

Students

Suicide Prevention and Intervention

The Newtown Board of Education recognizes the need for a comprehensive suicide prevention and intervention policy because suicide is a leading cause of death among young people. It is the policy of the Board that school staff will actively respond to any situation where a student verbally or through behavior indicates an intention to attempt suicide or to do physical harm to themselves.

The Board recognizes the need for youth suicide prevention procedures and will establish such procedures and educational programs to identify risk factors for youth suicide, to intervene with such youth, to guide staff in making appropriate referrals to outside agencies/resources, and to ensure proper training for teachers, other school professionals, and students in the recognition and management of youth at risk for suicide.

It is also recognized by the Board that suicide is a complex issue and that while school staff members gather information to determine the seriousness of the threat, they will not make a clinical assessment of risk nor will they provide in-depth counseling. Staff is required, therefore, to refer at-risk youths to an appropriate agency/resources for such assessment and counseling.

Therefore, any school employee who may have knowledge of a suicide threat or intention will report this information to school administration or pupil personnel staff, who will, in turn, notify and consult with appropriate staff. If deemed high risk, the student will not be left alone at any time during this evaluation process. The student's parent/guardian will be notified, and an appropriate referral will be made.

Legal Reference: Connecticut General Statutes

10-221 € Boards of education to prescribe rules.

Students

Youth Suicide Prevention Strategies

1. Promoting a safe and healthy school climate and supporting social and emotional learning in grades K-12.
2. Providing students with a health and developmental guidance curriculum that includes suicide awareness and mental health promotion.
 - For example, the Signs of Suicide (SOS) Program is provided for students in 7th, 9th and 11th-grade health classes. Students learn about suicide risk factors and learning to act on behalf of their peers. Students also complete a screening form, and Pupil Personnel Services staff follow up with any students who indicate possible risks for depression or suicide.
3. Providing effective training to all teachers, staff, and administrators to recognize warning signs of suicide and make appropriate referrals.
 - Each school year, district administrators will evaluate training needs for teachers and staff on risk factors, protective factors, warning signs, referral procedures, and resources. Professional development will be planned as necessary. For example, QPR (Question, Persuade, Refer) training or QPR refresher training may be provided.
4. Assigning roles and responsibilities and procedures for interventions for students who may be at risk for suicide.
5. Collaborating with parents and community partners to engage and support children and youth.
6. Reviewing relevant data and improving programs and procedures.

Role of Administrators:

In conjunction with the Director of Pupil Personnel, building administrators will:

1. Provide yearly, in-service training program or refresher program for teachers, administrators, and pupil personnel
2. Regularly review and share the Suicide Prevention Manual and ensure all appropriate staff understand roles and responsibilities and procedures.
3. Create, lead, and meet as needed with the Crisis Intervention Team (CIT).
4. During a crisis, lead the CIT, contact parents, inform faculty, oversee school response, delegate responsibilities of the CIT, etc.
5. Advocate for a wide range of activities and programs that support student connection in the school.
6. Ensure a safe and healthy school climate.
7. Seek out, create, and value opportunities for students to be involved in decision-making.
8. Support curriculum that incorporates mental health promotion and direct and indirect education that prevents suicide.
9. Ongoing review of program-related data.

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Student Referrals and Assessment of Risk Level

There are many warning signs for suicide (see Appendix 2). If any staff member observes any of these signs in a student or receives a report of these signs in a student from a peer, the student will be referred to the school psychologist, school social worker, or school counselor. If a staff member observes these or receives a report after school hours, then the staff will contact the appropriate persons, to include but not limited to: school staff administration, community agencies, local police.

