columbia - Suicide Severity Rating Scale (C-SSRS) screening tool and should be the main focus to identify need level
4. The screening tool should determine the next steps in the screening process based on level of risk

ONLY TRAINED SCHOOL STAFF MEMBERS MAY ACT AS SCHOOL SCREENERS SUICIDE RESPONSE PROTOCOLS AND SAFETY PLANNING. TRAINED SCREENERS ARE:
❑ School Counselor
❑ Mental health associate
❑ School Administrator(s)

Level one

You will know the student is in this level based on these categories on the Columbia rating scale:No immediate plan, does not want to die, wants things to change, hopeful

1. If appropriate, the screener will share the Resource Sheet with the student and/or family
2. Screener informs the administrator of screening results.
3. Inform the parent or legal guardian the same day that a screening was conducted and why. Parents are a critical part of the student's care team and possess information that the school may not have access to. Screener can document topics of conversation using the Parent/Guardian phone call checklist in the **Screening form.**
4. Refer to Care Solace if they don't already have support in this area
5. follow up as needed

Level two

1. You will know the student is in this level based on these categories on the Columbia rating scale: Unsure about dying, pessimistic, vague/negative future plans, no specific plan but thoughts of wanting to die, sometimes feels like life is not worth living
2. Communicate with parent(s) guardians as soon as safe. Fill out Suicide Screening Form, Create Student Personal Safety Plan, Follow up based on the plan made. School Safety plan as needed
3. Refer to Care Solace if they don't already have support in this area
4. If appropriate, the screener will share the Resource Sheet with the student and/or family

5. Follow up with students/parents as advised in plan and or at least 14- & 30-day check ins
6. **Place Student 4J well-being record on file document in Cumulative File**

Level three/Imminent threat

1. You will know the student is in this level based on these categories on the Columbia rating scale: Clear threats, wants to die, previous attempts, self-mutilation, hopeless, sees future as meaningless, detailed plan, Access to lethal means
2. Students should go home and receive outside support if they are not already. Create a School Safety plan, Student Personal safety plan if there isn't one already. If there is one created, re-look at the current plans and see if there are things the student feels could be changed.
3. If appropriate, the screener will share the Resource Sheet with the student and/or family
4. After consultation, if concern about suicidal ideation is sufficiently high, the trained school screener will contact and assist student's parent/legal guardian in referring the student to an in-depth suicide assessment by an external licensed and qualified Mental Health Professional as soon as possible.Place referral to Riverview Center for Growth or Refer to Care Solace if they don't already have support in this area
5. Screener can use the Parent/Guardian Phone Call Checklist if needed.
6. School re-entry plan will be made after an attempt was made or after a psych referral is placed with Riverview Center for Growth. Screener schedules a meeting for screener, parent/guardian, admin, and student to initiate a support plan, taking into consideration findings and recommendations from Mental Health Professional. The team will create the plan to address any needs for monitoring and supervision at school, accommodations, as well as addressing what supports will be developed from home. The support team will decide what staff on campus need to be informed and form a plan to review and reassess the safety plan in the future. Schedule a minimum of two follow ups 14 days and 30 days after the screening.
7. **Place Student 4J well-being record on file document in Cumulative File**

***Follow up dates of 14 and 30 days after assessed risk are minimum scheduled contacts. It should be understood that Student Support and Student Safety Plans may include daily, bi-weekly, or weekly follow ups with the student.**

Documentation

Follow documentation process that is structured in the suicide screening form.

Screening Process: Off-Hours

If concerns of student harm are reported on nights, weekends, or other times when the student is not on campus, the Crisis Response Team will respond in the following manner.

1. A trained school screener will contact the parent or legal guardian to notify them of the risk. If there is an imminent threat, 911 will be called. If there is not an imminent threat, parent(s)/guardians will be informed of the need for a student screening.
2. Screener will provide parents or legal guardians with school and community crisis intervention resources as needed.
3. If the trained School Screener has exhausted all methods to reach the parent or legal guardian (including Emergency contacts and sibling's schools), call The Child Crisis Response Program 1-888-989-9990 or Lines for Life 503-575-3760 to consult regarding next steps. It may be

necessary, after consultation, to contact the Department of Human Services (Child Protective Services) (541) 349-4444, 1-855-503-7233, or local law enforcement at 911 if the risk of self-harm may be imminent.

4. Screener will notify the school administrator of the situation, including a preliminary risk level assessment if possible.
5. Before the student returns to school or on their first day, a school screener will conduct a suicide risk assessment interview and follow subsequent protocol.
6. Screener will communicate updated risk assessment results to parents or legal guardians, and conduct a post assessment parent or guardian interview, if possible.
8. Screener will update administrator and complete the CCCS reporting process using the suicide screening form

Process Following Suicide Attempt or Acute Mental Health

1. Collaborate with parents and legal guardians, if possible, to select interventions, and develop a school safety plan, and a school re-entry plan as needed.
2. Provide parents and legal guardians with school and community crisis intervention resources.
3. Schedule minimum follow up meetings 14 days after and 30 days after comments, ideation and/or attempt. Designate a trained school screener (counselor or admin team) to serve as the school point person for follow up communication and ongoing support/safety plan organization.

