

MSAD #59 Suicide Intervention / Postvention Protocols

A. Guidelines for When the Risk of Suicide Has Been Raised

The risk of suicide is raised when any peer, teacher, or other school employee identifies someone as potentially suicidal because s/he has directly or indirectly expressed suicidal thoughts (ideation) or demonstrated other clues or warning signs.


1. Take the threat of self-harm seriously.
2. Take immediate action. Contact the building guidance counselor / social worker.
3. A designated staff person trained in suicide prevention is contacted to meet with the individual. This staff person will talk with the individual and do a basic screening that includes specific inquiry as to suicide plan. Building principals will be provided with updated Gatekeeper lists.
4. Parents/guardians will be notified when there appears to be any risk of self-harm (unless there is reason to believe that such contact will aggravate the situation). The individual who notifies the parent/guardian should be a person who has the experience/expertise and/or a special relationship with the student and parents/guardians. The same person will follow up with the parents within a few days to determine what has been done and the next steps.
5. If there is reason to suspect that a student has been or is likely to be abused or neglected then the Department of Human Services (**1-800-452-1999**) must be contacted for a report of suspected abuse or neglect. If this is the case then the administrator will follow the district's protocol for reporting.
6. If deemed necessary contact Crisis & Counseling Services. The statewide crisis hotline telephone is **1-888-568-1112**.
7. Document actions taken by completing *STUDENT RECORD OF ACTIONS TAKEN* (Appendix A).

B. Guidelines For Medium to High Risk Situations

Medium to high risk exists when a staff person observes or is told that a student is making explicit statements indicating the wish or threat to die, has access to or is in the possession of lethal means, or appears significantly depressed, moody, irritable, unable to concentrate, or withdrawn.

1. All staff members understand that they are to take suicidal behavior seriously every time.
2. The staff person "on the scene" takes immediate action to inform a trained staff person

designated to respond to such situations.

3. The staff person talks with the student, staying calm and listening attentively. It is crucial to keep the student under continuous adult supervision until the designated trained staff person arrives.
4. The trained staff member conducts a basic suicide risk assessment with the student to determine the lethality of the threat. This includes:
 - a. Determining if the student has a plan.
 - b. Asking if the student has lethal means on their person or accessible elsewhere.
 - c. Consulting with a crisis service provider if necessary to obtain an assessment of the student's mental state and a recommendation for treatment.
5. If the student is in possession of lethal means, secure the area and prevent other students from accessing this area. Lethal means must be removed without putting anyone in danger.
6. The administrator (or designee) contacts the parents/guardians to:
 - a. Notify them of the situation and request that they come to school.
 - b. Provide them with a full report upon arrival at school.
 - c. Discuss and advise them on steps to be taken.
 - d. Release the student to the parents/guardians with referrals and resources (names and phone numbers).
 - e. Inform the parents/guardians that you will follow-up with them on actions taken.
 - f. 

If the parent/guardian refuses to obtain services for a child up to age 18, and the child is believed to be in danger of self-harm, a report should be made to DHS for neglect – failure to seek necessary mental health treatment which may place the child at risk of serious harm. DHS may conduct an assessment to determine if abuse or neglect does exist and to engage the family voluntarily in meeting the treatment needs of the child. If the parents still refuse to seek treatment and DHS believes that this places the child at risk of serious harm or at immediate risk of serious harm, a Court Order will be sought ordering the required treatment services.

DHS referral telephone 1-800-452-1999

7. **NO STUDENT IN THIS SITUATION SHOULD BE SENT HOME ALONE.** In the event that a parent/guardian cannot be reached, and/or that the situation requires transportation to a hospital emergency department, crisis services and/or law

enforcement should be contacted to assess the situation and expedite the transition to the hospital.

8. Document actions taken via STUDENT RECORD OF ACTIONS TAKEN (Appendix A) and Parent/Guardian Contact Acknowledgement Form (Appendix B).
9. Debrief with all staff members who assisted with the intervention.
10. Follow up with parent/guardian as arranged.

C. Guidelines for Responding to a Student Suicide Attempt on School Premises

When a student exhibits life-threatening behavior or has committed an act of deliberate self-harm on the school premises, an immediate response is necessary. Actions required of the staff person on the scene as well as those of the school administrator must be carefully planned in advance.