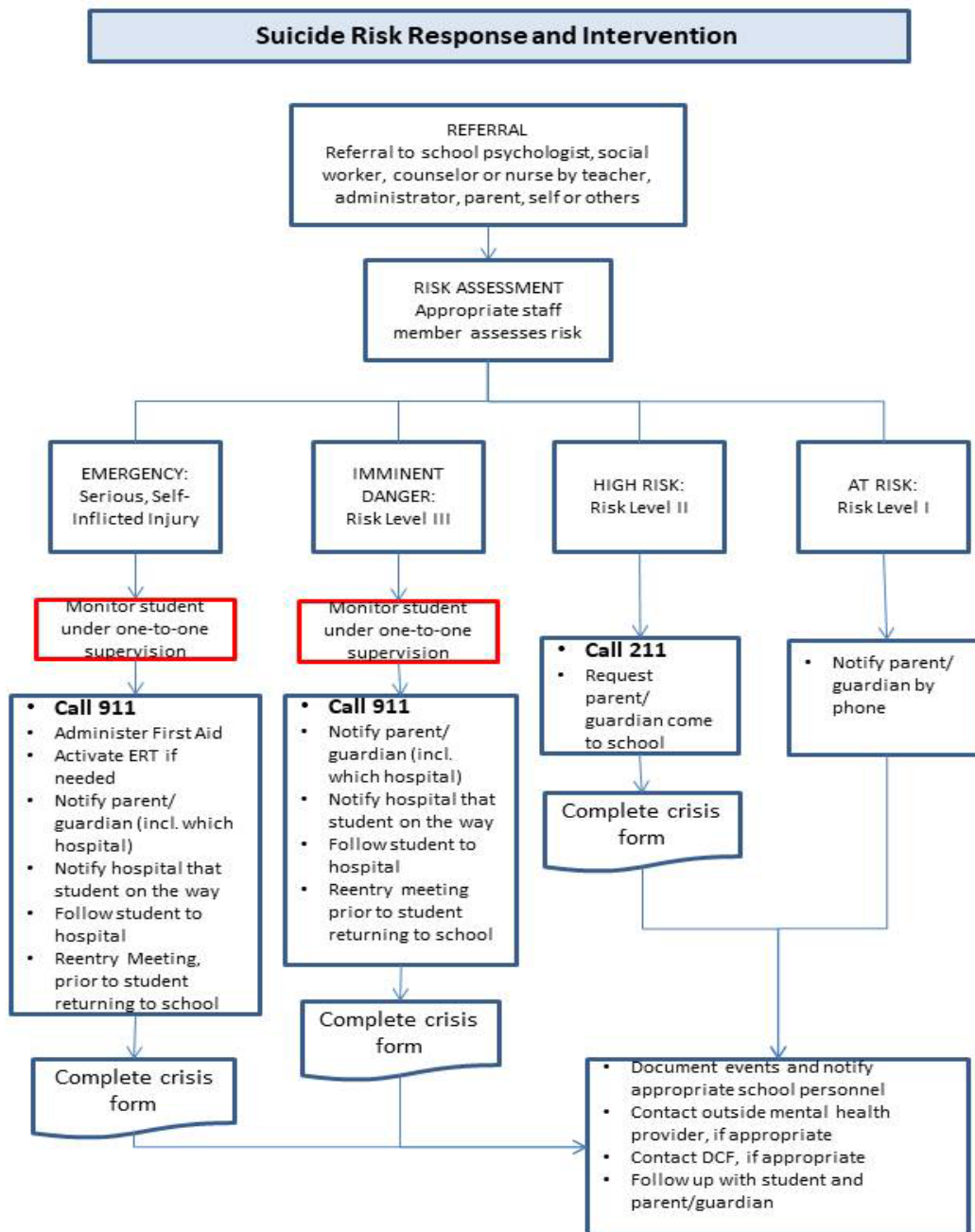
Following a referral by a staff member, parent/guardian, or peer, the student will be interviewed by the school psychologist, school social worker, or school counselor to assess risk level taking into consideration staff's professional judgement, relationship with student and student's history. Further appropriate staff and the parent/guardian will be notified in a timely manner.

Focused interventions, described in the subsequent procedures section, are based on the following guidelines of assessed risk.

