

# Wentzville R-IV School District

## Suicide Awareness, Prevention and Intervention Guidelines

The WSD is committed to the safety, well-being and healthy development of its students. The following administrative procedures are outlined in Board of Education Policy/Regulation 2785 - Suicide Awareness. They are established to provide a guide for faculty and staff in understanding the comprehensive suicide prevention measures that have been put in place by WSD and helping to safeguard against a threat or attempted suicide in the school community. They meet the requirements of Missouri Revised Statute Section 170.048 and the Missouri Department of Elementary and Secondary Education model policy on Youth Suicide Awareness and Prevention.

The Assistant Superintendent of Student Services will serve as the district-level suicide prevention coordinator. Each school is assigned an Educational Support Counselor (ESC), who will act as a point of contact, in conjunction with school counselors, for issues relating to suicide awareness, prevention, and intervention procedures.

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### I. Crisis Response Teams (CRT)

The ESC's, school counselors, school nurses, and building Administrators have been trained to work as a CRT to intervene when a student or staff member is at risk of suicide or has died by suicide or other unexpected death. Additional CRT members may include school resource officers and staff from community mental health agencies under contract with WSD. The Superintendent, the Assistant Superintendent of Student Services, and the Assistant Superintendent of Administrative Services are available to assist and guide Administrators and building CRT's in responding to suicidal crises. Listed below are the CRT intervention team members in each WSD school. A district-level CRT, composed of both district-level and building-level trained staff, as well as first responders from community and government agencies, will be convened by the Superintendent in response to large scale critical incidents. The team leader for the district-level CRT is the Superintendent or his/her designee.

<b>School Site</b>	<b>ESC</b>	<b>Counselors</b>	<b>Nurse</b>	<b>Administration</b>	<b>Main Office #</b>
Liberty HS	Georgian Rustemeyer	Chad Cunningham Paige Blackford Shelley Gerringe Alicia Sheffield	Bridget Thomason	Ed Nelson Steve Pryor Lindsay Kiely Matt Kiesel	(636)561-0075
Timberland HS	Dave Salvatierra	Stephanie Bell Julie Biggs Tammy Braun Amy Green Stacey Nielsen	Donna Davis	Kyle Lindquist Dan DeClue Liz Reckker Susan Sanchez Keith Sanders	(636)327-3988
Holt HS	Heather Hanvy	Connie Litzsinger Dawn Bryant Nicol Hopkins Shannon Mulcahy Heather McCarty	Diane Wilmes	Shane Schlueter Jacob Adams A.J. Gwin Jason Moore Amanda Shelmire	(636)327-3876
WMS	Michael Barclay	Kaycee Dragone Renee Klautzer	Kathy Warren	Kelly Mantz Kaitlin McElfresh Ken Kasten Stanley Johnson	(636)327-3815
South Middle	Tony Balistrieri	Becky James Theresa Olson	Melanie Wilson	Scott Swift Brian Clemons Kristine Schottel	(636)327-3928
Frontier Middle	Jeff Yin	Deb Kerns Amy Koeln	Alicia Mecker	Jeri LaBrot Kevin Kuehl Rebekkah Montes	(636)625-1026
Duello ES	Kristin Malat	Jacki Fine Kristin Thomure	Amy Corona	Dani Todd Pete Johnson Alicia Hooton	(636)327-6050
Discovery Ridge ES	Lauren Martinez	Stacy Browning Amy Walter	Rosemarie Hamilton	Katie Brettschneider Kelly Stratman Teale Shearer	(636)561-2354
Crossroads ES	Annelise Daugherty	Amy Walton Tim Burkemper	Amanda Whiteaker	Damian Fay Kristen Henson	(636)625-4537

