



OAKLAND PUBLIC SCHOOLS

Youth Suicide Prevention, Intervention, & Postvention Procedures

Revised 9/26/2022

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Section 1: Introduction

Purpose of Protocols and Procedures

The U.S. Surgeon General promotes the adoption of suicide prevention protocols by local school districts to protect school personnel, and to increase the safety of at-risk youth and the entire school community. This document is intended to help school staff understand their role and to provide accessible and effective tools.

This document recognizes and builds on the skills and resources inherent in our school system. Schools are exceptionally resilient and resourceful organizations, whose staff members may be called upon to deal with crisis on any given day. Schools can be a source of support and stability for students and community members when a crisis occurs in their community.

School Boards and school personnel may choose to implement additional supportive measures to fit the specific needs of an individual school community. The purpose of these guidelines is to assist school administrators, school counselors, and community mental health partners in their planning.

Procedural Review

Annually, Oakland School District's Student Services Director will convene a workgroup to review and update the District's Youth Suicide Prevention, Intervention, & Postvention Procedures (this document). At a minimum, the workgroup should have representation from the District Office, a building principal, and at least one school counselor. Additional stakeholders may be invited to participate at the discretion of the Student Services Director.

Key Information

What Oakland's School Community Needs to Know

- School staff members are frequently the first line of contact in reaching suicidal students.
- While most school personnel are neither qualified nor expected to provide in-depth assessment or counseling necessary for treating a suicidal student, they are responsible for taking reasonable and prudent actions to help at-risk students such as notifying parents, making appropriate referrals, and securing outside assistance when needed.
- All school personnel need to know that protocols exist to refer at-risk students to trained Screeners so that the student can be screened, supported, and referred if needed.
- Research has shown that talking about suicide or asking someone if they are feeling suicidal will not put the idea in their head or cause them to kill themselves.
- School personnel, parents/guardians, and students need to be confident that help is available if/when they raise concerns regarding suicidal behavior. Studies show students often know, but do not tell adults, about suicidal peers because they do not know how adults will respond, or they think adults cannot help.
- Regardless of how comprehensive suicide prevention and intervention may be in a community, not all suicidal behavior can be prevented.
- Advanced planning is critical to providing an effective crisis response. Internal and external resources must be in place to address student issues.

Oakland School District Board Policy

Senate Bill 52 requires each school district in the state of Oregon to adopt a comprehensive suicide prevention policy for grades K-12. Oakland School District Policy JHH was adopted on 9/16/20.

Student Suicide Prevention**

The district shall develop a comprehensive student suicide prevention plan for students in kindergarten through grade 12.

The district may consult with state or national suicide prevention organizations, the Oregon Department of Education (ODE), school-based mental health professionals, parents, guardians, employees, students, administrators and school boards associations when developing the required plan.

The plan shall include, at a minimum:

1. Procedures relating to suicide prevention, intervention and activities that reduce risk and promote healing after a suicide;
2. Identification of the school officials responsible for responding to reports of suicidal risk;
3. A procedure by which a person may request the district to review the actions of a school in responding to suicidal risk;
4. Methods to address the needs of high-risk groups, including:
 - a. Youth bereaved by suicide;
 - b. Youth with disabilities, mental illness or substance abuse disorders;
 - c. Youth experiencing homelessness or out of home settings, such as foster care; and
 - d. Lesbian, gay, bisexual, transgender, queer and other minority gender identity and sexual orientation, Native American, Black, Latinx, and Asian students.
5. A description of, and materials for, any training to be provided to employees as part of the plan, which must include:
 - a. When and how to refer youth and their families to appropriate mental health services; and
 - b. Programs that can be completed through self-review of suitable suicide prevention materials.
6. Supports that are culturally and linguistically responsive;
7. Procedures for reentry into a school environment following a hospitalization or behavioral health crisis¹; and
8. A process for designating staff to be trained in an evidence-based suicide prevention program.²

The plan must be written to ensure that a district employee acts only within the authorization and scope of the employee's credentials or licenses.

The plan must be available annually to the community of the district, including district students, their parents and guardians, and employees and volunteers of the district, and readily available at the district office and on the district website.

