

Anywhere ISD SUICIDE INTERVENTION PROTOCOL

For Stephens County

Any school employee who identifies a student as expressing the desire to harm self or others is to immediately contact the Intervention Counselor, Counselor, or Administrator.

1. **Student is to remain under adult supervision at all times.** If student or staff are at-risk immediate harm call 911

2. Immediate referral and consultation with Counselor/Nurse/Administrator

Note: For special education students contact should also be made with the appropriate Special Education Personnel.

3. Counselor will inform the student about the limits of confidentiality. That and harm to self, harm to other, or being harmed by others will lead to help by informing parents and/or helping agencies.
4. Counselor will start a **Student Suicide Risk Report** to document actions taken by the school, parents, and student.
5. Counselor or Special Education Personnel will evaluate the level of risk presented by the student: low, medium, or high by using the **Suicide Intervention Interview, Suicidal Ideation Lethality Assessment or Columbia-Suicide Severity Rating Scale** or other assessment.
6. Based on assessment and consultation:

- Low risk:
 - Ensure student is supervised including during parent conference (if student isn't involved)
 - Conference with parents
 - Have parents sign the **Student Risk Notice and Parent Acknowledgement and Resources Form** - hotline, referrals, suicide safer home recommendations
 - Follow up by Counselor/Special Education Personnel the next day to see that referrals have been contacted
 - If referrals or an evaluation has not been made contact CPS
- Moderate to High Risk:
 - Inform Campus Administrator and appropriate Special Education Personnel
 - Student is to remain under adult supervision at all times until released to parents, law enforcement, MHMR, or CPS
 - Emergency Conference with Parent at school
 - Describe the student's current behavior and level of risk
 - Provide information about suicide
 - Provide referral sources for **mental health intervention**
 - Offer suggestions for immediate responses to the student
 - Inform them that our policy is to share this concern with the principal, Director of Legal Affairs, and Suicide Prevention Coordinator. Also discuss what information will be shared with teachers and other staff members who have a need to know.
 - Inform parent of urgency of situation and assess their willingness to take the student for an evaluation with doctor, emergency room, or mental health provider

- If parents are unwilling to seek treatment have them sign the **Student Risk Notice and Parent Assessment Refusal Form**. Contact law enforcement, CPS, and or MHMR
- Make a **Student Safety Plan/Family Safety Plan** with specific recommendations to parents such as:
 - Closely supervise
 - Secure all guns, knives, pills, etc. in the home
 - Provide mental health or medical evaluation and counseling
- Have parent sign the **Suicide Intervention Notification/Resources** form and provide them a copy
- Strongly encourage parents to sign a **Release of Information Form**
- Counselor is to follow up with parents the next day on actions taken
- Counselor follows up with outside therapist or mental health provider within one week to ensure appointments have been made and attended
- For moderate to high risk students, in the event that a **parent/responsible adult refuses to come to school to meet** with the counselor **and pick up their student**:
 - Notify and consult with an Administrator
 - Notify MHMR Suicide Crisis Intake Specialist and have them come onsite to do a suicide assessment and recommendation for treatment
 - With consent from Administrator, a transport via SRO/Sheriff/Law Enforcement of student to the emergency room, may take place.
 - **A student may NEVER be sent home on the bus, walk, ride with a friend, etc. if he or she is at moderate/high risk of suicide.**

In the event that a student enters treatment, Counselor/Special Education Personnel initiates safety and **Campus Re-entry Plan** upon student's return.

For students returning to school after a mental health crisis (e.g., suicide attempt or psychiatric hospitalization), a school-employed mental health professional, the principal, or designee will meet with the student's parent or guardian, and if appropriate, meet with the student to discuss re-entry and appropriate next steps to ensure the student's readiness for return to school.

1. A school-employed mental health professional or other designee will be identified to coordinate with the student, his/her parent or guardian, and any outside mental health care providers.
2. The parent or guardian will provide documentation from a mental health care provider that the student has undergone examination and that he/she is no longer a danger to themselves or others.
3. The designated staff person will meet with the student upon the first day of return at the beginning of the school day, before the student has returned to any classes. The **Anywhere ISD Checklist-School Re-entry of Suicidal Student and Anywhere ISD STUDENT RE-ENTRY GUIDELINES** forms will be used to outline school and community supports, processes, and issues.
4. The designated staff person will periodically check in with student to help the student adjust to the school community and address any ongoing concerns.