Developing a School Safety Plan

After every suicide screening, the trained school screener consults with another mental health professional or administrator to determine if a School Support/Safety Plan is necessary and schedules follow up meetings.

The School **school safety plan** provides a structure for intentional support, designates the responsibilities of each person, and includes a review date to ensure follow-through and coordinated decision making. A designated staff member will serve as the school point person for follow-up communication with parents and, legal guardians and community providers for students who have been screened for suicide. The School **Safety Plan** is an extension of a Support Plan and should involve consultation and recommendations from a Mental Health Professional if possible. If the child is transitioning after a hospital stay a re-entry meeting to develop a plan should take place prior to re-entry.

Developing a Re-Entry Plan

The re-entry process occurs after a student has been hospitalized for an attempt or has been out of school for a mental health crisis. Students who have made a suicide attempt are at a higher risk of re-attempting during the first 90 days after the attempt unless the parents and school staff work together utilizing evidence - based prevention protocols. It is important for the student to be monitored by parents or guardians, mental health professionals, and designated school professionals in order to establish a support system. It is critical to connect the student, his/her/their parents or legal guardians, the mental health team working with the student, as well as the school counselor so that pertinent information flows, and a safety net is created.

The Re-Entry Meeting and/or School Safety Plan is scheduled by the designated school counselor or mental health specialist (If available) with the student, parent or legal guardian, and an administrator.

1. A re-entry meeting should occur when students are returning to school following a suicide attempt, or when a student has returned after a referral was placed by the school even if the school

did not complete a suicide screening. This is a best practice approach contributing to student safety.

2. The Safety Plan should be completed upon the student's return to school (prior to attending classes).

Notifying parents and others

Parents must always be notified when there appears to be any risk of self-harm.

a. Whenever a student has directly or indirectly expressed suicidal thoughts or demonstrated other warning signs, the student's parent or guardian is to be informed the same day. Such notice shall be made by the trained School Screener.
b. If the student discloses thoughts of suicide or if the trained School Screener has reason to believe there is a current risk for suicide, the trained School Screener will request that a parent/ legal guardian come to school to discuss the screening results and will help develop the safety plan, usually in collaboration with the parent or legal guardian and student. This can be completed over the phone, or via zoom, though it is not preferred.
c. If the student denies experiencing thoughts of suicide and the trained School Screener does not have reason to believe there is a current risk of suicide, the trained School Screener will notify the parent to share that a screening was conducted and why.
d. If a student is in crisis and the trained School Screener has exhausted all methods to reach the parent or legal guardian (including Emergency contacts and sibling's schools), call The Child Crisis Response Program 1-888-989-9990 or Lines for Life 503-575-3760 to consult regarding next steps. It may be necessary, after consultation, to contact the Department of Human Services (Child Protective Services) (541) 349-4444, 1-855-503-7233, or local law enforcement at 911 if the risk may be imminent.

EXCEPTION - Abuse or Neglect

Parents and legal guardians need to know about a student's suicidal ideation unless the trained School Screener, **after conferring with the school administrator**, reasonably believes that child abuse or neglect would result from disclosure and would place the student at an imminent increased risk of harm. In such a case, the trained School Screener or other staff person must make a report to the Child Welfare Hotline through the Department of Human Services at (855) 503-7233 or Coburg or Eugene Police Department. The trained School Screener and student will discuss what will be communicated with essential staff members in order to keep them safe. Staff will document On the DHS Documentation form and give a copy to the Administration team to file.

If a student makes a statement such as "My dad/mom would kill me" as a reason to refuse, the trained School Screener can ask questions to determine if parental abuse or neglect is suspected. If there is no indication that abuse or neglect is suspected, compassionately disclose that the parent needs to be involved.

Privacy is of utmost importance, and every effort will be made to respect the confidentiality of the student while attending to the safety needs of the student and others in the school building. The student and parent/guardian should be informed of the limited information sharing that the district requires:
For safety reasons, the school building administrator will be notified of every suicide ideation or attempt and school documentation protocols will be followed.

Depending on the School Support/Safety Plan, specific school staff may receive certain information about concerns as part of a plan to maintain safety and provide support to the student. The student and parent are invited to help develop this plan.
A STUDENT WELLBEING RECORD(S) ON FILE will be kept in the cumulative file with contact information for the counselor and student services department.