Level of Assessed Risk	Indicator(s) <i>Note: May be expressed verbally or in social media or be reported by peers.</i>
Emergency	Student has taken a life-threatening action. A serious, self-inflicted injury or a life-threatening circumstance, has occurred.
Level III - Imminent Risk	Student is in imminent danger of suicide <ul style="list-style-type: none"> • The student has been thinking about how to commit suicide and has some intention of acting on these thoughts. • The student has started to work out the details of how to commit suicide and has some intent to carry out the plan. • The student has done anything, started to do anything, or prepared to do anything to end their life recently. (i.e purchasing pills/a weapon/a rope, giving away possessions, writing a will) • The student cannot verbalize a plan for safety.
Level II - High Risk	Student is at high risk for self-directed violence. <ul style="list-style-type: none"> • The student has thought about suicide and has thought about how to commit suicide, but the student has no intention of acting on these thoughts. • The student expresses thoughts about a wish to be dead or a wish to fall asleep and not wake up. • The student has had general, nonspecific thoughts of wanting to end one's life without thoughts of ways to commit suicide/associated methods, intent, or plan.
Level I- At Risk	Student is at risk, but not presently in danger. <ul style="list-style-type: none"> • The student has exhibited changes in behavior or behaviors associated with suicide risk. • The student has not expressed suicidal intentions.

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Emergency: Serious, Self-Inflicted Injury Procedures

If there is a serious, self-inflicted injury or life-threatening circumstances, responding staff member **will ensure that the student is not left alone at any time.**

Procedures:

1. Responding staff member will call the school nurse and/or 911. Administration is notified immediately. As deemed appropriate by the administration, building emergency response procedures and the Emergency Response Team will be activated.
2. The school psychologist or appropriate staff member verbally notifies/consults with other staff as necessary (e.g., administration, school counselor, teachers, and nurse).
3. The appropriate staff member contacts the parent/guardian with another staff member present and notifies the parent/guardian of the situation. The parent/guardian will be given the name of the hospital to which the student is being taken.
4. The appointed school psychologist, social worker or school counselor will meet the student at the emergency room in the absence of parent/guardian being present at school.
5. Nurse will notify the hospital's emergency room that the student is on the way.
6. The school psychologist, social worker, or school counselor will notify the student's outside mental health provider, if applicable.
7. The school psychologist, social worker, or school counselor will follow-up with parent/guardian within two school days.
8. The school psychologist, social worker, or school counselor will contact DCF for all students under 18 years of age if parent/guardian does not follow the recommendations of the professional assigned to the student.
9. A Crisis Form (Appendix 1) is completed by the school psychologist, social worker, or school counselor and submitted to building administration. A copy is sent to the Director of Pupil Personnel in Central Office.
10. A re-entry meeting will be held prior to the student returning to school. Administration should be present at the re-entry meeting.

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Imminent Danger: Risk Level III Procedures

The school psychologist, social worker, or school counselor ensures that **the student is not left alone at any time.**

Procedures:

1. School psychologist, social worker, or school counselor verbally notifies/consults with administration and other staff as necessary (e.g., administration, nurse and other PPS staff).
2. 911 is called and notified that a student is in imminent danger of suicide.
3. The appropriate staff member contacts parent/guardian with another staff member present, and notifies the parent/guardian of the situation. Parent/guardian will be given the name of the hospital to which the student is being taken.
4. An appointed staff member will call emergency room crisis services to inform of student transport.
5. An appointed school psychologist, social worker or school counselor will meet the student at the emergency room in absence of parent/guardian being present at school.
6. The school psychologist, social worker, or school counselor notifies/consults with the student's outside mental health provider, if appropriate.
7. A Crisis Form (Appendix 1) is completed by the school psychologist, social worker, or school counselor and submitted to building administration. A copy is sent to the Director of Pupil Personnel in Central Office.
8. A re-entry meeting will be held prior to the student returning to school. Administration should be present at the re-entry meeting.