Student Suicide Risk Report

Assessed level of risk: _____ Low _____ Medium _____ High _____

Student _____ Grade _____

Counselor/Suicide Response Designee _____ School _____

Administrator _____ Date _____

Risk Assessment Complete by _____

Notification of Student's Counselor Y / N

ACTIONS TAKEN

Date

_____ Student Conference _____

_____ Circle which evaluation(s) were used _____

Suicide Intervention Interview / Suicide Lethality Assessment / Columbia Suicide Severity Rating Scale

_____ Student Suicide Key information _____

↖ Previous Suicide Attempt _____

⇐ Previous Hospitalization/ Treatment Center stay _____

↗ Currently/previously seeing a mental health provider _____

_____ Student Safety Plan _____

_____ Notified principal, key personnel _____

_____ Parent conference _____

_____ Parent Acknowledgement Form signed or _____

_____ Parent Assessment Refusal Form signed _____

_____ Suicide Intervention/Hotlines/Mental Health Provider list provided _____

_____ Release of Information signed _____

_____ MHMR Onsite Evaluation Conducted or _____

_____ MHMR Off-site Evaluation Scheduled for _____

_____ Other community referral _____

Follow-up documentation:

Student _____

Parent _____

Community Resource _____

Copy for student's counselor, suicide response designee, and designated administrator

SUICIDE INTERVENTION INTERVIEW

Elementary Counselor Suicide Intervention Interview Questions

Student Name: _____

Date: _____

Campus: _____

Counselor: _____

- ✎ Student was self-referred or referred by another student based on information he/she shared
- ✎ Student was referred by a teacher based on information he/she shared
- ✎ Student turned in a writing assignment or drawing of concern (copy and attach)

Please ask the following questions to the student and document answers.

1. If the student drew a picture ask them about it. If the student made a statement, clarify exactly what they said, what they meant and why it was said.
2. Have you ever felt like hurting yourself on purpose?
3. Have you ever tried to hurt yourself before?
4. Have you thought about how you might do this? Check to see if the students have access to these items.
5. Have you thought about when you might try this?
6. Have you talked with anyone about these feelings?

Counselor Action:

_____ Notification of the Administrator. Document who was interviewed and notified, date & time and notes of conversation.

_____ Notification of Parent. Parent have signed Parent Acknowledgment Form or Parent Refusal

_____ MHMR Suicide Crisis Intake Specialist – Document the person spoke with, date & time, and notes of conversation.

Document Any Follow-up Sessions with Student:

Document Any Follow-up with Parents:

Parent Consult Information:

SUICIDE INTERVENTION INTERVIEW

Secondary Counselor Suicide Intervention Interview Questions

Student Name: _____ Date: _____

Campus: _____

Counselor: _____

Student was self-referred or referred by another student based on information he/she shared

Student was referred by a teacher based on information he/she shared

Student turned in a writing assignment or drawing of concern (copy and attach)

Please ask the following questions to the student and document answers.

1. Statement or reason why the student was referred:
2. If the student drew a picture, wrote a poem/paper ask them about it. If the student made a statement, clarify what they meant and why it was said.
3. Have you ever thought about killing yourself? If yes, when was the last time you had those thoughts?
4. How often do you have these thoughts?
5. What triggers these thoughts?
6. Have you ever thought about a plan? If yes, how would you do it?
7. Do you have access to these items (pills, weapons, etc.)?
8. Have you ever tried to kill yourself in the past? If yes, how?
9. Would you tell anyone before you did it?
10. Are you talking to anyone about this or any other problems?
11. Are you seeing a counselor outside of school? Counselor Action:

_____ Notification of the Administrator. Documented who you spoken with, date & time and notes of conversation.

_____ Notification of Parent. Parent have signed Parent Acknowledgment Form or Parent Assessment Refusal Form, Family Safety Plan, and Confidential Release Form

_____ MHMR Suicide Crisis Intake Specialist - Documented the person you spoke with, date & time and notes of conversation.