Procedures For Assisting The Suicidal Student:

1. Keep the student safe and under close supervision. Never leave the student alone. Designate one or more staff members to stay with and support the individual in crisis while help is being sought.
2. Notify the school administrator or designee who will immediately call 9-1-1 and communicate with designated individuals such as crisis, the school nurse, social worker or counselor, SAT members, emergency medical professionals, Madison Police Department, and the superintendent of schools.
3. Notify the parents/guardians of what has occurred and arrange to meet them wherever appropriate.
4. Explain that a designated school professional will follow-up with parents/guardians and student regarding arrangements for medical and/or mental health services. (STUDENT RECORD OF ACTIONS TAKEN Appendix A; TRANSITION/RE-ENTRY PLAN Appendix C).
5. Establish a plan for periodic contact with the student while away from school.
6. Other school policies that apply to a student's extended absence should be followed.

Procedures For Assisting Other Students During a Crisis:

1. During the crisis, clear the area of other students immediately. It is best to keep students in current classrooms and provide a supportive presence until the emergency situation is under control. Experienced or trained staff may be able to help students in the following ways:
 - a. Engage them in discussion of how to support each other.
 - b. Encourage them to express their feelings.

- c. Discuss feelings of responsibility or guilt.
 - d. Talk about fears for personal safety for self and others.
 - e. Together, list resources for students to get help and support if needed.
2. The superintendent or designee alerts principals at schools attended by siblings, who in turn will notify counselors, nurses, and others in a position to help siblings and other students who might be affected.
3. Mobilize the school based crisis team, with support from community crisis service providers, to help staff address the reactions of other students. When other students know about a suicide attempt, steps must be taken to avoid copy-cat behavior among vulnerable at-risk students. (*Note: At-risk students may be friends and relatives of the student and other students who may not know the individual, but who themselves are troubled.)

Suggested Steps:

- a. In classrooms or other small groups, offer a brief statement assuring others that the student who made the suicide attempt is receiving help. Keep the details of the attempt confidential.
- b. Describe and promote resources for where students can get help.
- c.

Monitor close friends and other students known to be vulnerable and offer support as needed.

- d. Hold a mandatory debriefing for staff, administrators, and crisis response team members who directly dealt with the student in crisis.
- e. Debrief with other school staff to provide an opportunity to address feelings and concerns, and conduct any necessary planning.
- f. Document actions taken as required by school protocol.

D. Guidelines For A Student Suicide Attempt Off School Premises

A suicide attempt off school premises can have a significant impact on the student body. To prevent a crisis from escalating among students, it is important that school personnel follow these steps:

1. Notify the school administrator or designee who will immediately communicate with designated individuals such as crisis, the school nurse, social worker or counselor, emergency medical professionals, law enforcement, and the superintendent of schools.
2. The superintendent or designee alerts principals at schools attended by siblings, who in turn will notify counselors, nurses, and others in a position to help siblings and other students who might be affected.
3. Mobilize the school based crisis team, with support from community crisis service providers, to help staff address the reactions of other students. When other students know about a suicide attempt, steps must be taken to avoid copy-cat behavior among vulnerable at-risk students. (*Note: At-risk students may be friends and relatives of the student and other students who may not know the individual, but who themselves are troubled.)
4. Establish communication with the parent/guardian to determine intervention steps and how the school might be helpful and supportive to the student and family.
5. Establish a plan for periodic contact with the student while away from school.
6. Other school policies that support a student's extended absence should be followed.

E. Guidelines For When A Student Returns To School Following Absence For Suicidal Behavior

Students who have made a suicide attempt are at increased risk to attempt to harm themselves again. Appropriate handling of the re-entry process following a suicide attempt is an important part of suicide prevention. School personnel can help returning students by directly involving them in planning for their return to school. This involvement helps the student to regain some sense of control.

Confidentiality is extremely important in protecting the student and enabling school personnel to render assistance. Although necessary for effective assistance, it is often difficult to get information on the student's condition. If possible, obtain a signed release from parents/guardians to communicate with the student's therapist. Meeting with parents/guardians about their child prior to his/her return to school is integral to making decisions concerning needed supports and the student's schedule.