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High Risk: Level II Procedures

1. The school psychologist, social worker, or school counselor deems student high risk for suicide.
2. Emergency Mobile Crisis (211) is called and notified of the student situation. A crisis counselor is requested to come to school for evaluation of suicidal risk.
3. Immediately notify and discuss the situation with the parent/guardian by phone and request parent/guardian to come to school.
4. If the parent/guardian refuses Mobile Crisis services,
 - a. Mobile Crisis is contacted and told not to come to school for evaluation.
 - b. The school psychologist, social worker, or school counselor will recommend to the parent/guardian that the student meet with an outside clinician to assess student risk.
 - c. When the crisis form is completed, staff will note that the parent/guardian refused Mobile Crisis services.
5. The school psychologist, social worker, or school counselor verbally notifies/consults with other staff as necessary (e.g., administration, school counselor, teachers, and nurse).
6. If the student has an outside mental health provider, the school psychologist, social worker, or school counselor notifies the mental health provider of the situation.
7. A Crisis Form (Appendix 1) is completed by the school psychologist, social worker, or school counselor and submitted to building administration. A copy is sent to the Director of Pupil Personnel in Central Office.
8. The school psychologist, social worker, or school counselor will follow-up with the student and/or the parent/guardian the next school day.

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At Risk: Risk Level I Procedures

The school psychologist, social worker, or school counselor assesses the student as presently not in danger of suicide, but as the student has exhibited changes in behavior or behaviors consistent with warning signs (see Appendix).

1. The school psychologist, social worker, or school counselor notifies and discusses the situation with the parent/guardian by phone and may request a meeting.
2. The school psychologist, social worker, or school counselor verbally notifies/consults with other staff as necessary.
3. The school psychologist, social worker, or school counselor discusses available professional resources with the parent/guardian.
4. The school psychologist, social worker, or school counselor notifies/consults with the student's outside mental health provider, if appropriate.
5. The school psychologist, social worker, or school counselor will monitor the student and contact the parent/guardian as needed.
6. The school psychologist, social worker, or school counselor will contact DCF for all students under 18 years of age if the parent/guardian does not follow the recommendations of the professional assigned to the student.

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Postvention Guidelines: Response to Suicide

The following are guidelines in the event of a suicide by a student or another member of the school community.

1. The staff member who learns of the suicide will notify the building administrator.
2. The building administrator will notify the superintendent and activate the crisis intervention team. Administration should remove the student's name from any distribution lists (i.e. Powerschool attendance) and notify the bus company.
3. The superintendent will notify all other principals.
4. The Crisis Intervention Team will meet to develop an action plan for informing students and full staff and managing stress and reducing contagion.

Crisis Intervention Team (CIT) Tasks:

- Be prepared to share facts and information with team (student photo, student's schedule, list of student's activities, Suicide Prevention Manual)
- Develop a list of impacted students and staff to be notified prior to larger student body.
- Determine the best way to notify, staff, students, and parents/guardians. The use of public address system/intercom is discouraged.
- Draft script for notification of students. Notification should be read in classes by teachers, with support, if requested.
- Begin the identification of friends and at-risk students and assign staff members to follow up with these students.
- Plan deployment of support staff and the location of any support centers.
- Determine if additional community resources are needed. If yes, determine the appropriate role/location/supervision for community mental health resources.
- Plan mid-day briefings and after school faculty meeting.
- Assign a person to monitor social media.

Additional considerations:

- All staff administrators and support staff should remain in their buildings during the school day. District level meetings should not be held during the school day.
- Recognize the impact of the event on staff and provide meaningful accommodations for all staff.
- Cancel activities, paperwork, duties, and meetings, when possible.
- Allow time for support staff to meet with their respective departments.

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Postvention Guidelines: Response to Suicide (continued)

- All school psychology, counselor and social work interns should be assigned to a veteran staff person to shadow and assist in all direct service activities.