Document Any Follow-up Sessions with the Student _____

Document Any Follow-up with Parents: _____

Parent Consult Information: _____

Suicidal Ideation Lethality Assessment

(Page 1)

Name of student: _____ Date: _____

Completed by: _____

Intensity of Risk Assessment

Behavior/System	Low	Moderate	High
1. Suicidal Plan			
o Method	Unclear	Some Plans	Well thought out
o Time	In the Future	Within a few hours or days	Immediately
o Location	Unplanned	May be defined	Specific location
o Details	Vague	Some specifics	Well thought out, bizarre
o Lethality of method	Pills, cutting wrists	Drugs/alcohol, car wreck, carbon monoxide poisoning	Gun, hanging, jumping
o Availability of means	Will have to get	Have close by/access to	Have in hand or have used before
2. Intent	Communicates unhappiness ("I've thought about suicide but I wouldn't do it")	Communicates unhappiness and "wish to die," "nothing to live for"; Intent is to avoid pain	Communication that the pain has become intolerable and "wishes to die"; Intent is to end pain permanently
3. Ambivalence	Well aware of both wanting to live and wanting to end their pain	Wanting to live and wanting to die can be brought to their awareness with exploration	Not in touch with desire to live, emphasis on killing oneself
4. Made Final Arrangements	Vague	Made some plans	Has given away possessions, written note, made will etc.
5. Mental Health History	No history of previous problems; mild anxiety or depression	History of problems for which treatment has been recommended; Addiction history	Previous hospitalization, substance abuse, identified psychiatric disorder Absence of impulse control
6. Previous Suicide Attempts	None or of low lethality	None or one of moderate lethality	One to multiple attempts of high lethality

Suicidal Ideation Lethality Assessment

(page 2)

Behavior/System	Low	Moderate	High
7. Family History of death by suicide	No History	Presence of known suicidal ideation, depression	Family member has died by suicide, or lethal attempts
8. Alcohol or Drug Use	Infrequent to excess	Frequently to excess	Continual
9. History of trauma, abuse, or being bullied	No history	History possibly indicated; moderate effect	History confirmed
10. Recent Losses (Divorce, death..)	None – or occurred several months ago	Within the week	Just realized loss
11. Stress/Pain	Some stress/pain	Stress/pain increasing	Stress/pain intolerable
12. Home Life	Stable	Moderately Stable	Unstable
13. Hostility	Little or none	Some	Marked
14. Anxiety	Mild	Moderate	High or Panic state
15. Depression	Mild, slightly down	Moderate, some moodiness, sadness, irritability, loneliness and decrease in energy	Severe, overwhelmed with hopelessness, worthlessness
16. Isolation/ Withdrawal	Vague feelings of depression/isolation	Some feeling of being helpless/ things seem hopeless	Hopeless, helpless, withdrawn
17. Coping strategies	Generally constructive	Some that are constructive	Predominantly destructive
18. Support System	Significant others are concerned and willing to help	Disconnected relationships with friends and/or family	Hostile or injurious relationships with friends and/ or family

Totals: **Column 1:** _____ **Column 2:** _____ **Column 3:** _____

Scoring:

1. Put the total from column one here: _____.
2. Multiply the total from column 2 by 2 and put the total here: _____ **X 2 =** _____.
3. Multiply the total from column 3 by 3 and put the total here: _____ **X 3 =** _____.
4. Add all three scores and divide by 3: _____ **/ 3 =** _____.
5. **Final risk assessment:** _____.

Low: 1-6

Moderate: 7-10

High: 11-13

Note: Risk assessments cannot be performed with complete accuracy, and do not predict with certainty the future behavior of this student. The findings and recommendations contained in this assessment represent the best professional judgment of the examiner.

