|  |
| --- |
| **Wood County Schools****Documentation Regarding Danger to Self** |

If student threatens to harm themselves, please provide the following information-to be completed by the school administrator in conjunction with the school counselor/nurse. (Attach additional information if necessary.)

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_ Date of incident:\_\_\_\_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Description of Event** (who reported? Supervision, situation): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **2) Discuss the threat with the student.** | **Additional Comments** | **Yes** | **No** |
| Does student admit to threat/accept responsibility? |  |  |  |
| Does student has a SPECIFIC plan? |  |  |  |
| Does student have access to a weapon?  |  |  |  |
| Has student acted upon or carried out any part of the plan? |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **3) History of Threats/Aggression** | **Additional Comments** | **Yes** | **No** |
| Toward self/others?  |  |  |  |
| In school or community |  |  |  |
| History of self-mutilating, suicidal threats, suicide attempts? |  |  |  |
| Legal problems/probation? |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **4) Students Peer Relations?** | **Additional Comments** | **Yes** | **No** |
| Does the student have friends? |  |  |  |
| Does student have someone he/she talks to, when upset? |  |  |  |
| Is student teased or harassed by other students, etc.? |  |  |  |

|  |  |  |
| --- | --- | --- |
| **5) Credibility of Threat?** | **Yes** | **No** |
| Does the student pose a credible threat? |  |  |
| Does the threat warrant a risk assessment, to be completed by a professional?*If not, document plan for supervision, if needed.* |  |  |

 **6) What was the student’s present status?** (Note: If student is continuing to make threats, CALL 911 and follow WCS procedure for ACUTE CRISIS.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **7) Contact the guardian(s) Explain the situation. Obtain the following information** | **Additional Comments** | **Yes** | **No** |
| Does the student have previous/current mental health services? |  |  |  |
| Counselor/Therapist/Psychologist/Psychiatrist (include list) |  |  |  |
| Current diagnosis/diagnoses and/or medication(s) (include list) |  |  |  |
| Will the guardian pursue risk assessment by current mental health provider?  |  |  |  |
| Will guardian sign release to permit communication with treatment provider? (if so, attach release) |  |  |  |

**What was the parent/guardian’s response to the threat?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If student is determined to be a definite threat, contact Director of Elementary or Assistant Superintendent (Secondary Education), and fax accompanying documentation to 304-420-9513

Person(s) completing this form: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_

School Counselor/Nurse involved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Wood County Schools****Safety Plan-Regarding Danger to Self** |
| Name of student of concern:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_ Parent/Guardian name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Plan Developed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Team Members: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Medical Information:** Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Diagnoses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Allergies/Special Considerations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Places the student may be if missing during school hours:** On school grounds: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Off school grounds: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Description of the student’s unsafe behavior (why the student requires a safety plan):**

|  |  |
| --- | --- |
| **What to do if student exhibits above described behavior** | **Who will do what/back up staff** |
|  |  |

|  |  |  |
| --- | --- | --- |
| **Warning Signs** | **Strategies that Work** | **Strategies that Do Not Work** |
|  |  |  |

**Behavior Supports:**

|  |  |
| --- | --- |
| **What will staff, student, and family do to lessen the likelihood of unsafe behavior (supervision, transition planning, transportation to and from school, plan for unstructured time, searches, etc.)** | **Who will do what/Back up staff** |
|  |  |
|  |  |
|  |  |
|  |  |

**Current Agencies or Outside Professionals involved (*have releases signed to contact*):**

|  |  |  |
| --- | --- | --- |
| **Name** | **Agency** | **Contact information** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Student’s plan:** **I will do one or more of the following instead of hurting myself:**1) I can come to ‘s office in to talk about my feelings.2) I can talk to a teacher, family member, or other trusted adult about my feelings. Who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_4) I can call one of the hotline numbers. (Provide student/family list)5) I can ask someone to take me to the hospital.  If no one is around, I can call 911. The hospital is a safe place where I can get help and can be safe from hurting myself. **Plan to Monitor/Modify**Timeline for review (frequency and dates) ***Must occur within 30 days of plan development***:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Who is responsible for tracking review dates:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***Fax the completed Safety Plan to Assistant Superintendent (Secondary) or Director of Elementary Schools at 304-420-9513.*** |
|  |