Potential tasks for a Midday Crisis Intervention Team Briefing (meet in two waves to ensure continued student coverage)

- Identify and discuss at-risk students, assign staff to follow-up and call home
- Share additional facts/rumors
- Re-evaluate continued need for support centers, support staff, and community health providers

Potential topics for Afterschool Faculty Meeting:

- Give an overview of the day.
- Share any new information.
- Share the parent letter.
- Encourage staff to continue to assess and refer students.
- Remind staff about the risks of contagion.
- Share the plan for the following day.
- Ask the staff to ask questions and share concerns.
- Thank the staff and encourage them to take care of their needs.
- Share employee assistance program pamphlets.

Potential tasks of End of Day Crisis Intervention Team

- Share any additional facts and rumors.
- Develop a follow-up plan for each at-risk student, including parent/guardian contact.
- Determine follow-up support for the following day.
- Discuss planned community events.
- Discuss any community outreach needs.

Follow-up:

- Administrators should prepare the contents of desk/lockers for delivery to the family.
- Condolence letters and art by students should be carefully reviewed and prepared for delivery to the family.

Appendix 1

Newtown Public Schools Administrator's Report to the Superintendent Crisis Intervention Form

Student Name: _____

School _____ Date _____ Reporter _____

Referred by: _____ Please circle if applicable IEP 504

(If IEP or 504) Name of Staff Notified: _____

Time/Situation report

Time/Crisis Intervention Team alerted

Time Convened _____

Intervention Plan _____

Time/Parent Guardian Contacted _____

Follow-Up Plan _____

Follow-Up responsibility _____

Pupil Service Director notified _____

Follow up note _____

Signature of reporter _____ Date _____

Signature of person responsible for follow-up _____ Date _____

Signature of administrator _____ Date _____

Appendix 2

Protective Factors, Risk Factors, and Warning Signs for Suicide

Effective suicide prevention involves identifying warning signs, reducing risk factors, and increasing protective factors.

Warning Signs

Warning Signs are **changes** in a person's behavior, feelings, and beliefs about oneself that are maladaptive or out of character and place them at risk of suicide.

Acute Risk Factors

- Threatening to hurt or kill oneself or talking about wanting to hurt or kill oneself
- Looking for ways to kill oneself by seeking access to firearms, pills or other means.
- Talking or writing about death, dying or suicide, when these actions are out of the ordinary

Additional Warning Signs

- Increased substance (alcohol or drug) use
- No reason for living, no sense of purpose in life
- Anxiety, agitation, unable to sleep or sleeping all the time
- Feeling trapped, like there's no way out
- Hopelessness
- Withdrawal from friends, family and society
- Rage, uncontrolled anger, seeking revenge
- Acting reckless or engaging in risky activities
- Dramatic mood changes

Risk Factors

Risk Factors are characteristics of a person or his environment that increase the risk of suicide. Major risk factors include:

- Prior suicide attempt(s)
- Misuse or abuse of alcohol or drugs
- Mental disorders, particularly depression and other mood disorders
- Access to lethal means
- Knowing someone who died by suicide, particularly a family member
- Social isolation
- Chronic disease and disability
- Lack of access to behavioral health care
- Stress resulting from prejudice and discrimination (family rejection, bullying, violence)

Protective Factors

Protective Factors are personal or environmental characters that help protect people from suicide. Major protective factors include:

- Effective behavioral health care
- Connectedness to individuals, family, community, and social institutions
- Life skills (including problem-solving skills and coping skills, ability to adapt to change)
- Self-esteem and a sense of purpose or meaning in life

- Cultural, religious, or personal beliefs that discourage suicide

The list of warning signs is from the State of Connecticut Suicide Prevention Plan. The list of protective factors and risk factors is from the Suicide Prevention Resource Center, which is supported by a grant from the U.S. Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services (SAMHSA), Center for Mental Health Services (CMHS)

Appendix 3

COMMUNITY MENTAL HEALTH SERVICES AND INFORMATION

CRISIS SERVICES AND HOTLINES

- Emergency Mobile Psychiatric Services (EMPS): 2-1-1
- Danbury Hospital Crisis Intervention: 1-888-447-3339
- Kids in Crisis 24-hour Helpline: 203-661-1911
- National Suicide Prevention Hotline: 1-800-273-TALK or 1-800-273-8255 or 1-800-SUICIDE
- LGBTQ Youth Crisis/Suicide Hotline: (The Trevor Project) 1-866-488-7386
www.thetrevorproject.org

