

**This is a SAMPLE only**

**\*\*Be sure to have your school district lawyer review and approve this prior to finalizing it\*\***

{ENTER SCHOOL OR SCHOOL DISTRICT NAME}

City, State, and Zip Code

**MEMORANDUM of UNDERSTANDING  
BETWEEN  
SCHOOL/SCHOOL DISTRICT  
AND  
AGENCY/SERVICE PROVIDER**

*The purpose of this Memorandum of Understanding (MOU) is to establish agreements between the parties above. This agreement serves as an arrangement to provide comprehensive and integrated mental health treatment and crisis intervention services in the aftermath of a suicide.*

**Mission:** This paragraph defines, in as few words as possible, the purpose of the memorandum of understanding. For example, the purpose might be to support a school district in mitigating emotional responses to a traumatic event, such as suicide.

**Need for Services:** Present a clear, concise statement of when the agencies services would be needed; For example, when the crisis responses by those impacted by a suicide loss exceed the school or school districts resources.

**Roles and Responsibilities:** Define the roles and responsibilities of the school district and the community agency. Be specific as to exactly what role responding agency personnel have within your school building and what the expectations are. (Are they running safe room groups? Seeing students individually if they are responding negatively to trauma?) As every crisis situation varies, be sure to identify who is to be reported to and who is overseeing the crisis response.

**Procedures:** Include any other protocols and procedures that responding personnel and school personnel should agree on and be aware of. Be specific in this paragraph about any other mutually agreed upon protocols. (Are there specific protocols for responding to a suicide loss that schools and agencies agree to utilize?) As personnel within an agency or district can change, be as specific as possible. Include any resource needs here as well.

**Terms of Contract/Payment:** Explain payment rates for specific work as agreed upon by both parties. Be specific and include either hourly rates or payment for specific tasks completed.

**Termination:** In the event of termination of this MOU, each party should give or be given a 30-day notice. Include an assessment component to determine contract compliance for both parties. If the terms of the MOU are not fulfilled, allow for a termination clause to be enacted.

**Contract Dates:** Both parties agree to all items stated within this MOU. This agreement will be in effect between \_\_\_ and \_\_\_ (cannot exceed end of fiscal year) and will be reviewed annually. Any changes to this MOU can be made only with the approval of both parties.

\_\_\_\_\_  
Chief School Administrator      Date

\_\_\_\_\_  
School District

\_\_\_\_\_  
Building Principal      Date

\_\_\_\_\_  
School Building

\_\_\_\_\_  
Community Agency Administrator      Date

\_\_\_\_\_  
Agency/Organization