Some suggestions to ease a student's return to school are as follows:

1. Prior to the student's return, a meeting between a designated liaison person (such as the school nurse, social worker, administrator, or designee) who is trusted by the student and parents/guardian should be scheduled to discuss possible arrangements for services and to create an individualized re-entry plan such as the Transition Reentry (Appendix C).
2. The designated liaison person is responsible to:

- a. Review and file written documents as part of the student's confidential health record.
 - b. Serve as case manager for the student. Understand what precipitated the suicide attempt and be alert to what might precipitate another attempt. Be familiar with the practical aspects of the case, i.e. medications, full vs. partial study load recommendations.
 - c. Help the student through re-admission procedures, monitor the re-entry, and serve as a contact for other staff members who need to be alert to re-occurring warning signs.
 - d. Serve as a link with the parent/guardian, and with the written permission of the parent/guardian, serve as the school liaison with any external medical or mental health services providers supporting to the student.
3. Classroom teachers need to know whether the student is on a full or partial study load and be updated on the student's progress in general. They do not need clinical information or a detailed history.
 4. Discussion of the case among school personnel directly involved in supporting the student should be specifically related to the student's treatment and support needs. Discussion of the student among other staff should be strictly on a "need to know" basis. That is, information directly related to what staff has to know in order to work with the student.
 5. Discussion of any specific case in classroom settings should be avoided entirely since such discussion would constitute a violation of the student's right to confidentiality, and would serve no useful purpose to the student or his/her peers.
 6. It is appropriate for school personnel to recommend to students that they discuss their concerns or reactions with an appropriate administrator or other designated school personnel. The focus of these discussions should not be on the suicidal individual, but on building help seeking skills and resources for others who might be depressed or suicidal. Any number of issues are likely to surface and will need to be considered on a case-by case basis and addressed at the re-entry planning session. It is very likely that some of the school staff, the family, the mental health professional, and the student will express concerns regarding the transition process. For examples, see Appendix D.

F. Suicide Postvention Procedures

The death of a student is a tragic event. Managing the school environment after a suicide presents significant challenges to school personnel. It is important to support and provide a safe environment for students, faculty, staff, and parents/guardians as they grieve. It is important to prevent a copycat response from other vulnerable students and to return the school environment to its normal routine as quickly as possible. The following procedures will occur:

1. Schedule an emergency staff meeting to share basic information, steps already taken, to review next steps, and to provide emotional support.
2. Establish a point of contact for the family. Great care should be taken to find a staff member who already has a positive existing relationship with them. This staff member should be the liaison for all future contacts with the family.
3. A small core group of school leaders should visit the family, preferably the day after or the second day after the completed suicide.
4. At the designated time, classroom teachers will announce the death to students via the fact sheet. Death by suicide should NOT be announced in a large assembly or over a loudspeaker. Provide information about the death and funeral arrangements to parents/guardians of other students.
5. On the return to school, permit students to leave school premises only with parent/guardian permission and documentation. Suspend privileges for a brief time in order to monitor those who may be at risk for copycat behaviors.
6. Attendance will be taken at the beginning of every class and students missing from class will be immediately reported to the main office.
7. Request Crisis and Counseling, other referral network agencies, all district health professionals, social worker and guidance counselors present for several days for students and staff to contact for individual support.
8. Develop a watch list of potentially at-risk students. Follow-up should be conducted with individual students, especially those who were very close to the deceased person. Follow-up with these individuals and their families should be maintained as long as necessary, remembering that special events, transitions, and anniversaries are particularly difficult times.
9. Conduct daily debriefing with the faculty and staff during the crisis and postvention periods. Keep a running log of activities, as this will provide an opportunity to improve the process for handling the next crisis.
10. The funeral site should not be the school, as students and staff will associate the room in which the service is held with the death forever. If necessary consult with the funeral home director and family about a suitable site such as a place of worship that can accommodate large numbers. If possible assist the family in setting the time for the funeral after the school day is completed.
11. Keep the school open. Keep classes going on a regular schedule but also keep in mind that flexibility may be needed.
12. Avoid memorial activities such as:
 - A. Memorial services being held at school or locker memorials

- B. Flying the flag at half mast
 - C. Large student assemblies
 - D. Dedications of sports events or other special events
 - E. Special plaques
 - F. Permanent markers or anything that glamorizes or glorifies suicide
 - G. Inappropriate or inconsistent yearbook dedication pages:
 - *Do not feature the photos on the opening or closing of the yearbook pages*
 - *Include the photo with the birth date and death date*
 - *Do focus write-up on what the person did while alive. NOT on how died*
 - *Set a standard size and format, so that popular kids don't get a large spread and a less popular student's a small space.*
13. In contrast, do encourage memorial activities such as donations to the bereaved family, favorite charities, etc.
 14. Above all, provide guidelines for appropriate commemorative activities designed to honor any member of the school community who dies for any reason, in a fair and equitable way.

