**Prince George’s County Public Schools**

**Suicide Intervention Data Form for Nonpublic Schools**

A suicide intervention is the application of the PGCPS suicide intervention procedures by a nonpublic school member. The suicide intervention procedures must be implemented when a nonpublic school member becomes aware, by witnessing, self-report, or third party reports (e.g., peers, family members) that a student is suspected of having suicidal thoughts. Such suspicion of suicidal thoughts may be based on the person’s implicit or explicit actions (i.e., suicide attempt), behavior, verbal, nonverbal, written (electronic and handwritten), posted, or drawn threat/statement/image/gesture, or other warning signs indicative of suicidal thoughts that originate on and/or off school grounds. Do not enter cases of non-suicidal self-injury, which is the deliberate, self-inflicted destruction of body tissue resulting in immediate damage, without suicide intent. While non-suicidal self-injury warrants intervention and follow-up, it is not to be entered on this form.

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| **NONPUBLIC SCHOOL MEMBER** | |
| **Nonpublic School Member’s Name** | Click here to enter text. |
| **Nonpublic School Member’s Email Address** | Click here to enter text. |

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| **STUDENT CHARACTERISTICS** | |
| **Nonpublic School** | Click here to enter text. |
| **Age** | Choose an item. |
| **Grade Level** | Choose an item. |
| **Gender** | Choose an item. |
| **Race** | Choose an item. |
| **Ethnicity**  A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. | Choose an item. |
| **IEP** | Choose an item. |

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| **REFERRAL and INTERVENTION** | |
| **Date of Intervention**  Date of Intervention is defined as the date that school personnel started the intervention process (i.e., met with the student, met with the parent) for this current referral. A repeat referral should have a new date of intervention. | Click here to enter a date. |
| **Intervention Type** | Choose an item. |
| **Suicide Interventionist Job Title** | Nonpublic School Member |
| **Referral Source**  Select the person who initially referred or identified the student for a suicide intervention. For example, if a peer tells a teacher who then tells a professional school counselor about a student suspected of having suicidal thoughts, then the peer is the referral source. | Choose an item. |

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| **OUTCOMES** | |
| **Parent Informed?** | Choose an item. |
| **Emergency Notification Form Signed?** | Choose an item. |
| **Confidential File Form Completed?** | Choose an item. |
| **Suicide Prevention Information Provided?** | Choose an item. |
| **Mental Health Community Resource Provided?** | Choose an item. |
| **Safety Plan Completed?** | Choose an item. |
| **Student Released To?**  Please, indicate who (e.g., emergency personnel, parent/guardian/caregiver) or where (e.g., instructional environment) the student was released to after the suicide intervention. | Choose an item. |
| **Monitoring the Student?** | Choose an item. |