END OF POLICY

1 “Behavioral health crisis” as defined by Oregon Administrative Rule (OAR) 581-022-2510, means a disruption in an individual’s mental or emotional stability or functioning resulting in an urgent need for immediate treatment to prevent a serious deterioration in the individual’s mental or physical health. R5/01/20 | PH Student Suicide Prevention** – JHH 2-2

2 ODE will provide a list of available programs.

Legal Reference(s): ORS 332.107 ORS 339.343 OAR 581-022-2510

Cross Reference(s): JH - Student Welfare JHC - Student Health Services and Requirements

Confidentiality

School employees are bound by The Family Education Rights and Privacy Act of 1974 (FERPA) that protects the privacy of student education records and personally identifiable information. These records can be released to designated bodies with parental consent, or under exceptions of confidentiality as outlined by law. If, at any time, a student has shared information that they or another student is at imminent risk of harm/danger to self or others, an educational agency or institution may disclose personally identifiable information and data to appropriate parties, including parents of an eligible (adult) student, in connection with an emergency. The details regarding the student can be discussed with those who need to intervene to keep the student safe.

School Suicide Prevention Point of Contacts

Oakland School District has designated a single point of contact for inquiries and routine maintenance of information related to the Youth Suicide Prevention, Intervention, and Postvention Procedures as it relates to building functions (updating contacts, organizing communication streams, etc.). Those contacts can be found in the chart below.

Suicide Prevention Point of Contacts			
District Office	Jeff Clark Superintendent	Jeff.clark@oakland.k12.or.us	(541) 459-4341
Oakland High School	Christina Walker-Clark School Counselor	Christina.Walker-Clark@oakland.k12.or.us	(541) 459-2597, Ext. 4152
Lincoln Middle School	Rebekah Melton SEL Specialist	Rebekah.Melton@oakland.k12.or.us	(541) 459-3407, Ext. 4117
Oakland Elementary	Kendall Fox SEL Specialist	Kendall.Fox@oakland.k12.or.us	(541) 459-2271, Ext. 4053

Section II: Suicide Prevention

Oakland School District believes that all of our staff share in responsibility to keep our students healthy and safe. In doing so, all staff should receive training on the policies, procedures, and contacts within our schools and community that can support our students and community members at risk of suicide.

School Suicide Prevention Roles

School District Staff (non-screener)- a school employee committed to identifying and reporting students displaying suicide risk.

Suicide Response Screener - a trained and designated person who may complete a suicide risk assessment screening. Each school building will have a minimum of two Screeners. The Screener(s) may or may not be assigned in the specific school building full-time, but is assigned to the school for suicide screenings. Screeners are likely district-employed school counselors, SEL specialists, mental health professionals (school psychologists, social workers, etc.) and building administrators (principals).

Administrator (non-screener) – Coordinates necessary suicide prevention trainings for staff they supervise. Works to create a coordinated response after a traumatic death or suicide. Monitors building response processes for revisions to current practices or additional training that would benefit the school community.

Mandatory Staff Training and Education

Participant	Training	Training Description	Frequency
All Oakland School District Staff	Oakland School District Youth Suicide Prevention, Intervention, and Postvention Procedures Review	Presentation of Oakland School District’s Suicide Prevention, Intervention, and Postvention Procedures document. This includes providing procedure flowcharts and designated building screeners.	Annually, each school year prior to October 1 st .
	District’s Suicide Prevention Policy and Plan	Access to and review of the District’s Suicide Prevention Policy and Plan	Continually, through Oakland Employee Handbooks and links to online documents

All regular District staff with direct student contact duties (licensed staff, instructional assistants, school office personnel, principals, etc.).	Interactive presentation of Oakland School District's comprehensive suicide policies, prevention, intervention, postvention, and resources.	Clear instructions to all staff about the District's plan for suicide prevention. Review of risk factors, warning signs, and referral contacts in the District. Review standard procedures for re-entry and the purpose of supports available.	Annually, each school year prior to October 1 st .
	Question, Persuade, Refer (QPR)	A 1.5-hour training outlining steps to identify signs someone is thinking about suicide and how to connect them to help.	At minimum every 5 years
Suicide Response Screeners (school counselors, school mental health professionals, principals, and others designated)	Intervention Skills Training (ASIST)	In-depth, two-day workshop focused on providing skilled suicide intervention and safety planning. A ½ day "booster" session is available for individuals with successful completion of the two-day training.	At minimum every 5 years