Sample Announcements for Use With Students After a (Possible) Suicide

The following information and sample announcements are taken from the book *MANAGING SUDDEN TRAUMATIC LOSS IN THE SCHOOLS* by Maureen M. Underwood, LCSW and Karen Dunne-Maxim, MS, RN (1997). This is a wonderful resource for school administrators. It is available from the University of Medicine and Dentistry of New Jersey, University Behavioral Health Care, Piscataway N J 08845-1392. Telephone (908) 235-4109. This book is also available on loan from the Information Resource Center of the Maine Office of Substance Abuse by calling **1-800-499-0027**.

1. After the school crisis response team has been mobilized, it is critical for administration to prepare a statement about the death for release to faculty and students. The announcement should include the facts as they have been officially communicated to the school. Announcements should not overstate or assume facts not in evidence. If the official cause of death has not as yet been ruled suicide, avoid making that assumption. There are also many instances when family members insist that a death that may appear to be suicide was, in fact, accidental.
2. An announcement should be presented to faculty at a meeting called by the building

administrator as soon as possible following the death. The building administrator and a member of the Crisis Team could facilitate the meeting. The goals of such a meeting are to inform the faculty, acknowledge their grief and loss, and to prepare them to respond to the needs of the students. Faculty will then read the announcement to their students in their home rooms so that students get the same information at the same time from someone they know.

3. The sample announcements in this section are straightforward and are designed for use with faculty, students, and parents/guardians as appropriate. Directing your announcement to the appropriate grade level of the students is also important, especially in primary or middle schools. A written announcement could be sent home to parents/guardians with additional information about common student reactions to suicide and how to respond as well as suicide prevention information.

Day 1

Sample Announcement For When a Suicide has Occurred - Morning, Day 1

“This morning we heard the extremely sad news that _____ took his life last night. I know we are all saddened by his death and send our condolences to his family and friends. Crisis stations will be located throughout the school today for students who wish to talk to a counselor. Information about the funeral will be provided when it is available, and students may attend with parent/guardian permission.”

Sample Announcement For a Suspicious Death Not Declared Suicide - Morning, Day 1

“This morning we heard the extremely sad news that _____ died last night from a gunshot wound. This is the only information we have officially received on the circumstances surrounding the event. I know we are all saddened by _____’s death and send our condolences to his family and friends. Crisis stations will be located throughout the school today for students who wish to talk to a counselor. Information about the funeral will be provided when it is available, and students may attend with parental permission.”

Sample Announcement for Primary or Middle School - Morning, Day 1

“We want to take some time this morning to talk about something very sad. Name) _____, an eighth grader, died unexpectedly last night. At this point, we do not officially know the cause of (his/her) _____ death. Death is a difficult issue for anyone to deal with. Even if you didn’t know _____, you might still have some emotional reactions to hearing about this.

It is very important to be able to express our feelings about _____ death,

especially our loss and sadness. We want you to know that there are teachers and counselors available in the library all through the day to talk with you about your reaction to _____'s death. If you want to talk with somebody, you will be given a pass to go to the library where we have people who will help us through this difficult time.”

End of Day 1

At the end of the first day, another announcement to the whole school prior to dismissal can serve to join the whole school in their grieving in a simple, non-sensationalized way. In this case, it is appropriate for the building administrator to make an announcement similar to the following over the loud speaker:

“Today has been a sad day for all of us. We encourage you to talk about _____'s death with your friends, your family, and whoever else gives you support. We will have special staff here for you tomorrow to help in dealing with our loss. Let us end the day by having the whole school offer a moment of silence for _____.”

Day 2

On the second day following the death, many schools have found it helpful to start the day with another homeroom announcement. This announcement can include additional verified information, re-emphasize the continuing availability of in-school resources and provide information to facilitate grief. Here's a sample of how this announcement might be handled:

“We now know that _____'s death has been declared a suicide. Even though we might try to understand the reasons for his/her doing this, we can never really know what was going on that made him/her take his/her life. One thing that's important to remember is that there is never just one reason for a suicide. There are always many reasons or causes and we will never be able to figure them all out.

Today we begin the process of returning to a normal schedule in school. This may be hard for some of us to do. Counselors are still available in school to help us deal with our feelings. If you feel the need to speak to a counselor, either alone or with a friend, tell a teacher, the principal, or the school nurse, and they will help make the arrangements.

We also have information about the visitation and funeral. The visitation will be held tomorrow evening at the _____ Funeral Home from 7 to 9 pm. There will be a funeral mass Friday morning at 10 am at _____ Church. In order to be excused from school to attend the funeral, you will need to be accompanied by a parent/guardian or relative, or have your parent's/guardian's permission to attend. We also encourage you to ask your parents/guardians to go with you to the funeral home.”