Postvention procedures: After a Death Occurs

Postvention means any compassionate, honest, and effective "post-intervention" activities conducted after a suicide. Postvention seeks to reduce the risk of imitations or "contagion", supports the needs of those bereaved by a suicide, provides safe messaging to students, families, and the community, and supports the mental health of the entire school community. Appropriate postvention activities serve to enhance future prevention efforts and save lives. Postvention includes procedures and practices addressing immediate, intermediate, and long-term response planning. Postvention also involves active crisis response strategies that strive to treat the loss in similar ways to that of other sudden deaths within the school community and to return the school environment to its normal routine as soon as possible while providing grief support. It includes addressing communication with staff, students, outside providers and families, identifying other potentially at-risk students, and other difficult issues such as memorialization. This includes having a system in place to work with the multitude of groups that may eventually be involved, such as students, staff, parents and legal guardians, community, media, law enforcement, etc. In Oregon, postvention is specifically defined under OAR 309-027-0200(8).CCCS works in collaboration with Eugene School District 4J , Lines for Life, the Oregon Health Authority and Lane County Public Health per Senate Bills 561, 485 and 981.

Postvention Goals	Postvention Cautions
❏ Support the grieving process ❏ Prevent suicide contagion ❏ Reestablish healthy school climate ❏ Provide long-term surveillance ❏ Integrate and strengthen protective factors	❏ Avoid romanticizing or glorifying event or vilifying victim ❏ Do not provide excessive details ❏ Do not eulogize victim or conduct school-based memorial services ❏ Do not release information in a large assembly or over the intercom

CCCS Postvention Response Procedures

1. Administrator notified of suspected or known student death by suicide.
2. Administrator notifies Lane County Public Health (LCPH) as a courtesy. LCPH will then notify Lines for Life Rapid Response Team.
3. Executive Director communicates with the family to offer condolences and determines their wishes for communication about the death.
4. Executive Director prepares any media statements.
5. Administrator mobilizes the building Care Team and prepares for possible substitutes.

Administrators meet to assign responsibilities:

1. Identifies potentially at-risk students and staff, e.g., those knowledgeable about or connected to the deceased.
2. Creates scripts for teachers to use from provided templates. Provides script and response to line staff (building secretaries, etc.)
3. Gather input on concerns from teachers and staff.
4. Administrators hold all-staff or stand-up meetings as soon as possible and distribute scripts and other resources for teachers to use.
5. Building staff, as directed by the administrator, notify students, and distribute any needed notifications or resource handouts.
6. Admin team crafts and sends a message (using provided templates on Google Site) to parents and others in the school community.
7. The Counselor monitors media information, including social media.
8. Administrators hold an end-of-day meeting with the crisis team, provide communication with staff, and determine any follow-up resources or coordination needed.
9. Admin communicates needs for follow up to the Response Team.
10. The Counselor documents the date of death and will send notifications to school administration of the 3-month, 1 year, and birthday anniversary to promote awareness and sensitivity to students and staff potentially impacted.

Risk Identification Strategies by School Care Team
❑ IDENTIFY students/staff that may have witnessed the suicide or its aftermath, had a personal connection/relationship with the deceased, who have previously demonstrated suicidal behavior, have a mental illness, have a history of familial suicide, or who have experienced a recent loss.
❑ MONITOR student absentees in the days following a student suicide, those who have a history of being bullied, who are LBGTQ, who are participants in fringe groups, and those who have weak levels of social/familial support.
❑ NOTIFY parents and legal guardians of highly affected students, provide recommendations for community-based mental health services, hold evening meetings for parents and guardians, provide information on community-based funeral services/memorials, and collaborate with media, law enforcement and community agencies.

Commitment to staff, students, and families

Coburg Community Charter School strongly values interpersonal connection and strives to encourage personal growth in a diverse community where ALL students recognize their worth and feel they belong. In this community barriers are removed and resources for growth and resilience are provided, in hopes

students are inspired to use their gifts in service to one another. CCCS strives to be culturally responsive by recognizing the inherent dignity of its staff, students, and the broader community it serves.We believe we are lifelong learners; therefore, this Suicide Prevention Plan will remain a living document to ensure best practices in suicide prevention and mental health support.

Review and Feedback Process

Coburg Community Charter School believes in lifelong learning. Rooted in this belief, a procedure has been created for a student, parents, and/or legal guardians to request the school review the actions that a school takes when responding to a suicidal risk. Any parent, or legal guardian, with concerns about the district's actions with regard to suicide prevention and response may contact the Suicide Prevention Specialist to discuss such concerns. A person wishing to make a formal complaint may do so following the school's Uniform Complaint Procedure process.