Additional Trainings

Administrators, Teachers, Student Support Personnel	safeTALK	A 3-hour alertness training to recognize and engage individuals who might be having thoughts of suicide and connecting them to a trained screener.	Suggested every 3 years
District Screeners, Crisis Response Team	Connect: Postvention	A postvention training teaching best practices and planning for coordinated response after a traumatic death or suicide.	Suggested every 3-5 years
Parents, Community Members, Volunteers, Coaches	Question, Persuade, Refer (QPR)	A 1.5-hour training outlining steps to identify signs someone is thinking about suicide and how to connect them to help.	Annually

Suicide Prevention Policy & Suicide Prevention Plans Notice

Oakland School District will publicize the District's Suicide Prevention Policy and suicide prevention plans on their District website, www.Oakland.k12.or.us as well as provide copies to the community at the District Office. The Suicide Prevention Policy and suicide prevention plans will be published within each school building's Student Handbook and each District Employee Handbook. A minimum of one suicide prevention program will be offered annually to the community, its students, families, and volunteers.

Sample/Drafted Notice to Students, families, and the community

Protecting the health and well-being of all students is of utmost importance to the school district. The school board has adopted a suicide prevention policy which will help to protect all students through the following steps:

- Students will learn about recognizing and responding to warning signs of suicide in friends, using coping skills, support systems, and seeking help for themselves and friends. This curricular content will occur in all health classes throughout the school year, not just in response to a suicide, and the encouragement of help-seeking behavior will be promoted at all levels of the school leadership and stakeholders
- Each school will designate a suicide prevention coordinator to serve as a point of contact for students in crisis and to refer students to appropriate resources
- When a student is identified as being at-risk, a risk assessment will be completed by a trained school staff member who will work with the student and help connect the student to appropriate local resources
- Students will have access to local and national resources that they can contact for additional support, such as:
 - National Suicide Prevention Lifeline: 1-800-273-TALK (8255) suicidepreventionlifeline.org
 - The Trevor Lifeline: 1-866-488-7386 thetrevorproject.org/get-help-now
 - Trevor Lifeline Text/Chat Services, available 24/7 Text "TREVOR" to 678-678
 - Crisis Text Line: Text TALK to 741-741 crisistextline.org
 - Adapt Mental Health Crisis Line (541) 440-3532 or (800) 866-9780 (24hrs/day, 7 days/week) for Douglas County residents

All school personnel and students will be expected to help create a school culture of respect and support, in which students feel comfortable seeking help for themselves or friends. Students are encouraged to tell any staff member if they or a friend are feeling suicidal, or are in need of help. While confidentiality and privacy are important, students should know that when there is risk of suicide, safety comes first.

For a more detailed review of policy changes, please see Oakland School District's Student Suicide Prevention Policy.

Oakland School District Student Suicide Prevention Policy

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Student Suicide Prevention**

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The district may consult with state or national suicide prevention organizations, the Oregon Department of Education (ODE), school-based mental health professionals, parents, guardians, employees, students, administrators and school boards associations when developing the required plan.

The plan shall include, at a minimum:

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2. Identification of the school officials responsible for responding to reports of suicidal risk;
3. A procedure by which a person may request the district to review the actions of a school in responding to suicidal risk;
4. Methods to address the needs of high-risk groups, including:
 - a. Youth bereaved by suicide;
 - b. Youth with disabilities, mental illness or substance abuse disorders;
 - c. Youth experiencing homelessness or out of home settings, such as foster care; and
 - d. Lesbian, gay, bisexual, transgender, queer and other minority gender identity and sexual orientation, Native American, Black, Latinx, and Asian students.
5. A description of, and materials for, any training to be provided to employees as part of the plan, which must include:
 - a. When and how to refer youth and their families to appropriate mental health services; and
 - b. Programs that can be completed through self-review of suitable suicide prevention materials.
6. Supports that are culturally and linguistically responsive;
7. Procedures for reentry into a school environment following a hospitalization or behavioral health crisis¹; and
8. A process for designating staff to be trained in an evidence-based suicide prevention program.²

The plan must be written to ensure that a district employee acts only within the authorization and scope of the employee's credentials or licenses.