COLUMBIA-SUICIDE SEVERITY RATING SCALE

SUICIDE IDEATION DEFINITIONS AND PROMPTS	Past Month	
<u>Ask questions that are bolded and underlined.</u>	YES	NO
Ask Questions 1 and 2		
1) Wish to be Dead: <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u> Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up.		
2) Suicidal Thoughts: <u>Have you actually had any thoughts of killing yourself?</u> General non-specific thoughts of wanting to end one's life/commit suicide, "I've thought about killing myself" without general thoughts of ways to kill oneself/associated methods, intent, or plan.		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) Suicidal Thoughts with Method (without Specific Plan or Intent to Act): <u>Have you been thinking about how you might kill yourself?</u> Person endorses thoughts of suicide and has thought of a least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. "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) Suicidal Intent (without Specific Plan): <u>Have you had these thoughts and had some intention of acting on them?</u> Active suicidal thoughts of killing oneself and patient reports having <u>some intent to act on such thoughts</u> , as opposed to "I have the thoughts but I definitely will not do anything about them."		
5) Suicide Intent with Specific Plan: <u>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</u> Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out.		
6) Suicide Behavior Question: <u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u> Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, 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; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. If YES, ask: <u>How long ago did you do any of these?</u>		
*Over a year ago? *Between three months and a year ago? *Within the last three months?		

- Low Risk
- Moderate Risk
- High Risk

My Safety Plan

I, _____ agree to make a commitment to living. I understand that this means I agree to be actively involved in all aspects of treatment including using my safety plan:

- Here are some warning signs, (thoughts, ideas, images, behaviors, moods and feelings) that would let me know that I need to use my safety plan:

1 _____.
2 _____.
3 _____.

- These are things I can do, on my own, to take my mind off my problems (relaxation techniques, physical activities):

1 _____.
2 _____.
3 _____.

- These are people or places that could help me take my mind off my problems for a little while and distract me.

1. Name: _____ Phone: _____
2. Name: _____ Phone: _____
3. Place: _____ Place: _____

- These are family members or friends I could talk to when I am in a crisis and need help:

1. Name: _____ Phone: _____
2. Name: _____ Phone: _____
3. Name: _____ Phone: _____

- These are professionals and agencies I can contact during a crisis:

Emergency Number: 911

National Suicide Prevention Lifeline: 800-273-8255 (TALK)

Stephens County Sheriff's Department: 254-559-2481

Abilene: Betty Hardwick Center 800-758-3344

- The things that are the most important to me and worth living for are: _____

Signature: _____ Date: _____

Our Family Safety Plan

I, _____ agree to support and assist, _____
with their commitment to living and to be actively involved in **all aspects of treatment**
including:

- Providing a healthy and safe environment,
- Removing access to firearms, medicines, and other dangerous objects,
- Providing access to mental health services
- Participating in our safety plan and calling 911 if our family is not safe.
- In times of crisis or major mood shifts I will support and assist my child with:
 - Things they can do, on their own, to take their mind off their problems like:
1. _____
2. _____
3. _____
 - Contacting people or going to places that will take their mind off their problems:
1. Name: _____ Phone: _____
2. Name: _____ Phone: _____
3. Place: _____ Place: _____
 - Contacting family members and friends that they can talk to when they are in crisis:
1. Name: _____ Phone: _____
2. Name: _____ Phone: _____
3. Name: _____ Phone: _____

● My Important Numbers

Emergency Number:	911
National Suicide Prevention Lifeline:	800-273-8255 (TALK)
Stephens County Sheriff's Department:	254-559-2481
Abilene: Betty Hardwick Center	800-758-3344

Signature: _____ Date: _____

Anywhere ISD
Student Risk Notice and
Parent Acknowledgement Form

I am the parent, guardian, or custodian of the student whose name is _____

I have the authority to make decisions on behalf of my student and have the full authority to sign this document. I affirm and acknowledge that I have been advised by school staff member

_____ on _____, 20____ (date), _____

at _____ (time) that my student is at risk for the following conduct:

- risk for suicide
- risk of injurious self-harm
- risk of illegal or other substance abuse

I acknowledge that it is the clear and unequivocal recommendation of the **Anywhere ISD** that my student be taken immediately to the appropriate medical and/or mental health providers for immediate evaluation and treatment. I agree to provide appropriate information to key faculty and staff concerning any evaluations and/or treatment afforded to my student so that the **Anywhere ISD** will be adequately prepared to address and support the continued well-being of my student.

I understand that _____ (name of staff member) will follow up with me and my student within two weeks from this date and at such other times as the staff member determines.