Boone Trail ES	Lauren Martinez	Angie Garcia Lisa Wilson	Brenda Pini	Michelle Cleve Candice Belton Terri Politte	(636)327-3830
Heritage Primary	Hannah Almeida	Karen McLeod Connie Grant	Yvonne Mahan	Megan Sutton Gretchen Morrison	(636)327-3846
Heritage Intermediate	Christy Stenberg	Anita Hampton Connie Grant	Laura Abegg	Todd Kraft David Straub	(636)327-3839
Wabash ES	Christy Stenberg	Kristy Sullivan Kathy Pousson	Sherry Nutt	Matt Schulte Heather Price Erin Pohlman	(636)887-3898
Stone Creek ES	Kristin Malat	Alexa Hanna Kris Hilgenbrink	Valerie Akers Angela Gutleber	Melvin Bishop Melissa Armbruster Eric Higgins	(636)887-3898
Green Tree ES	Kristin Malat	Missy Pardo Nicole Siman	Marcia Ponzer	Angela Politte Jennifer Bagin	(636)625-5600
Lakeview ES	Christy Stenberg	Beth Overton Stephanie Davenport	Joyce Nicholson	Doug Holler Laura Rowe	(636)332-2923
Prairie View ES	Annelise Daugherty	Dara Washburn Christy McCulloch	Natalie Spatafora	David Bates Teresa McCulloch Jimmy Evrard	(636)625-2494
Peine Ridge ES	Hannah Almeida	Emily Mertens Cheryl Miller	Arje Crawford	Ryan Andrews Molly Molitor	(636)327-5110
Pearce Hall	Andre Young, Farin Swan, Bonnie Luna		Judy Struckhoff	Ben Hebisen	(636)327-3941
Mind Dev	Chris Turner		Janet Munzer Tara Canaday	Stacy Altrup	(636)561-5760
Barfield ECSE	Katie Fisher		Crissi Runner Amber Whyte	Kevin Garcia Angie Basse	(636)561-5757

## II. Suicidal Student Response Procedures

Any indication of a potential suicidal or self-harm behavior by a student, whether personally witnessed, disclosed by the student, or received by report from someone else, must be taken seriously by the WSD staff member and **immediately** reported to a Crisis Response Team (CRT) member in the student's school. The CRT for suicidal student response includes the school counselor, assigned Educational Support Counselor (ESC), school nurse, and Administrator. Examples include a student verbalizing about suicide directly or via electronic communication, an act of self-harm or suicide attempt, or a student referring their suicidal friend. In these situations, the following steps are offered as a guide to appropriate staff intervention:

### **A. If Student is Potentially Suicidal at School:**

1. **Reporting:** Any school employee who has a reasonable belief that a student may be at risk for suicide or witnesses any attempt of self-harm behavior, will immediately locate the student and notify a member of the CRT.
2. **Supervision of Student:** Depending on the circumstances, staff may need to provide 1:1 supervision in a safe, discrete area until the student can be escorted to the office to be screened by a CRT member. Staff should share all information and observations with the CRT, no one else.
3. **Risk Assessment:** In order to determine the degree to which a student may be at risk of self-harm or suicide, a CRT member may conduct a brief suicide screening. If the result of the screening indicates a full suicide assessment is necessary, the CRT has several options for suicide assessment.

*Note:* Suicide risk assessment tools are not diagnostic tools and are not predictive in nature. They are instruments that trained professionals can utilize to make a best judgment call as to the level of suicide risk as well as recommended interventions for support and safety, based on that level of risk. Used in conjunction with a safety plan, the assessment helps identify risk factors, individual strengths, social supports, and actions that can help mitigate suicide risk.

- a. A trained CRT member (ESC, school counselor or school nurse) may assess the student at school utilizing a district approved, evidence-informed suicide assessment instrument.
- b. The parent/guardian may transport the student to a hospital facility or outpatient mental health professional for assessment if the team decides that student can be safely transported.
- c. Parent/guardian may contact Behavioral Health Response (BHR) to request a suicide assessment at school (if available). BHR Hotline and Mobile Crisis Response (314-469-6644) is a community resource that provides free telephone guidance, onsite crisis intervention, and linkage with services during mental health emergencies. If BHR provides assessment at school, the parent/guardian is asked to sign a release enabling the school CRT to collaborate with BHR, to help assess and plan for the student's safety.