The plan must be available annually to the community of the district, including district students, their parents and guardians, and employees and volunteers of the district, and readily available at the district office and on the district website.

END OF POLICY

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2-2

² ODE will provide a list of available programs.

Student Training and Education

The following chart outlines the District’s comprehensive suicide prevention, intervention, and postvention education and training for students kindergarten through 12th grade.

Population	What	When
All Students	Access to, review of (at a guided developmentally appropriate level), and reminders on the District’s suicide prevention plan through their building’s Student Handbook	During classroom guidance lessons (Bee, PRIDE, or Homeroom meetings)
Elementary & Middle School Students (K-6 th grade)	Mind-Up; brain-focused strategies for self-regulation and mindfulness techniques. Student learn how their brain works and impacts their ability to think, regulate, and feel.	Ongoing
Middle School & High School Students (7 th -12 th grade)	Signs of Suicide (SoS) designed to teach students to identify warning signs of suicide and build help-seeking connections.	Ongoing
3 rd -12 th Grade Students	OLWEUS Bullying Prevention Program and Cyberbullying Curriculum	Ongoing
7 th Grade Students	Suicide Prevention Unit	7 th Health
8 th Grade Students	Suicide Prevention Unit	8 th Health
9 th Grade Students	Suicide Prevention Unit	9 th Health
10 th Grade Students	Suicide Prevention Unit	10 th Health

Populations at Elevated Risk for Suicidal Behavior

Youth Suicide is the second leading cause of death for youth 10-24 years of age that can affect people of all backgrounds. While the impacts of suicide are significant, they are preventable. Schools can provide stability, support, and promote resiliency; however, certain populations are at higher risk of suicide. Educating on student populations at greater risk and providing responsive preventative and intervention efforts is the first step at truly supporting all of our students.

At-risk populations include:

- Youth living with mental and/or substance use disorders
- Youth who engage in self-harm or engaged in previous attempts
- Youth in out of home settings
- Youth experiencing homelessness
- American Indian/Alaska Native (AI/AN) youth
- LGBTQ2SIA+ (Lesbian, Gay, Bisexual, Transgender, Transsexual, Queer and Questioning Two-Spirit, Intersex, Asexual, Plus people) youth
- Youth bereaved by suicide
- Youth living with medical conditions and disabilities

Additional Resources and Trainings

National Suicide Prevention Lifeline -All Levels

<https://suicidepreventionlifeline.org/>

Free and confidential support to people in emotional distress or suicidal crisis.

The Trevor Project – All Levels (specifically for the LGBTQ population)

www.thetrevorproject.org

They operate the only 24/7 helpline for gay and questioning youth. There are many other resources as well at this website. (866) 488-7386

Gettrainedtohelp.com -Community Members

Gettrainedtohelp.com

Gettrainedtohelp.com focuses on empowering communities to learn more about mental health and suicide prevention.

Adapt Mental Health Crisis Services -Individuals and/or Families seeking mental health support

Adaptoregon.org

Adapt Mental Health Crisis Line (541) 440-3532 or (800) 866-9780 (24hrs/day, 7 days/week) for Douglas County residents.

ADAPT

621 W Madrone St
Roseburg, OR 97470

University of Kansas Center for Teaching Excellence -Inclusive Practices & School Climate for All

<https://cte.ku.edu/resources-inclusive-teaching>

Resources for educators and schools to support creating inclusive school climates, and best practices for inclusive teaching, leading difficult conversations, and creating an inclusive climate.

OLWEUS Bullying Prevention Program-3rd grade-12th grade

Hardcopy curriculum

Practical strategies to prevent and intervene with bullying, intimidation, harassment, and cyberbullying.