Warning Signs of Suicidal Behavior

Warning signs are the changes in a person's behaviors, feelings, and beliefs about oneself that indicate risk. Many signs are very similar to the signs of depression. Usually these signs last for

a period of two weeks or longer, but some youths behave impulsively and may choose suicide as a solution to their problems very quickly.

Early Warning Signs Include:

- Difficulties in school
- Feeling sad, angry
- Eating and sleeping disturbances
- Restlessness, agitation, anxiety
- Feeling like a failure, self-criticism
- Pessimism
- Difficulty concentrating
- Preoccupation with death

Late Warning Signs Include:

- Actual talk of suicide, death
- Dropping out of usual activities
- Isolating from family and peers
- Refusing help, feeling “beyond help”
- Making a last will and testament
- Giving away favorite possessions
- Offering verbal clues about the wish to die
- Displaying student improvement after a period of being very sad and withdrawn-this may mean that a decision has been made to escape all problems by ending one’s life.

Direct Verbal Clues:

- I wish I were dead.
- I’m going to end it all.
- I believe in suicide.
- If such and such doesn’t happen, I’ll kill myself.

Less Direct Verbal Clues:

- You’d be better off without me.
- I’m so tired of it all.
- What’s the point in living?
- I won’t need this anymore.
- We all have to say good-bye.
- How do you become an organ donor?
- Who cares if I’m dead, anyway?

Cross Reference: JLDBA - MSAD #59 Suicide Intervention/Prevention/Postvention Policy

Policy Adopted: 11/09

Policy Revised:

Policy Reviewed: 11/09

MSAD #59 SUICIDE PREVENTION/INTERVENTION/POSTVENTION PROTOCOL

APPENDIX A

MSAD #59 Student Record of Actions Taken

Confidential

Student Name:	DOB:	<input type="radio"/> Male <input type="checkbox"/> <input type="radio"/> Female	REFERRAL DATE:
School:	Grade:	Homeroom:	REFERRAL TIME:
Who initiated the referral?			
<input type="radio"/> Friend/Student <input type="radio"/> Parent/Guardian <input type="radio"/> Self Referral <input type="radio"/> Teacher <input type="radio"/> Administrator <input type="radio"/> Other School Personnel <input type="radio"/> Other			
Reason for Referral			
Category of Suicidal Behavior (Check one):			
<input type="radio"/> Suicide Attempt – Having taken action with intent to die <input type="radio"/> Suicide Threat – Saying or doing something that indicates self-destructive desires <input type="radio"/> Suicide Ideation – Having thoughts about killing self			
Action Taken (Check those that apply)			
<input type="radio"/> Student seen by school personnel _____ (Name/Agency)			
<input type="radio"/> Student referred to community agency _____ (Name/Agency)			
<input type="radio"/> Student referred to private professional _____ (Name/Agency)			
<input type="radio"/> Student transported to a hospital/other _____ (Name/Agency)			
<input type="radio"/> Student referred to Crisis Services _____ (Name/Agency)			
Form Completed by _____ Date _____ Position _____			
Copies to be filed with: Principal, School Nurse, Guidance/School Counselor			

MSAD #59 SUICIDE PREVENTION/INTERVENTION/POSTVENTION PROTOCOL

APPENDIX B

MSAD # 59 PARENT/GUARDIAN CONTACT ACKNOWLEDGMENT FORM

This is to verify that I _____ have spoken with school staff
(print name of parent/guardian)

member, _____ on _____,
(print name of school staff member) (date)

concerning my child's (_____) suicidal ideation.
(print name of student)

Reason for referral:

- Suicide Attempt: having taken action with intent to die
- Suicide Threat: saying or doing something
- Suicide Ideation: having thoughts about killing oneself

We hope you take our recommendations seriously.

Our recommendations are:

- direct transport to the closest hospital emergency room
- referral to Crisis and Counseling
- parental/guardian release or phone call
 - MSAD #59 requests that the parent/guardian sign a Release of Information between the treating agency and the school district.

I understand a follow-up check by school counseling personnel will be made with my child and me within two weeks of this date.

Parent/Guardian Signature *(If unavailable, see below.)*

_____ **Date:** _____

MSAD #59 Faculty/Staff Member Signature

_____ **Date:** _____

If the contact is by telephone, mail the form and have the parent/guardian(s) sign it and return it within a specified time frame.