Suicide Prevention and Risk Assessment Specialist
Eva Miller
Email: e.miller@coburgcharter.org
Phone: 541-344-4113

Community Resources
CCCS Community Suicide Prevention Resources

Appendix I: Definitions

At-Risk
Risk for suicide exists on a continuum with various levels of risk. Each level of risk requires a different level of response and intervention. A high-risk student may have thoughts about suicide, including potential means of death, and may have a plan. In addition, the student may exhibit behaviors or feelings of isolation, hopelessness, helplessness, and the inability to tolerate any more pain. A student who is defined as high-risk for suicide is one who has made a suicide attempt, has the intent to die by suicide, or has displayed a significant change in behavior suggesting the onset of potential mental health conditions or a deterioration of mental health.

Mental Health
A state of mental health, emotional, and cognitive health that can impact perceptions, choices and actions affecting wellness and functioning. Mental health conditions include depression, anxiety disorders, post-traumatic stress disorder, and substance use disorders. Mental health can be impacted by home, school, social environments, early childhood adversity or trauma, physical health, and genes.

Parent
As used in this plan, the term parent means a parent of a student and includes a natural parent, a legal guardian, or an individual authorized in writing to act as a parent in the absence of a parent or guardian.

Risk Assessment
An evaluation of a student who may be at-risk for suicide, conducted by the appropriate designated staff (dean of student services, school counselor, or a trained school administrator). The Columbia-Suicide Severity Rating Scale (C-SSRS) is designed to elicit information regarding the student's intent to die by suicide, previous history of suicide attempts, presence of a suicide plan and its level of lethality and availability, presence of support systems, and level of hopelessness and helplessness, mental status, and other relevant risk factors.

Risk Factors for Suicide
Characteristics or conditions that increase the chance that a person may attempt to die by suicide. Suicide risk is most often the result of multiple risk factors converging at a moment in time. Risk factors may encompass biological, and/or social factors in the individual, family, and environment. The likelihood of an attempt is highest when factors are present or escalating, when protective factors and healthy coping techniques have diminished, and when the individual has access to lethal means.

Self-Harm
Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. Self-harm behaviors can be either non-suicidal or suicidal. Although non-suicidal self-injury (NSSI) lacks suicidal intent, youth who engage in any type of self-harm increase the long-term risk of a future suicide attempt or accidental suicide.

Suicide
Death caused by self-directed injurious behavior with any intent to die as a result of the behavior.

Suicide Attempt
A self-injurious behavior for which there is evidence that the person had at least some intent to die. A suicide attempt may result in death, injuries, or no injuries. A mixture of unresolved mindset, such as a

wish to die and a desire to live, is a common experience with most suicide attempts. Therefore, unresolved mindset is not reliable indicator of the seriousness or level of danger of a suicide attempt or the person's overall risk.

Suicidal Ideation

Thinking about, considering, or planning for self-injurious behavior that may result in death. A desire to be dead without a plan or intent to end one's life is still considered suicidal ideation and taken seriously.

Suicide Contagion

The process by which suicidal behavior or a death by suicide influences an increase in the suicide risk of others. Identification, modeling, and guilt are each thought to play a role in contagion. Although rare, suicide contagion can result in a cluster of suicides within a community.

Postvention

Suicide postvention is a crisis intervention strategy designed to assist with the grief process following a death by suicide. This strategy, when used appropriately, reduces the risk of suicide contagion, provides the support needed to help survivors cope with a suicide death, addresses the social stigma associated with suicide, and disseminates factual information after the death of a member of the school community. Often a community or school's healthy postvention effort can act as prevention and save lives.

Ideation - *Thoughts of Suicide*	Expressing suicidal feelings through talking, gesturing, writing, or drawing. Desire to die.
Suicide Plan	Having a plan for suicide and/or obtaining the means to follow-through on a suicidal attempt.
Unbearable Pain	Often as a result of a loss/crisis. Expressing they are suffering a great deal and feel there is no hope.
Displaying Signs of Depression	Such as a loss of pleasure in activities they used to enjoy, prolonged sad mood, changes in eating or sleeping patterns.
Making Final Arrangements	Saying good-bye as if they won't be seeing someone again. Giving away favorite possessions.
Self-Destructive Behavior	Such as the start of or increase in alcohol or drug use, risky sexual behavior, reckless driving.
Changes in Behavior	Such as pulling away from family, friends, or social groups; anger or hostility.
Previous Suicide Attempt	This significantly increases the likelihood that someone will complete suicide.
Exposure to Suicide	Friend or family member who attempted or completed suicide.
Abuse	Physical or sexual abuse, being mistreated.
Social Isolation	May lead to feelings of helplessness and depression. Lack of support. Unwilling to seek help.
Depression, Anxiety, Agitation	Primarily Major Depressive Disorder. Feeling trapped.
Access to Lethal Means	Such as guns, weapons, knives, medications in the house.
Perceived Major Trouble	Such as trouble at school, at home, or with the law.
Peer Victimization	Bullying, extreme embarrassment or humiliation.