4. **Parent Notification:** Student suicidal behaviors may be reported as soon as reasonably possible to the student's parents, guardians, or other appropriate authority when the health, welfare or safety of the student is at risk. The CRT will seek to collaborate with parents to help assess student risk of suicide and arrange for appropriate intervention (see section IV: Parental Notification and Involvement).
5. **Safety Plan:** Based on the level of risk determined by the assessment, a safety plan may need to be completed by a CRT member, with student and parent/guardian input. A safety plan is an individualized list of coping strategies and sources of support that an individual can use before, during and after a suicidal crisis. The plan includes a recommendation that the parent/guardian limit the child's access to any means of hurting him/herself.
6. **Collaboration with Parent/Guardian:** The parent/guardian may be asked to sign a Release to enable the CRT to collaborate with hospital staff or other outside service provider, to help ensure student safety and develop a plan of support. He or she may be offered a School and Community Resources handout to help link student with professional services and community support. The requests of the student and parent/guardian regarding privacy should be prioritized by all school staff who may be aware of the student's suicidal crisis.
7. **Transportation from School:** The CRT will attempt to collaborate with parent/guardian to help determine the safest way to transport a suicidal student for assessment and treatment. In most cases a parent or other family-designated emergency contact will transport the child. The CRT, including the assigned ESC, may decide as a team that there is a need to call an ambulance. In some cases, the CRT may need to involve Children's Division, the School Resource Officer or local law enforcement to ensure safe transport. CRT member(s) may need to accompany the student to the hospital if no parent/guardian or emergency contact is available or if extra support and supervision is needed.
8. **Follow-Up:** After the suicidal student departs the school for the purpose of a suicide assessment, the parent/guardian is asked to call a designated CRT member within a reasonable time period (approximately 4 hours) to communicate student's safe arrival for the assessment as well as the recommendations made by the hospital or service provider, including whether student was admitted to a hospital. If the CRT is unable to confirm safe arrival within a reasonable time, the team will confer to determine next steps. If the student is hospitalized and the parent/guardian provides written authorization, a CRT member may communicate directly with hospital staff during the admission and discharge process, for collaboration of care and student support upon return to school.
9. **CRT Debriefing:** After the immediate crisis is resolved, it may be helpful for the CRT to meet to evaluate the team's implementation of the crisis plan and help bring closure for team members. The CRT Debriefing Template can be utilized for this purpose.
10. **Documentation:** For each student assessed by CRT to be at **high risk** of suicide, and for each student who has been admitted to an inpatient psychiatric facility (regardless of whether CRT was involved prior to admission), an ESC or school counselor must complete the Suicidal Student Documentation Log. The Log helps to document CRT

interventions and ensure that all high risk students are offered an appropriate level of support within the school community. The Log is signed by the CRT and submitted to the Superintendent's office *within four weeks* after the student returns to school or after it is determined that the crisis is resolved. The document is kept in a confidential file in the Superintendent's office until the student graduates or reaches twenty one years old.

***B. If Student Has Self-Harmed or Attempted Suicide at School:***

- 1. Physical Safety:** The student should be examined as soon as possible by the school nurse, who may decide to call 911 for emergency medical response, if necessary.
- 2. Reporting:** The WSD staff member will *immediately* report the incident to a CRT member. Depending on the severity of the injury, the CRT may need to follow the procedures outlined in the WSD Crisis Management Plan, under the section "Medical Emergencies". The CRT may involve the School Resource Officer or local law enforcement. The parent/guardian is called as soon as it is practically possible.
- 3. Securing the Area:** In cases of serious injury, in order to maintain safety in the school community, the Administrator may designate staff to direct student traffic flow, monitor the hallways, turn off the bell system, or notify teachers to keep their students in the classroom until further notice.
- 4. Risk Assessment and Intervention:** Once the student is determined to be physically safe, the CRT follows Steps II.A.3 - 10 from above.
- 5. Impact on Bystanders:** If other students or staff witnessed behavior which may be experienced as disturbing, they will be offered an opportunity as soon as possible to meet with a CRT member for support. All staff who witnessed or become aware of the event are required to contain the story and protect the privacy of the student and family.

***C. If Student is Off Campus and Potentially Suicidal:***

- 1. Reporting:** As previously stated, any indication that a student is potentially suicidal, whether personally witnessed or received by report from another, should be acted upon immediately. If the report is received during school hours and the student is absent from school, the staff person should immediately notify an Administrator, who will involve the CRT. If the report is received after school hours and an Administrator is unavailable, staff will call 911, contact parent/guardian, or call a suicide prevention helpline for guidance (636-642-0642 or 800-273-8255), depending on the circumstances.
- 2. Collaboration and Follow-up:** If the off-campus suicidal student is hospitalized, the ESC or school counselor may contact the parent/guardian during the hospitalization to inquire about the child's well-being, offer support after returning to school, and decide on what to communicate to teachers about the absence. The requests of the student and parent/guardian regarding privacy should be prioritized by all school staff who may be aware of the student's suicidal crisis. If appropriate, Steps II.A.3-10 may be followed, including the completion of a Documentation Log.

