

PARENT INFORMATION FORM

Student's Name: _____ Today's Date: _____

Dear Parent/Guardian:

We are very concerned with the welfare and safety of the students in our school. We have been made aware that your child has expressed ____suicidal thoughts/____ homicidal thoughts. All expressions of threats are taken seriously. To assure the safety of your child and others, we suggest the following:

1. Do not leave your child alone. Your child needs to be closely supervised, until seen by a licensed mental health professional. Assure that your child does not have access to guns, weapons or potentially lethal medications and alcohol.
2. Your child needs to be taken to a licensed mental health professional who will complete an assessment to help determine the severity or seriousness of our concerns. They can advise you on what type of interventions might be needed. They can explore with you the need for counseling and the type of counseling that would be most beneficial. They will also address fees and appointments.
3. Your child will need support during this crisis. Your child may need reassurance that you love them and you will help them get the care they need. Be patient and try not to deny their concern. Try to remain calm but concerned. Show love, and seek out the help your child may need 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 toward your child for bringing up this concern or show resentment because you had to leave work or face other inconveniences in order to assure your child's safety.
4. Depending upon the circumstances, failure to seek treatment for a child who is suicidal or homicidal may meet the legal definition of neglect and result in a mandated report to the Department of Social Services.
5. We will need to develop a Re-Entry Plan with you when your child returns to school. The day your child re-enters school and before he or she goes to classes, a meeting needs to be held with you, your child, and a school support staff member.

If you have additional questions, please contact _____.

Parent/Guardian Signature

School Support Staff Member Signature