Appendix II: At Risk Populations

Youth Living with Mental and/or Substance Use Disorders

Mental health conditions, in particular depression/dysthymia, attention-deficit hyperactivity disorder, eating disorders, intermittent explosive disorder, and conduct disorder are important risk factors for suicidal behavior among young people. An estimated one in four to five children have a diagnosable mental condition that will cause severe impairment, with the average onset of depression and dysthymia occurring between ages 11 and 14 years; therefore, school staff may play a pivotal role in recognizing and referring the student to treatment that may reduce risk and enhance overall performance and improve long-term outcomes.

Youth Who Engage in Self-Harm or Have Attempted Suicide

Risk is significantly higher among those who engage in non-suicidal self-harm than among the general population. Whether or not they report suicidal intent, one study found that 70 percent of adolescents admitted into inpatient psychiatric treatment who engage in self-harm report attempting suicide at least once in their life. Additionally, a previous suicide attempt is a known powerful risk factor for suicide death. One study found that as many as 88 percent of people who attempt suicide for the first time and are seen in the Emergency Department go on to attempt suicide again within two years. Many adolescents who attempt suicide do not receive necessary follow-up care for many reasons, including limited access to resources, transportation, insurance, copays, parental consent, etc.

Youth in Out-of-Home Settings

Youth involved in the juvenile justice or child welfare systems have a high prevalence of risk factors for suicide. As much as 60 to 70 percent of young people involved in the juvenile justice system meet criteria for at least one psychiatric disorder, and youth in juvenile justice residential programs are three times more likely to die by suicide than the general youth population. According to a study released in 2018, nearly a quarter of youth in foster care had a diagnosis of major depression in the last year. Additionally, a quarter of foster care youth reported attempting suicide by the time they were 17.5 years old.

Youth Experiencing Homelessness

For unhoused youth, the rate of self-injury, suicidal ideation, and suicide attempts is over two times greater than those of the adolescent population in general. These young people also have higher rates of mood disorders, conduct disorder, and post-traumatic stress disorder. One study found that more than half of runaway and unhoused youth experience suicidal ideation.

Racial and Ethnic Minority Youth

American Indian/Alaska Native (AI/AN) Youth

In 2017, the rate of suicide among AI/AN youth ages 15-19 was over 1.6 times that of the general youth population. Risk factors that can affect this group include substance use, discrimination, lack of access to mental health care, and historical trauma. For more information about historical trauma and how it can affect AI/AN youth, see ihs.gov/suicideprevention.

Black Youth

Among Black populations, suicide rates peak during adolescence and young adulthood, then decline. This is a different pattern than is seen in the overall U.S. population, where

suicide rates peak in midlife. A particularly important risk factor associated with suicide behavior among Black youth is exposure to racism and trauma. Black youth who experience racism often feel alienated, rejected by society, ignored, marginalized, depressed, and anxious.

Latinx Youth

Suicide and suicide attempts are especially concerning among Latinx adolescent girls, who have the highest suicide rates among all adolescent groups nationwide. Statistics reveal that in the United States, 15.6% of Latinx adolescent girls have attempted suicide one or more times and 25% have thought about it. Risk factors include alienation - including disconnection from family or family origin, acculturative stress and family conflict, hopelessness and fatalism, discrimination, and racism.

Asian Youth

For Asian Americans and Pacific Islanders between the ages of 15 and 19, suicide was the leading cause of death in 2016, according to CDC data, accounting for 31.8 percent of all deaths. Asian youth may be susceptible to different risks than other racial/ethnic groups, such as ethnic and cultural socialization or orientation, poverty, education related stress, familialism, discrimination, and acculturation that can take root at a young age, affecting mental health outcomes.

LGBTQ (Lesbian, Gay, Bisexual, Transgender, Queer or Questioning) Youth

The CDC finds that LGBTQ+ youth are 4.5 times more likely, and questioning youth are over twice as likely to consider attempting suicide as their heterosexual peers. One study found that 40 percent of transgender people attempted suicide sometime in their lifetime — of those who attempted, 73 percent made their first attempt before the age of 18. Suicidal behavior among LGBTQ youth can be related to experiences of discrimination, family rejection, harassment, bullying, violence, and victimization. For those youth with baseline risk for suicide (especially those with a mental health condition), these experiences can place them at increased risk. It is not their sexual orientation or gender identity that place LGBTQ+ youth at greater risk of suicidal behavior, but rather these societal and external factors: the way they can be treated, shunned, abused, or neglected, in connection with other individual factors such as mental health history.

Youth Bereaved by Suicide

Studies show that those who have experienced suicide loss, through the death of a friend or loved one, are nearly four times as likely to attempt suicide themselves.