Section 3: Suicide Intervention & Activities that Reduce Risk

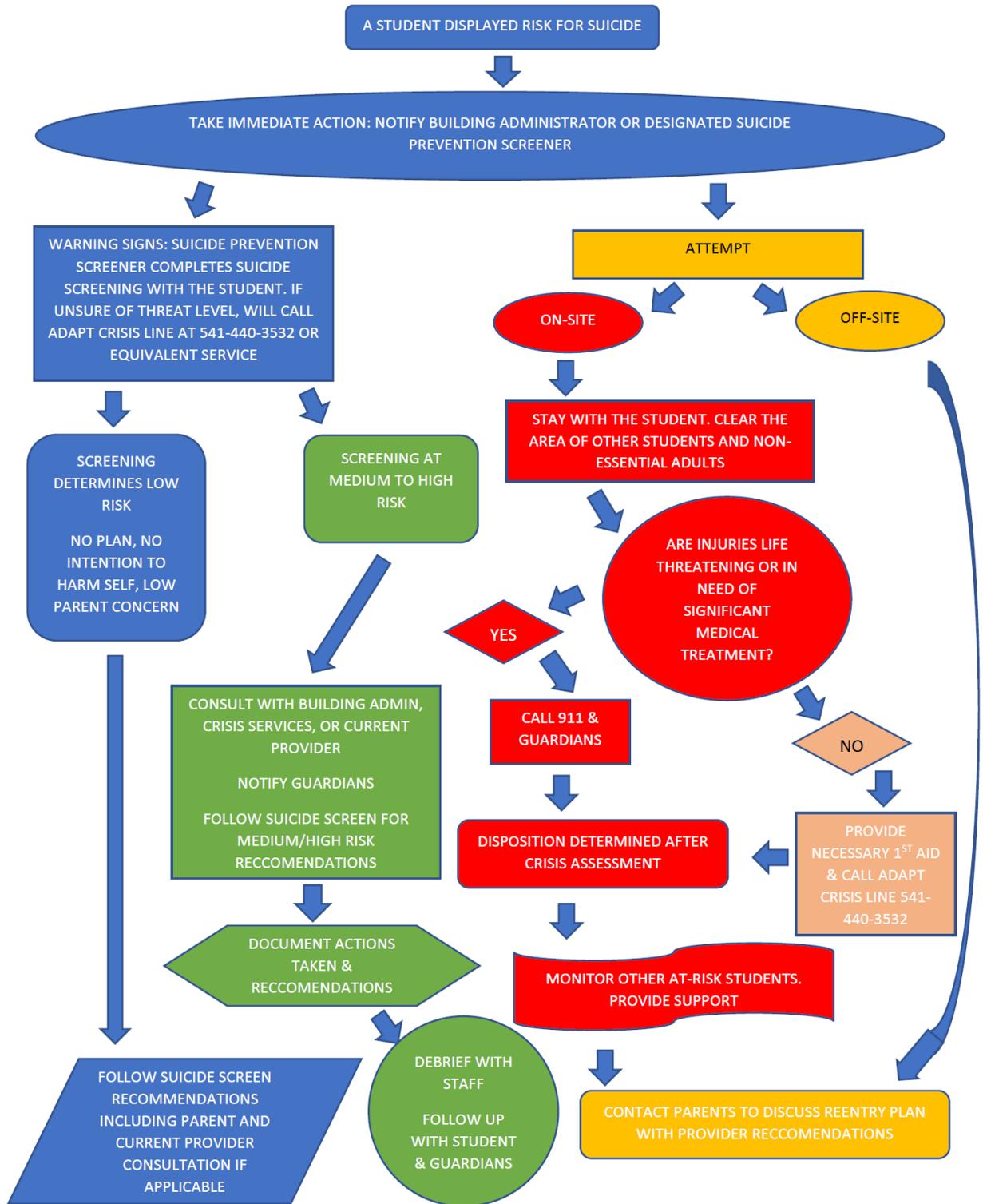
Intervention Acknowledgements

The District's Suicide Intervention Process (see diagram below, adapted from Washington County School District) for reporting suicide concerns relies on the following essential elements:

- Staff will take all suicidal behavior and comments seriously every time.
- It is critical that any school employee who has knowledge of someone with suicidal thoughts or behaviors communicate this information immediately and directly to a building administrator or designated suicide prevention screener. This person will have specialized training, such as ASIST, to assess, support, and refer the student.
- Stay with the student. No student expressing suicidal thoughts should be sent home alone or left alone during the intervention process.
- Staff acknowledge the risk of suicide is raised when any peer, teacher, or other school employee identifies someone who has directly or indirectly expressed suicidal ideation or demonstrated other warning signs (i.e.: information on social networking websites, writings, art, or other expression of suicidal thinking/activities).
- Unless the youth identifies safety risks associated with notifying a parent/guardian, contact parents/guardians or another trusted adult as designated by school emergency contact records when there appears to be any threat of self-harm. If a parent is unavailable call the ADAPT Crisis Line 541-440-3532 or the National Suicide Prevention Hotline 1-800-273-TALK to consult. School staff may choose to additionally contact a School Resource Officer at their discretion.
- Emergency services (911) will be called if the situation is critical or suicide risk is imminent, such as:
 - Having possession of the means to harm (pills, knife, gun, rope, etc.)
 - The student is not at school or has left the campus and a plan to kill oneself is discovered, or
 - If the person is unwilling or unable to make a plan to keep themselves safe.

Suicide Intervention Process & Screening Form

Oakland School District Suicide Intervention Process Chart





Oakland School District No. 1
P.O. Box 420, 931 Old Town Loop
Oakland, OR 97462
Phone: 541-459-3407 | Fax: 541-459-9167

Lethality Assessment

Student Name:	Assessor(s) Name:
Date:	Time:
Setting:	
Reason for Referral:	
Relevant Warning Signs:	

Interview

Overall Student Affect

I. Plan

- **Do you have a plan to take you own life?**

No (lower risk)	Yes (high risk)
If no, discuss with student a safety plan, and	Vague __ Well thought out __
<ul style="list-style-type: none"> • Have the student sign a "no harm" contract • Have student check-in each morning to judge state of mind on scale of 1-10 or descriptive scale. 	Some specifics __ Unrealistic __ Some realistic details __ Realistic __
Do you have access to weapons/means?	Do you have access to weapons/means?
<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes

Comments:

When do you plan to take your life?
no specific __ within a few hours __
immediately __
Comments:
Where do you plan to take your life?
with others around __ alone __
Comments:

CALL CRISIS INTERVENTION - (541)440-3532

II. Other loss

- **Have you lost someone close to you through:**

	Yes	No	Comments
Death			
Suicide			
Divorce			
Break up with a friend			
Break up of a romance			

Have you given anything away that is important to you?	
No ___	Yes ___
Comments:	

Have you made a will or written good-bye notes?	
No ___	Yes ___
Comments:	

III. Previous History

Have you tried to take your life before?	
No ___	Yes ___
If Yes, when:	
How:	

How long have you been thinking about taking your own life?	
How often do you think about taking your life?	

IV. Other Issues

Have you been hurt by someone?			
No ___		Yes ___	
Physically__	Verbal__	Sexually__	
Comments:			

What may have happened to you that was embarrassing or disappointing and may have made you say that you wanted to take your own life?		
Vague ___	Some specifics ___	Very detailed ___
Comments:		

--

Do you use drugs or alcohol	
No <input type="checkbox"/>	Yes <input type="checkbox"/>
What:	
When was your last exposure:	
Comments:	

Assessment Summary	
Lower Risk	High Risk
Comments:	

Action Plan	
<input type="checkbox"/> Notify parents (provide documentation)	<input type="checkbox"/> "No harm contract" signed by student
<input type="checkbox"/> Notify Administrators	<input type="checkbox"/> Call Police/Ambulance
<input type="checkbox"/> Escort to hospital	

- Important phone numbers:
- Adapt Mental Health Crisis Line (541) 440-3532 or (800) 866-9780 (24hrs/day, 7 days/week) for Douglas County residents
 - 24-hour Crisis Text Line, Text HOME to 741741
 - In an emergency, dial 911

Assessor's Signature

Date

If warranted at the conclusion of Suicide Intervention Screening, the student to develop a safety contract or plan. Work with parent/guardian or trusted adult to develop their component plan of support.