#### **D. Actions Following a Suicidal Student's Return to School:**

- 1. Re-entry Support Plan:** Upon learning that a student is hospitalized due to suicide risk (whether or not staff were involved prior to admission), the ESC or school counselor will attempt to contact the parent/guardian to offer support for student after return to school, and decide what to communicate to teachers about the absence. If possible, a re-entry meeting is held with student and parent prior to (or the morning of) the student's return to school to discuss how the student's academic, social and emotional needs will be addressed at school. The requests of the student and parent/guardian regarding privacy should be prioritized by all school staff who may be aware of the student's suicidal crisis.
- 2. Follow-Up Support:** Once the student returns to school a member of the CRT schedules follow up meetings with the student on a frequency schedule which is determined by student need and student/parent preferences. Since many children and adolescents continue to be at risk after a suicidal crisis, the suicide risk assessment and safety plan may need to be updated. It may also be helpful for CRT to maintain ongoing collaboration with involved mental health professionals.
- 3. Documentation:** The ESC or school counselor completes the Suicidal Student Documentation Log and follows procedures outlined in II.A.10 above.

### **III. If a WSD Employee is Suicidal at Work:**

- A. Reporting:** If any WSD employee believes that a co-worker is experiencing a psychological crisis and may be suicidal during his/her contracted hours or work shift, that employee must immediately report the situation to an Administrator or Supervisor.
- B. Crisis Management:** Both the safety of the employee, and that of the entire school community, is prioritized. Every effort is made to protect the employee's privacy. The staff member is moved to a quiet area and encouraged to wait for assistance. If the crisis occurs during school hours, the Administrator or Supervisor may request that an ESC or school counselor assist in crisis management and support. The employee should not be left alone until it is determined by the ESC or school counselor that it is safe to do so. The person should not be physically restrained if he/she attempts to leave the building. A family member or other person listed as an emergency contact for the staff member may be called. The Supervisor may contact the Assistant Superintendent of Human Resources if necessary. The staff member may be directed to appropriate resources for support, including the WSD School and Community Resources handout; Behavioral Health Response (BHR) (314-469-6644); and WSD's Employee Assistance Program (Ability Assist Counseling Services, 1-844-242-6861) .
- C. Imminent Safety Risk:** If at any time the employee is determined by the Supervisor, ESC or school counselor to be at serious imminent risk of harm to oneself or others, the Supervisor may need to immediately contact a School Resource Officer or call 911. If police are contacted, it is helpful to request that "CIT" (Crisis Intervention Team) specially trained police officers respond to the incident. Every effort must be made to

ensure safety for the employee and anyone else in the vicinity of the crisis, as well as to minimize traumatic impact on the school community.

**D. After Hours Crisis Management:** After school hours, the Supervisor may request guidance from the Assistant Superintendent of Human Resources or Assistant Superintendent of Student Services for managing a suicidal employee. As stated previously, BHR Hotline and Mobile Crisis Support (314-469-6644) is a community resource that can provide telephone guidance, onsite assistance, and linkage with services during mental health emergencies.

**E. Interference with Job Performance:** If the Supervisor believes that the employee's psychological crisis may create a job performance problem (i.e. employee needs to leave work early or may not be capable of performing job duties and returning to work), the Supervisor will consult with the Assistant Superintendent of Human Resources.

#### **IV. Parent/Guardian Notification and Involvement**

**A. Notification:** As stated previously, student suicidal behaviors are not considered confidential and may be revealed to the student's parents, guardians, or specific school personnel who need to know, during situations where the health, welfare or safety of the student is at risk. When a student is assessed as being at risk for suicide or has made a suicide attempt, the student's parent or guardian will be informed as soon as reasonably possible by a designated CRT member. The CRT is trained to help educate, guide and support parents/guardians through the crisis, while protecting the student and family's privacy, in order to help keep the child safe. If an actively suicidal student is age 18 or older, refuses to consent to a recommended intervention plan, and/or refuses to consent to parent contact, the CRT may need to involve law enforcement to ensure safety.

