	<b>SCHOOL</b>	<b>DISTRICT</b>
Suicide Intervention	n Flow Ch	nart

## **IDENTIFY**

Source(s) of Referral
□ Self □ Parent/Guardian
☐ Parent/Guardian ☐ Friend(s)
- <del></del>
☐ Teacher ☐ Other
□ Other
INFORM
☐ Tell administrator or other counselor of crisis situation. ☐ Person(s) told
ASSESS
☐ Complete "Suicide Intervention Plan Release Form"
INTERVENE
☐ Call parents/guardians or other responsible adult
If appropriate-after assessment
☐ Notify police and/or School Resource Officer (SRO)
OR □ Notify DCFS
RELEASE
If released to parents/guardians or other responsible adult
☐ Complete "Suicide Intervention Plan Release Form:
If released to police (SRO) or DCFS
<ul> <li>Complete "Suicide Intervention Plan Release Form" (Policy and/or DCFS assumes jurisdiction)</li> </ul>
DOCUMENT
☐ Document actions on Discipline Tracker
☐ Put suicide intervention form in the student files in the office