Document the suicide intervention screening by completing the Lethality Form and filing it and any applicable safety contract/plan in a confidential behavioral records envelope. This envelope is to be housed with the Student's cumulative school records, though must be labeled as confidential and only viewable by school administration and mental health providers.

Section IV: Postvention

Reentry Procedures

Students who have made a suicide attempt are at a higher risk of re-attempting during the first 90 days after the attempt unless the parents and school staff work together utilizing evidence-based prevention protocols. Monitoring the student during this time by family, school staff, mental health professionals, and community partners is critical to establishing layers of support. Connecting families to mental health supports and coordinating services within the school lays a foundation of consistency and caring across environments.

The transition back to school after a suicide attempt and psychiatric hospitalization can be a difficult one, especially if the attempt was public. The student's privacy going forward is critical and the student and their parents need to be an integral part of the creation of the reentry plan.

School Procedures

(Adapted from Rutgers University;

<http://ubhc.rutgers.edu/tlc/guidelines/educators/SchoolAfterSuicideAttempt.html>)

Prior to returning to school:

- Obtain releases of information from the parent/guardian so the mental health provider, inpatient, or outpatient team can talk to the school counselor. This will allow pertinent information to be shared, and support a smooth transition throughout the levels of care the student receives.
- Meet with the student and his or her parents/guardians before the return to school, plan together what information they want shared and with whom.
- Practice role-playing so that the student can try out different responses to different situations (peer-to-peer & staff-student) that may arise to help lower anxiety.
- Ask how school staff can best support recovery.
- Refer to and update the student's safety plan as needed.
- Work out an agreement with the student to not share details of the attempt including the method, with other students to avoid the potential of increasing self-harm risks with other students, including by social media. Explain that peers talking to peers about the details of an attempt may give ideas to other students who are struggling with their own thoughts of suicide to make an attempt. However, do let the student know that it is an important part of the healing process to talk about the attempt

with trusted adults and the student's therapist. Explain that talking about the attempt and what led to it in a safe environment can help the student avoid an attempt in the future.

- Reassure the student and family that sharing information with school personnel will be done on a need to know basis. Faculty and staff that have direct contact should be informed so they can actively assist the student academically. Identify the staff that will need to know by name and role.
- Reassure the student that staff will be available to help the student with any academic issues, and that it will be important for the student to reach out if he or she is feeling worried about their schoolwork.

After Return to School:

- Treat the student's return to school as you would had the student been out sick for a few days. Let the student know you are glad he or she is back, "Good to see you."
- Be aware that the student may still be dealing with symptoms of depression which can affect concentration and motivation.
- Be aware that the student may be adjusting to medication and may be dealing with side effects including fatigue, or jitteriness.
- Accommodations may need to be made such as an extended time to turn in assignments, or additional time for testing. Some students with concentration issues may find it easier to take a test alone. Some students dealing with anxiety may find it helpful to be able to leave class a little early to avoid the crowds and noise in the hallways when changing classes.
- Monitor social interactions. Meet with the student, and if he or she agrees, their friends, in the days and weeks following the transition back to school to check in and see how things are going with peers. Quickly address any bullying behaviors that are occurring.
- Have regular contact with the student's parents and therapist to provide feedback and to garner information that will help to further support the student's recovery.

A student returns to school without meeting prior to return:

- Meet with student and parents/guardians as soon as practical in order to develop a safety plan and identify necessary supports for the student and family.

School Crisis Response

Oakland School District Crisis Response Team includes the District Student Services Director, all District school counselors, and the affected building principals. Additional contracted employees (such as ESD employees, School Resource Officer, etc.) may also participate as a member of the District's Crisis Response Team at the discretion of the Student Services Director.

Upon a death by suicide impacting our school community, the Crisis Response Team will convene a meeting. At such time, an action plan to guide school response will be developed. Team members will be tasked to implement the response in a timely manner.

Common Crisis Response needs include but are not limited to:

- Notify the students, families, and community

- Supporting staff through debriefing, providing resources, allowing for time off
- Reviewing supports for students such as self-care and identifying and monitoring vulnerable individuals
- Directing a single administrator for media contacts

District Review Procedures

To request the District to review the actions of a school in responding to suicidal risk, make a written request to the Superintendent.