**B. Collaboration:** If the student is believed to be potentially suicidal, the parent or guardian is asked to collaborate with the CRT in the assessment and safety planning process, and counseled on the need for 24/7 supervision, monitoring and "means restriction" (limiting the child's access to mechanisms for carrying out a suicide attempt).

**C. Linkage with Resources:** The ESC or school counselor may offer parents a list of specialized resources and professional services and may request written parental permission to communicate with an outside facility or mental health care provider, as part of safety planning and care collaboration.

**D. Managing Imminent Crisis:** If a student is assessed by CRT to be in imminent danger, and parent or guardian is not immediately available, the CRT may need to involve the School Resource Officer, local police, emergency medical response and/or Children's Division. If parents are unable or unwilling to provide the recommended level of safety and protection for their child, or if the CRT perceives, in their professional capacity, that contacting the parent or guardian might endanger the health or well-being of the student, then law enforcement or Children's Division may be notified on the student's behalf. All WSD staff are required to comply with mandated reporting guidelines established by the Missouri Department of Social Services.



## **V. School and Community Resources**

The WSD will make available on their website under the Parent Info section, the document “School and Community Resources”. This handout includes mental health resources and web links for crisis management, professional services, and community agencies, to help support the healthy social and emotional development of children and youth.

## **VI. Response to Unexpected Death - Postvention**

Because the sudden and unexpected death of a student or staff person has a powerful impact on the entire school community, WSD is proactive in establishing structured crisis response guidelines and practical tools for school staff to utilize that help alleviate the suffering and emotional distress of survivors, and help return the school to the primary mission of educating students.

After a report of sudden death, WSD Administrators seek to confirm as much objective information as possible regarding the circumstances, to help dispel rumors and speculation, which can be deeply hurtful and unfair to the deceased person, as well as their family and friends. If the cause of death has not been confirmed to be suicide, if there is an ongoing investigation, or if the family does not want the cause of death disclosed, then WSD Administrators may notify stakeholders that the cause of death is unknown and still being confirmed.

Whether or not the cause of a death is confirmed as a suicide, it is best practice for schools to use the same overall crisis response approach for all deaths. While the WSD includes psychological crises in already established district Crisis Management manuals, this section and accompanying documents serve as a supplemental resource for CRT’s in responding to sudden student or staff death.

It is important to remember that with the proper developmentally-appropriate information, guidance and support from parents, school staff and other trusted adults, most children and youth are resilient and can learn to cope with the death of a fellow student, process their grief, and return to healthy functioning. In the case of death by suicide, some individuals are potentially vulnerable to the risk of suicide contagion, which occurs when a youth who has already been struggling, experiences the loss of a peer to suicide and becomes at greater risk. In these situations, it is important for school staff and parents to avoid inadvertently simplifying, glamorizing, or romanticizing the deceased student or his or her death.

Crisis response procedures provide opportunities for school staff to identify at-risk individuals and provide emotional support that helps prevent additional trauma which could potentially lead to further suicidal behavior, especially among youth who are vulnerable. WSD faculty and staff are offered resource materials about how children respond to death, how to support surviving students, and how to identify and refer distraught students for additional assistance. Parents

and guardians are offered similar resource materials to help them understand and support their children's grief process and help determine whether extra assistance may be needed..

The roles of each CRT member after the unexpected death of a student or staff person are listed on the [CRT Crisis Checklist Student Death](#). The building Principal or his/her designee typically acts as the CRT Team Leader, maintaining contact with WSD Superintendents and the Chief Communications Officer during the aftermath of the death. CRT members help plan details of the response, assess the need for student and staff support, determine the need for outside agency assistance, provide grief support and counseling, communicate with all parties including parents/guardians, and monitor the well-being of students and faculty/staff. Sample letters, emails and scripts are available for CRT's to communicate with all stakeholders after the sudden death of a student. Please refer to [Student Death Sample Communication](#).

An ESC or school counselor is designated to organize and coordinate the grief support and counseling services for students. The Assistant Superintendent of Student Services may decide to request additional counselors from community mental health agencies under contract with WSD, especially when large numbers of impacted students are expected to need extra support. Crisis response activities are planned to help students cope in the short term as well as over the long term, since the emotional fallout from the sudden death of a peer can continue for months after the event. All student grief support activities are carefully designed, structured and supervised by school staff, organized according to the student's relationship to the deceased, the impact on current functioning, and individual risk factors.

