

Warren County Schools  
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Superintendent Memo  
Adm. No. 10  
January 26, 2011

ADMINISTRATIVE

TO: Management Team Members  
CC: Ray V. Spain, Ed.D.  
FROM: Rosemary Lewis, Student Services Director  
SUBJECT: Severe Threat Procedures

Identifying and handling threats at school are important for overall school safety. Although all situations are different, procedures are necessary to provide a protocol to assure that threats of violence in the school environment are addressed, when possible, before actual events occur. All threats are to be considered serious and should be assessed.

For the purposes of these procedures, a threat is considered communication or attempt to cause physical harm to the individual or others. Examples include the following:

- a student who verbally threatens another student or staff member.
- a student who threatens to commit suicide.
- a student who writes, texts, or verbalizes wishes to die or how much better things would be if he/she were not alive.
- a student who continually bullies another student physically.

Warren County Schools Board policy 4331 addresses Threatening Acts (mainly toward others). In addition to the procedures outlined in this memo, disciplinary action ranging from short-term suspension to expulsion may be warranted.

Attachments: Severe Threat Procedures  
School Screening Form, #SS-120  
Serious Threat Procedures Documentation Form, #SS-121  
Suicidal Threat Agreement Form, #SS-122  
Parent Information Form, #SS-123  
Student Assessment Following Serious Threat, #SS-124

## Warren County Schools

# SEVERE THREAT PROCEDURES

For the purposes of these procedures a severe threat is defined as one of the following:

- a. communication of thoughts or ideas of suicide;
- b. communication of thoughts or ideas of causing bodily harm to another individual;
- c. attempt to commit suicide; or
- d. attempt to cause seriously bodily harm to another individual.

All communication of threats or attempts to harm self or others are to be taken seriously.

### **General Procedures for Communication of Suicide Thoughts/Thoughts to Cause Bodily Harm**

If a student communicates thoughts or ideas of suicide or of causing serious bodily harm, **the student should be referred to the school counselor immediately.**

1. The counselor will assess the student's concerns. The counselor will complete the school screening form and present the "no harm" agreement to the student.
2. The counselor will notify the principal of the situation.
3. The parents/guardians of the child must be notified and asked to come to school immediately.
4. The counselor and principal will meet with the parents to discuss the procedures for an assessment by a licensed mental health professional. (See *Parent Information Form – Form 123*)
5. The counselor and/or school social worker will assist the parents/guardians in making appointments with the licensed mental health professional. If the student is being seen by a therapist at the time of the threat, efforts should be made to contact that therapist.
6. The student should not be left alone or allowed to meet with other students. The student should **NOT** be allowed to go home on the school bus under any circumstances.
7. The parent/guardian may be required to provide written evidence of the assessment, which will include recommendations for the student's safe return to school. The student may not be allowed to return to school until such documentation is provided. (See *Assessment Following Severe Threat Form – Form SS-124*)
8. Failure to comply with the assessment may result in referrals to other agencies.

### **Procedures for Students Who Attempt Suicide/Serious Bodily Harm to Others**

1. If a student attempts to commit suicide at school or home, the following procedures must be implemented.
  - a. School staff should contact medical personnel immediately.
  - b. The student must be separated from all other students and directed to the school counselor immediately. The student should be accompanied by an adult to the counselor.
  - c. School staff must contact the parent/guardian immediately. Assist the parent in seeking services from a licensed mental health professional. (See *Parent Information Form – Form SS-123*)

- d. If parent/guardian is not available or cannot come to school, the school social worker should be notified. It may be necessary to contact the sheriff's department or the social services department. If the parent is not available, emergency mental health services will be contacted.
- e. Do **NOT** allow student to be alone or go home alone.
- f. Documented proof of the assessment, which should include recommendations for the student's safe return to school, must be presented before the student may return to school. (See *Assessment Following Severe Threat Form* – Form SS-124)

## **Contact List**

(The school counselor should be contacted first to assist with the student.  
If additional resources are needed, the resources listed below may need to be contacted.)

April Williams, School Social Worker	252-213-3724
Alicia Giddiens, School Social Worker	252-213-3593
Sallie Howell, Support Coordinator	252-213-1959
5-County Mental Health Authority	1-877-619-3761
Holly Hill Hospital Respond	919-250-7000 Or 1-800-447-1800

## School Screening Form

*(To be completed by the school counselor)*

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

The above mentioned student is being screened for:

\_\_\_\_\_ Suicidal Thoughts/Ideation/Attempts or

\_\_\_\_\_ Homicidal Thoughts/Ideation/Attempts/Acts

Check all that apply:

- |   |  |
|---|--|
| <input type="checkbox"/> Recurrent Thoughts of Death                | <input type="checkbox"/> self-destructive behavior   |
| <input type="checkbox"/> Preoccupation with Death                   | <input type="checkbox"/> potentially dangerous behavior: _____                             |
| <input type="checkbox"/> Suicidal/Homicidal Ideation without a plan | <input type="checkbox"/> drug use  |
| <input type="checkbox"/> Suicidal/Homicidal Ideation with a plan    | <input type="checkbox"/> alcohol use   |
| <input type="checkbox"/> Passive death wishes                       | <input type="checkbox"/> disappearing from a group   |
| <input type="checkbox"/> recent suicide attempt                     | <input type="checkbox"/> recent family losses (divorce, death, loss of job)                |
| <input type="checkbox"/> history of suicide attempt                 | <input type="checkbox"/> change in personality (sad, withdrawn, irritable, anxious, tired) |
| <input type="checkbox"/> recent attempt to injure others            | <input type="checkbox"/> change in behavior (can't concentrate)                            |
| <input type="checkbox"/> family history of depression or violence   | <input type="checkbox"/> change in sleep patterns  |
| <input type="checkbox"/> depression                                 | <input type="checkbox"/> change in eating habits   |
| <input type="checkbox"/> violence                                   | <input type="checkbox"/> menstrual abnormalities   |
| <input type="checkbox"/> feeling helpless or hopeless               | <input type="checkbox"/> fear of losing control (going crazy)                              |
| <input type="checkbox"/> painful life events: _____                 | <input type="checkbox"/> low self esteem (shame, guilt, self-hatred)                       |
| <input type="checkbox"/> rejection experiences                      | <input type="checkbox"/> making out wills  |
| <input type="checkbox"/> broken relationships                       | <input type="checkbox"/> giving away things  |
| <input type="checkbox"/> social withdrawal                          |  |
| <input type="checkbox"/> feelings of alienation                     |  |
| <input type="checkbox"/> lethargic or apathetic                     |  |

**SERIOUS THREAT PROCEDURES  
DOCUMENTATION FORM**

Counselor Notified by: \_\_\_\_\_

Principal Notified by: \_\_\_\_\_

Parents/Guardian/Responsible Adult Notified

Name of Person Contacted: \_\_\_\_\_

Contacted by: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Mental Health Contacted by: \_\_\_\_\_

Name of Mental Health Professional \_\_\_\_\_

Phone Number \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Student received mental health services:

When \_\_\_\_\_

Comments: \_\_\_\_\_

Parent/guardian follow up after mental health:

Person contacting parent/guardian \_\_\_\_\_

When: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

**Reentry Meeting:**

**Date of Meeting** \_\_\_\_\_

**Individuals Present:**

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**Recommendations for Reentry** (This section should include recommendations from the mental health professional and school personnel to help the student safely return to school)

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\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**School Official Signature**

# Suicidal Threat Agreement

I, \_\_\_\_\_, hereby agree that I will not harm myself in any way. I further agree that I will take the following actions if I am ever suicidal:

1. I will remind myself that I will not under any circumstances, harm myself in anyway.
2. I will call 911 if I believe that I am in danger of harming myself.
3. I will call the numbers listed below if I have suicidal thoughts.

**1-877-619-3761      Area mental health services**

**1-800-SUICIDE      24 hour hotline**

**911                      Available anytime**

4. I will continue talking on the phone with as many people as necessary for as long as necessary until suicidal thoughts have subsided.

Signature of Student \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Counselor \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent \_\_\_\_\_ Date: \_\_\_\_\_

## 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





Warren County Schools

STUDENT ASSESSMENT FOLLOWING SERIOUS THREAT

To the Attending Mental Health Professional/Psychologist:

Name of Student \_\_\_\_\_ is seeing you for the following reason(s):

\_\_\_\_\_  
\_\_\_\_\_

Prior to the student returning to school, we will need the information requested below to assist us in insuring that he/she and other students at the school are safe. If you have any questions or need additional information before assessing this student, please call \_\_\_\_\_ at \_\_\_\_\_ (phone). (Note: The information may be provided on a separate sheet and attached to this form, if preferred.)

- a. Is the student a danger to self or others?
\_\_\_\_\_ Yes \_\_\_\_\_ No
b. Is it safe for the student to return to school and under what conditions?
\_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_
c. What recommendations do you have for further treatment or intervention?
\_\_\_\_\_

\_\_\_\_\_
d. Who should the school contact if there are additional concerns?
\_\_\_\_\_

\_\_\_\_\_
e. Is there additional information that will help the school in providing appropriate services for the student?
\_\_\_\_\_

Signature of Mental Health Professional

Date

Printed Name and Title

Phone number

Please provide the completed form (and any attachments) to the parent to share with the school administration and counselor.