Youth Living with Medical Conditions or Disabilities

A number of physical conditions are associated with an elevated risk for suicidal behavior. Some of these conditions include chronic pain, loss of mobility, disfigurement, cognitive delays that make problem-solving a challenge, and other chronic limitations. Adolescents with asthma are more likely to report suicidal ideation and behavior than those without asthma. Additionally, studies show that suicide rates are significantly higher among people with certain types of disabilities, such as those with multiple sclerosis or spinal cord injuries.

Forms and Checklists

COLUMBIA-SUICIDE SEVERITY RATING SCALE

Screen with Triage Points for Schools

	Past month	
Ask questions that are in bold and underlined.	**YES**	**NO**
Ask Questions 1 and 2		
1) *Have you wished you were dead or wished you could go to sleep and not wake up?*		
2) *Have you actually had any thoughts of killing yourself?*		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) *Have you been thinking about how you might do this?* e.g. "*I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it….and I would never go through with it.*"		
4) *Have you had these thoughts and had some intention of acting on them?* as opposed to "*I have the thoughts but I definitely will not do anything about them.*"		
5) *Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?*		
6) *Have you ever done anything, started to do anything, or prepared to do anything to end your life?* Examples: Took pills, tried to shoot yourself, cut yourself, or hang yourself, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump, collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, etc.	**Lifetime**	
If YES, ask: *Was this within the past 3 months?*	**Past 3 Months**	

Possible Response Protocol to C-SSRS Screening

Item 1 Behavioral Health Referral
Item 2 Behavioral Health Referral
Item 3 Behavioral Health Referral
Item 4 Student Safety Precautions and psychiatric evaluation by crisis team/EMT/Emergency room
Item 5 Student Safety Precautions and psychiatric evaluation by crisis team/EMT/Emergency room
Item 6 Behavioral Health Referral
Item 6 3 months ago or less: Student Safety Precautions and psychiatric evaluation by crisis team/EMT/Emergency room

Coburg Community Charter School

Student Personal Safety Plan

Student Name & ID:

Completed with (Staff): Date:

Primary Caregiver Name/Number:

Primary Caregiver Contact made by (Staff): Date:

Causes: My triggers (situations, thoughts) are:

Warning Signs: Signs that I am struggling or that I need help. How does my body feel when I'm upset? What kind of thoughts am I having? What would others see?

Coping Strategies: If I am feeling overwhelmed, I can do these activities to help me feel better:

1. _____

2. _____

3. _____

4. _____

At school the adults I can go to for help are:

At home or away from home, the adults I can go to for help are:
Name: Phone:

Name: Phone:

If I feel suicidal, I can text or call 988 , text 839863, call 8779688491 or call 911

Coburg Community Charter School

School Safety Plan

Student Name & ID: Grade:

Completed with (Staff): Date:

Primary Caregiver Name / Number:

Teachers notified of needs:

Strengths, Coping Tools, External Regulation Strategies:

Common Triggers / Warning Signs / Behaviors of Concern:

Action Items: *These are the most common, suggested recommendations to consider*
REQUIRED for Level 2 Suicide Assessment | Level 1 still needs a check-in:

14 day follow-up date / time:

30 day follow-up date / time:

(Lethal) Means Reduction:

Daily Morning Bag Check: Y/N and Who

Lunch / Break / Flex Plan:

Daily Class Schedule: Accommodations or Flexibility

Check In With Teachers When Student Is In Class: Additional Supervision; Bathroom / Breaks; Harming Behaviors / Threats; Escort Protocols

Safety concerns: Self, Other Students (bullying issues – either to or from student)

Transportation Restrictions:

Referrals / External Providers
Name, Contact Information, Location:

Coburg Community Charter School

School Re-Entry Plan

Student Name & ID: Date:

Incident Date: Absence Date(s) From/To:

Re-entry meeting participants:

Steps taken by primary caregiver(s) and student to follow up on suicide behaviour. Discuss resources in place or connect to additional resources. (ROI, Assessment/Appointment notes)

Recommendations by student's medical provider and/or therapist. List contact information.

Questions, concerns, follow-up about missed work, credits, absences, etc.

School Safety Plan completion & follow-up notes:
*__Follow-up dates of 14 and 30 days after assessed risk are minimum scheduled contacts.__

Create or revise prior school safety plan
Establish duration of safety plan and check in/review process
Determine next steps in case of continued safety concern.
E.g: When a student needs to go home and with whom.

Student: Date:

Primary Caregiver: Date:

Counselor: Date:

Administrator: Date:

Parent/ Guardian Phone Call Checklist

Use this checklist as needed in your communications with families. Read through the form *before* reaching out to families and determine which information is the best to share.

☐ We are concerned about the safety and welfare of your child. We've been made aware your child may have suicidal ideation or be suicidal. We want to support your child and your family as much as possible during this time.