Finally, I acknowledge that any referral information provided to me by the **Anywhere ISD** that identifies medical, mental health, or related agency providers is simply information for me to consider. I am not bound to use such providers in the evaluation and treatment of my student and I may select other providers of my own choosing. Unless otherwise required by law, the **Anywhere ISD** is not responsible for any medical treatment or evaluation expenses whether I use the referred providers or use others of my own choosing.

Parent Signature: _____ Date: _____

Parent printed name: _____

Parent address and phone contact information: _____

Staff Member signature: _____ Date: _____

[illegible]

FOR OFFICE USE ONLY:

Directions to staff member: Provide one copy to parent and make one copy for records. Retain the original.

Follow up with child, parent, and agency due by this date: (2 weeks)

Followed up with child _____ (date completed), parent _____ (date completed)

agenc (date completed). Agency name and contact information: _____

Anywhere ISD
Student Risk Notice and
Parent Acknowledgement Form

Intervention Resources

Suicide Intervention Resources

Stephens County Sheriff's Department: 254-559-2481

Abilene: Betty Hardwick Center 800-758-3344

Hospital **(INSERT CONTACT INFORMATION HERE)**

MENTAL HEALTH TREATMENT CENTER **(INSERT CONTACT INFORMATION HERE)**

Hotline Numbers

National Suicide Hotline: 1-800-273-8255

Teen Suicide Hotline: 1-866-628-7494

Crisis Text Line Text "Home" to 741741

Abilene Betty Hardwick Center- 800-758-3344 - Callahan, Jones, Shackelford, Stephens, Taylor

In the event of an emergency, call 911.

Anywhere ISD
Student Risk Notice and
Parent Assessment Refusal Form

I am a parent of the student whose name appears below. I have been provided the **ANYWHERE** Independent School District Student Risk Notice. I acknowledge that I have been informed that my student is at risk for one or more of the behaviors or conduct listed in that notice. Having been fully informed of the risks and dangers associated with my student's conduct and having been advised that my student should be taken immediately to the appropriate medical and/or mental health providers for immediate evaluation and treatment, I respectfully decline such referrals. I acknowledge that the **ANYWHERE** ISD has timely and properly informed me of my student's situation and that the **ANYWHERE** ISD is not responsible for the actions that I may choose to take or not take in response to the notice. I further understand that choosing not to seek help for my child may result in a referral to Child Protective Services and/or law enforcement as required by law.

Name of Student: _____

Campus: _____

Printed name of Parent or Guardian: _____

Signature of Parent or Guardian: _____

Date: _____

Printed name of School Representative: _____

Signature of School Representative: _____

Date: _____

Anywhere ISD

Parent Authorization for Release/Exchange of Information

Date: _____ To Parent/Guardian (s) of: _____

We are requesting your written authorization for release/exchange of information from the individual, agency, or institution indicated below.

The information received shall be reviewed only by appropriate professionals in accordance with the Family Educational Rights and Privacy Act of 1974.

TO: _____
Name / Title

Re: _____ Date of Birth: _____ / _____ / _____
Student Last Name First Name Month Day Year

Agency, Institution, or Department _____ Street Address _____

City State Zip

I hereby give you permission to release/exchange the following information:

☐ Medical/Health ☐ Speech & Language ☐ Educational
☐ Psychological/Mental Health ☐ Other – Specify: _____

The information will be used to assist in determining the needs of the pupil.

THIS INFORMATION IS TO BE SENT TO: _____

Name Title _____

Address & Telephone Number _____

This authorization shall be valid until _____ unless revoked earlier.

I request a copy of this authorization: ☒ Yes ☐ No

Signature: _____ Date: _____
Parent/Legal Guardian

Note: This information will become part of the pupil's educational records and shall be made available, upon request, to the parent or pupil age 18 or older.