After the immediate crisis is resolved, the CRT will meet to evaluate the team's implementation of the crisis plan, decide on plans for follow-up, and help bring closure for CRT members. The [CRT Debriefing Template](#) can be utilized for this purpose. In addition, in order to provide opportunities for the CRT to examine and strengthen their capacities for responding to suicidal crisis, WSD schools will conduct crisis team exercises and/or drills. These training opportunities will help familiarize CRT members with roles, responsibilities and procedures, and practice specific components of the crisis response plan.

## **VII. Professional Development for Staff**

- A. *Suicide Awareness and Prevention Education for all Staff.*** All faculty and staff are required to participate in annual professional development to help identify students who may be at risk of suicide, and learn ways to support and refer them for assistance. Training topics include suicide risk factors, warning signs, protective factors, and helpful resources. Staff will learn ways to inspire hopefulness, encourage help-seeking, boost resiliency, and increase student connectedness with peers and adults, as part of WSD's trauma-informed schools initiative. Research has established that trauma and adverse childhood experiences (ACEs) can interfere with an individual's social, emotional, cognitive and academic functioning and disrupt the safe and supportive environments that

children need in order to grow and thrive. A childhood history of trauma is one of many risk factors for suicide, and the more traumatic experiences one has had, the higher one's risk of developing mental health problems including suicidal thoughts and behavior. The ongoing trauma-informed schools training for all WSD staff is expected to help improve student emotional health and resilience and help prevent, or provide early intervention for, suicidal behavior.

- B. *Review of WSD Suicide Guidelines:*** On an annual basis, within the first two months of each school year, *all faculty/staff* will become familiar with the WSD Suicide Awareness, Prevention and Intervention Guidelines and how to access the Crisis Response Teams which are established in each school.
- C. *Specialized Training for School Counselors, ESC's and School Nurses:*** All ESC's, school counselors and school nurses will receive specialized training, with refreshers each school year, to utilize evidence informed tools for suicide risk assessment, crisis intervention, safety planning, referral and follow up with students at risk of suicide, and counseling support for students dealing with a death due to suicide.
- D. *Specialized Training for Crisis Response Teams:*** CRT members will receive specialized training, with refreshers each school year, regarding their roles in responding to critical incidents, including the unexpected death and/or suicide of students.

## **VIII. Suicide Prevention Education for Students**

Students in grades 5 through 12 will receive developmentally-appropriate education as part of the student health and school counseling grade-level curriculum, including:

- A.** Information about mental health and emotional well-being, coping strategies, resilience, and suicide prevention
- B.** Promotion of a climate that encourages peer support and peer referral, and emphasizes school connectedness
- C.** Recognition of the signs that they or peers are at risk for suicide
- D.** Identification of issues that may lead to suicide including depression, anxiety, anger, bullying, and drug/alcohol abuse
- E.** Identification of trusted adults at school, at home, and in the community, with whom students can discuss concerns about emotional distress and suicide
- F.** 24 hour crisis helplines and youth-oriented mental health resources posted in all secondary schools and on the district website.
- G.** Peer support and peer leadership programs which utilize trained youth to share prevention-oriented safe messaging about mental health, as well as to identify and support distressed peers and help link them with trusted adults

In addition, all students will continue to benefit from the trauma informed schools framework being implemented throughout the WSD. When teachers and staff create safe and supportive

educational environments that focus on individual strengths, resilience, problem-solving and connectedness, students learn how to recover from adversity, build trust, and seek help before a problem becomes a crisis.

## **IX. Publication of Suicide Guidelines**

The WSD will notify employees, students and parents of these guidelines by posting them on the district's website. They will be reviewed with all faculty/staff at the beginning of each school year during required employee professional development.

## **X. District Forms and Sample Communication**

### ***A. Suicidal Student Forms - Used by ESC's and school counselors***

1. Suicide Risk Assessment tools
2. Safety Plan
3. WSD and hospital release forms
4. School and Community Resources handout
5. Suicidal Student Documentation Log

### ***B. Crisis Response Team Documents - Used by Administrators and CRTs for responding to the unexpected death of a student or staff person***

1. CRT Crisis Checklist Student Death
2. CRT Debriefing Template
3. Student Death Sample Communication for all stakeholders
4. Educational Materials and Resources for students, parents and faculty/staff regarding crisis, grief, loss, suicide, etc.

*Revised 10/10/2019*