☐ Were you aware of these thoughts and feelings in your child? Do you have any other information?

In consideration of the safety of your child we suggest the following:

☐ If your child is not already being seen by a qualified mental health professional, the school strongly recommends that your child be seen for assessment and on-going counseling. We can connect you with the Child Center or offer a list of other options available.

☐ An initial screening lets us know that your student is in a higher risk category. We need a further assessment from a mental health professional before your child can return to school and can help you find a provider to conduct that assessment.

☐ We will need to develop a re-entry plan with you to ensure safety while at school. We want to make this plan in cooperation with you and your child, while respecting their voice, input, and keeping confidentiality.

☐ Your child needs to be supervised closely. Assure that your child does not have access to firearms or other lethal means, including medications and other weapons at your house or at the home of neighbors, friends, or other family members. The local police department or your Student Resource Officer at your child's school can discuss with you different ways of removing, storing, or disposing of firearms.

☐ Your child will need support. Your child may need reassurance that you love them and will get them the care they need. Be patient and calm, but also convey that you are concerned. Show love and seek out the help your child needs with no strings attached. Take threats and gestures seriously. Don't tease, challenge, or be sarcastic. Keep communication open and nonjudgmental. Avoid saying anything demeaning or devaluing while conveying empathy, warmth, and respect. Be careful not to display anger towards your child for bringing up this concern or resentment because you had to leave work or face other inconveniences in order to ensure your child's safety.

☐ If you have an immediate concern for your child's safety, please call the Crisis Response Program in Lane County at 1-888-989-9990. Counselors are available 24 hours a day and can advise you on the most appropriate action to keep your child safe.

☐ In case of an emergency, call 911 or go to any hospital emergency room.

Lane County Mental Health & Suicide Prevention Resources

CRISIS

911: Imminent danger to self or others
988: Mental Health Crisis Intervention Specialists
BlackLine Crisis Line: 800-604-5841
CAHOOTS: Non-emergency mobile crisis intervention. 541-682-5111 (Eugene); 541-726-3714 (Springfield)
Child Abuse Hotline: Department of Human Services - Child Welfare 855-503-7233
Crisis Text Line: 741741 (text "HOME" to access services) 24/7 support
Domestic Violence Hotline: Womenspace 541-485-6513
Hourglass Community Crisis Center: 541/505-8426
Short-term mental health crisis assessment & stabilization for adults, 24 hours/day
Lane County Youth Crisis Response Program: 1-888-989-9990 (for parents of children through age 17)
Lines for Life Youth Line: Call 877-968-8491 **Text** "teen2teen" to 839863 **Chat** at www.oregonyouthline.org - teens available to help from 4-10 PM Pacific Standard time (off-hour calls answered by Lines for Life)
Military Helpline: Call 888-457-4838/**Text** MIL1 to 839863
Rape/Sexual Asault Center: Sexual Assault Support Services (SASS) 541-343-7277
Trevor Lifeline: 1-866-488-7386 (for LGBTQ youth)
Trans Lifeline: (877) 565-8860
White Bird: 541-687-4000; 1-800-422-7558 (24-hour local crisis line)

BEHAVIORAL HEALTH AND SUBSTANCE USE SERVICES

Alcohol & Drug Helpline: 800-923-4357 or Text "Recovery Now" to 839863
Cascade Behavioral Health: 541-345-2800
Center for Family Development: 541-342-8437 (mental health and substance abuse disorders)
Centro Latino Americano: 541-687-2667*
Riverview Center for Growth: 541-726-1465 (ages 17 and under)
Child & Family Center, University of Oregon: 541-346-4805
Direction Service Counseling: 541-344-7303
Lane County Behavioral Health: 541-682-3608*; Child & Adolescent Program: 541-682-1915
Looking Glass Counseling Program: 541-484-4428
Odyssey Community Counseling: 541-741-7107
Options Counseling: 541-687-6983*; 541-997-6261(Florence); 541-762-1971 (Springfield)
Oregon Community Programs: 541-743-4340
Oregon Family Support Network: 503-363-8068
Oregon Healing Collective: (541) 968-4325
Oregon Social Learning Center: 541-284-7560 (substance abuse treatment for 12-18 yr olds)
PeaceHealth Counseling Services: 541-902-6085 (Florence); 541-685-1794 (Eugene
South Lane Mental Health: 541-942-3939 (counseling & crisis services for South Lane County)
Vet Center: 541-465-6918 (combat veterans; also offers MST services)
VA Mental Health: 541-242-0440
Vista Counseling: 541-517-9733
White Bird Clinic: 541-342-8255
Willamette Family: 541-343-2993 (services for mental health & substance abuse disorders)
Youth ERA: 971-334-9295
***Spanish-speaking staff available**