Anywhere ISD

Checklist-School Re-entry of Suicidal Student

- ☐ **Principal, counselor, and/or designee meets with student's parent/guardian to discuss re-entry and steps needed to ensure the student has a successful return to school.**
- ☐ **Review student's progress with mental health provider outside of school as hopefully the release of information form has been signed and, if not, then discuss with parents and persuade them of the necessity and benefits for their child if this communication is allowed.**
- ☐ **Request a copy of Mental Health Discharge documents and Review all information from the mental health provider especially with regards to safety planning and needed support services at school.**
- ☐ **Plan the follow-up services within the school community that will be available to the parent(s) and the student.**
- ☐ **Discuss any foreseeable social and/or academic challenges their child will experience and make a plan for easing those challenges.**
- ☐ **Counselor or designated staff member such as suicide prevention risk specialist will meet with the student on first day of return before he/she attends any classes and will regularly check in with the student to assess students adjustment to academic and social environment (weekly minimum recommended)**
- ☐ **Discuss with student the progress they feel they made while under mental health care. Do they feel hopeful for the future? Are they looking forward to getting back to classes? Are they looking forward to meeting up with friends? Who are their friends?**
- ☐ **Inform them of how to find you (or another adult they express trust in) if they are distressed or have a question.**
- ☐ **Review the plan for staying in touch to make sure they are adjusting to the academic and social requirements.**
- ☐ **If the student has been out for an extended time, missed assignments may have to be prioritized by importance and counselor coordination with teachers is advised to set up a manageable schedule for the student. Also, consider postponing interim or final course grades until the student has had time to catch up.**
- ☐ **Provide appropriate information to the student's teachers and any other staff on a need-to-know basis so they can be alert to any further warning signs.**

Anywhere ISD

STUDENT RE-ENTRY GUIDELINES

Student Name/DOB: _____ Location: _____ Date: _____

In planning for the re-entry of a student who has been out of school for any length of time, including mental health hospitalization, or if the student will be transferring to a new school, the school site administrator/designee may consider any of the following action items:

Returning Day	<input type="checkbox"/> Have parent escort student on first day back. Develop a re-entry communication and safety plan (see form) in the event of future emergencies.
Hospital Discharge Documents	<input type="checkbox"/> Request discharge documents from the treatment center from parent on first day back.
Meeting with Parents	<input type="checkbox"/> Engage parents, school support staff, teachers, and student, as appropriate in a in the Re-Entry Planning Meeting. <input type="checkbox"/> Identify ongoing mental health resources in school and/or in the community. <input type="checkbox"/> Modify academic programming, as appropriate. <input type="checkbox"/> Consider an assessment for special education for a student whose behavioral and emotional needs affect their ability to benefit from their educational program. <input type="checkbox"/> If the student is prescribed medication, monitor with parent consent. <input type="checkbox"/> Offer suggestions to parents regarding monitoring personal communication devices, including social networking sites, as needed. <input type="checkbox"/> Notify student's teachers, as appropriate.
Identify Supports	<input type="checkbox"/> Assist the student in identifying adults they trust and can go to for assistance at school and at home.
Address Bullying, Harassment, Discrimination	<input type="checkbox"/> As needed, ensure that any bullying, harassment, discrimination is being addressed.
Designate Staff	<input type="checkbox"/> Designate staff to check in with the student during the first couple weeks periodically.
Release/Exchange of Information	<input type="checkbox"/> Obtain consent by the parent to discuss student information with outside providers using the Parent Authorization for Release/Exchange of Information (see form).
Manage and Monitor	<input type="checkbox"/> Case management and monitoring to ensure the student is receiving and accessing the proper mental health and educational services needed.

Anywhere ISD

Parent Authorization for Release/Exchange of Information

Date: _____ To Parent/Guardian (s) of: _____

We are requesting your written authorization for release/exchange of information from the individual, agency, or institution indicated below.

The information received shall be reviewed only by appropriate professionals in accordance with the Family Educational Rights and Privacy Act of 1974.

TO: _____
Name / Title

Re: _____ Date of Birth: _____ / _____ / _____
Student Last Name First Name Month Day Year

Agency, Institution, or Department _____ Street Address _____

City State Zip

I hereby give you permission to release/exchange the following information:

☐ Medical/Health ☐ Speech & Language ☐ Educational
☐ Psychological/Mental Health ☐ Other – Specify: _____

The information will be used to assist in determining the needs of the pupil.

THIS INFORMATION IS TO BE SENT TO: _____
Name _____ Title _____

Address & Telephone Number _____

This authorization shall be valid until _____ unless revoked earlier.

I request a copy of this authorization: ☒ Yes ☐ No

Signature: _____ Date: _____
Parent/Legal Guardian

Note: This information will become part of the pupil's educational records and shall be made available, upon request, to the parent or pupil age 18 or older.