Date _____ Phone Notification @ _____ (time)

Date _____ Contact Form Mailed

Date _____ Receipt of Form Signed by Parent/Guardian

Copies to be filed with: Principal, School Nurse, Guidance/School Counselor.

MSAD #59 SUICIDE PREVENTION/INTERVENTION/POSTVENTION PROTOCOL

APPENDIX C

**TRANSITION /REENTRY PLAN
Student at Risk of Suicide Return to School**

Student: _____ Clinical Case Manager: _____

Student will seek out support staff when feeling angry, overwhelmed or hopeless.

Support staff: _____

If student is expressing suicidal thought, threats or gestures he/she will be brought to the guidance office or nurse for assessment. Parent/Guardian and Clinical Case Manager will be notified.

Mother: _____ Wk. _____ Hm. _____

Father: _____ Wk. _____ Hm. _____

Mental Health Contact: _____

Crisis Hot Line: 1-888-568-1112

Student will check in with _____ daily.

Medications: _____

Side Effects: _____

Medication Authorization Form completed if to be administered @ school.

Obtain consent for exchange of information to allow for communications between professional involved with the student.

Maintain supportive contact with family and the family with the school.

Expected Student Outcomes:

Student feels heard, understood, accepted and supported.

Student experiences a lessening of intensity of emotional distress

Student feels there are options and that he has control.

Student death or suicide attempt is avoided.

Student and family obtain counseling.

Student identifies and expands support systems within the school and community.

Student will have access to competent, preplanned, appropriate, and collaborative interventions during time of crisis.

Copies to be filed with: Principal, School Nurse, Guidance/School Counselor.

MSAD #59 SUICIDE PREVENTION/INTERVENTION/POSTVENTION PROTOCOL

APPENDIX D

**OTHER ISSUES AND OPTIONS SURROUNDING A STUDENT'S
RETURN TO SCHOOL FOLLOWING AN ABSENCE
(To Be Handled By Principal, Guidance/School Counselor, or Designee)**

1. **Issue: *Social and Peer Relations***

Options:

§ Schedule a meeting with friends prior to re-entry to discuss their feelings regarding their friend, how to relate, and when to be concerned.

§ Place the student in a school-based support group, peer helpers program, or buddy system.

§ Arrange for a transfer to another school, if indicated.

§ Be sensitive to the need for confidentiality and how to restrict gossip.

2. **Issue: *Transition from the hospital setting***

Options:

§ Visit the student in the hospital or home to begin the re-entry process with permission from the parent/guardian.

§ Request permission to attend the treatment planning meetings and the hospital discharge conference.

§ Arrange for the student to work on some school assignments while in the hospital.

§ Include the therapist in the school re-entry planning meeting.

3. **Issue:** *Academic concerns upon return to school*

Options:

- § Arrange tutoring from peers or teachers.
- § Modify the schedule and adjust the course load and to relieve stress.
- § Allow make-up work to be adjusted and extended without penalty.
- § Monitor the student's progress.

4. **Issue:** *Family concerns (denial, guilt, lack of support, social embarrassment, anxiety, etc.)*

Options:

- § Schedule a family conference with designated school personnel or home-school coordinator to address their concerns.
- § Include parents in the re-entry planning meeting.
- § Refer the family to an outside community agency for family counseling services.

5. **Issue:** *Behavior and attendance problems*

Options:

- § Meet with teachers to help them anticipate appropriate limits and consequences of behavior.
- § Consult with discipline administrator.
- § Request daily attendance report from attendance office.
- § Make home visits or regularly scheduled parent conferences to review attendance and discipline record.
- § Arrange for counseling for student.
- § Place the student on a sign in/out attendance sheet to be signed by the classroom teachers and returned to the attendance office at the end of the school day.

6. **Issue:** *Medication*

Options:

- § Alert the school nurse to obtain information regarding prescribed medication and possible side effects.
- § Notify teachers if significant side effects are anticipated.
- § Follow the policy of having the school nurse monitor and dispense all medication taken by the student at school.

7. **Issue:** *On-going support*

Options:

- § Assign a school liaison to meet regularly at established times.
- § Maintain contact with the therapist and parents.

- § Ask the student to check in with the school counselor daily/weekly.
- § Utilize established support systems, Student Assistance Teams, support groups, friends, clubs and organizations.
- § Schedule follow-up sessions with the school psychologist or home school coordinator.
- § Provide information to families on available community resources when school is not in session.