SUPPORT GROUPS

National Alliance on Mental Illness (NAMI) Lane County: 541-343-7688; namilane.org
2-1-1 Info: local community resources: 211info.org or dial 211

SUICIDE BEREAVEMENT SERVICES

Suicide Bereavement Group: 541-747-2087 jenniferbakerfund.org
Free monthly support group in Springfield for survivors of suicide loss
Survivors of Suicide Support Group: 916-802-9705
Free weekly support group in Florence for survivors of suicide loss. Mondays from 5:30-7:00 at the Siuslaw Valley Fire & Rescue Station, 2625 Highway 101 Florence, OR 97439.
American Foundation for Suicide Prevention: afsp.org
Survivor Outreach Program – Peer support for survivors of suicide loss

GENERAL BEREAVEMENT SERVICES

Cascade Health Solutions Grief Education & Support Groups: 541-228-3083
Free and open to adults living with the loss of a loved one
Grief Support Group: 541-726-4478
Free weekly general bereavement support group at McKenzie Willamette Medical Center
Bereavement Support Group: 541-242-8753
Free general bereavement support groups at Sacred Heart Medical Center

GENERAL WEBSITES

Mental Health America: mentalhealthamerica.net
Mind Your Mind Project: mindyourmindproject.org
National Council for Behavioral Health: thenationalcouncil.org
National Institute of Mental Health: nimh.nih.gov/health
National Suicide Prevention Lifeline: suicidepreventionlifeline.org
Now Matters Now: nowmattersnow.org
Suicide Is Different: suicideisdifferent.org
Substance Abuse and Mental Health Services Administration: samhsa.gov
Suicide Prevention Resource Center: sprc.org

For additional resources and information, visit the website for
The Suicide Prevention Coalition of Lane County

suicidepreventlane.org

Last Revised 11/6/23

Riverview Center for Growth School Requested Assessment Referral

Student's Name:_____Birthdate:_____Parent/Guardian:_____

Address:_____City:_____Zip:_____Phone:_____

School Child Attends:_____Phone:_____Fax:_____Grade:_____

Person Making Referral:_____Phone:_____Email:_____

Type of Service Requested: Brief Safety Screening_____ Full Mental Health Assessment_____

Reason for Referral (Please include SPECIFIC details about reason for referral):_____

_____

_____

_____

_____

_____

_____

_____

_____

Is the student suspended pending the completion of this assessment? Yes/No Have the police been notified of this incident? Yes/No/Not Applicable

---

I understand Riverview Center for Growth charges fees for the services it provides. The fees for the assessment/screening will be paid by:

School District:_____Authorizing School Official:_____

Authorizing School Official Signature:_____Date:_____

Parent Signature Required

I authorize the exchange of information between_____ School District and Riverview Center for Growth for the coordination of this assessment/screening and to provide documentation of results from this assessment/screening.

Parent/Guardian:_____Parent/Guardian Signature:_____Date:_____

Riverview Center for Growth *3995 Marcola Road, Springfield, OR 97477* *Phone: (541) 726-1465/Fax: (541) 726-5085*

DHS DOCUMENTATION *Oregon DHS Phone Number: 1-855-503-7233*			
Student First and Last Name:			
Student Permanent ID#:		Date of Birth	
Description of event based on **facts** (not opinion) what was reported to you:			
Parent/Legal Guardian Names & number:			
Student address			
Sibling Name(s)/ DOB: *(If applicable*)			
Accused perpetrator Information *(if known)*			
First and Last Name:			
Relationship:			
Phone number:			
If the perpetrator is a minor, please use the fields below to list the perpetrator's parent or legal guardian information.			

Parent/Legal Guardian Name(s):	

Documentation	
Screener Name:	
Screening ID number	
Result of screening	
Staff member making report name	
Date report was filed	
Admin notified (Name and Date)	

DHS Visit at the school	
Name of Case worker:	
Notes from the visit if applicable	

Staff who reported to DHS: _____ Date: _____

Admin notified: _____ Date: _____

Additional staff person(s) Witnessed or received information in regards to report:

Name : _____ Date: _____

Name : _____ Date: _____

STUDENT WELLBEING RECORD(S) ON FILE

Student Name: _____ Student Perm ID#_____

	RECORD	Date Submitted
☑	Additional Records on File	

FIRST & LAST NAME of person submitting document	Title, School

STAFF PROCEDURES

1. Place Student Record(s) Form in the student cumulative file.
2. The person who completed the documentation (counselor, school psychologist, social worker, nurse, administrator) should keep documentation as part of the student's working file. Working files are stored in a locked filing cabinet until the end of the school year or upon student transition to another school and stored until the student is 21 years of age or 5 years after last receiving school services.
3. Contact Coburg Administrative team or counselor with questions or to discuss records on file. Upon request, records on file will be reviewed and student information will be shared on a need to know basis.