LOCAL RESOURCES

Newtown Center for Support and Wellness (CSW)

Provided by the Town of Newtown, CSW provides referrals to mental health providers, care navigation services, and case management services for Newtown residents. The CSW website has a list of community mental health providers. <http://newtowncsw.org> 203-270-4612

Newtown Youth and Family Services

Newtown's youth service bureau and mental health clinic. Accepts private insurance and financial assistance and sliding scale fees are available. www.newtownyouthandfamilyservices.org 203-270-4335

Resiliency Center of Newtown

Provides therapeutic services such as art therapy, music therapy, play therapy, Brainspotting, and MNRI to encourage healing and resilience. www.resiliencycenterofnewtown.org 203-364-9750

Family and Children's Aid (FCA)

Offers outpatient and in-home services to individuals and families. They also have a Life is Good Playmakers program to help children heal from trauma. www.fcaweb.org 203-748-5689

Women's Center of Greater Danbury

Provides prevention, crisis intervention, and support services with regard to domestic violence and sexual assault. Free and confidential services 24 hours a day. Also provides preventative education programs for schools, including NMS. <http://www.wcogd.org> Domestic violence hotline 203-731-5206. Sexual assault hotline 203-731-5204.

SCHOOL-BASED COMMUNITY PARTNERSHIPS

School-Based Health Center (SBHC) at Newtown Middle School

SBHC provides medical and mental health services with no out of pocket cost to the family. 203-270-6114

Newtown Youth and Family Services Student Assistance Counselor at Newtown High School

Licensed Clinical Social Worker is available to talk with students on an informal, drop-in basis, and has a focus of substance use prevention. 203-426-7646 x6125

Kids in Crisis Teen Talk Counselor at Newtown High School

Licensed Clinical Social Worker helps identify and support students struggling with depression, anxiety, substance abuse, trauma, and conflict-related concerns. Provides individual, group and family counseling.
203-661-1911

ONLINE RESOURCES FOR MENTAL HEALTH

Connecticut Network of Care

A resource for individuals, families, and agencies concerned with mental health. It provides information about mental health services, health topics, laws, and related news.

<http://connecticut.networkofcare.org/mh/>

National Child Traumatic Stress Network

A resource for families, professionals, and schools about childhood trauma. <https://www.nctsn.org/>

ANONYMOUS ALERTS

NMS and NHS students and parents can anonymously submit any suspicious activity, bullying or other student-related issues to a school administrator(s).

<https://www.anonymousalerts.com/newtownps/default.aspx>

Appendix 4

SOS (Signs of Suicide) Program Guidelines and SOS Follow-up Form

<https://sossignsofsuicide.org>

At the start of the school year:

1. Newtown Middle School and Newtown High School notify the parents/guardians of all students that will receive the SOS program during the school year. Typically, the program has been given to 7th, 9th, and 11th graders during health classes. The communication to the parents/guardians may include:
 - a. A letter describing the program and the option to opt-out. The letter also may provide a link to SOS parent portal for more information (<https://sossignsofsuicide.org/parent/>)
 - b. An opt-out form
 - c. A copy of the parent version of the BSAD screener
 - d. A list of national and community mental health resources. (Link to resources can also be provided in the letter)
2. Each school keeps a record of the families who have opted-out of program.

Each quarter:

1. Newtown Middle School and Newtown High School create the schedule of the classes that will have the SOS program and prepare materials for the program. A school psychologist, social worker, or school counselor and a teacher are assigned to each class for the program implementation. The class materials include:
 - a. A class list for noting absences.
 - b. The SOS instructions appropriate for the grade level (including a link to the video).
 - c. The teacher's SOS script.
 - d. Student screener forms.
 - e. Student response forms (Students can indicate if they would like to talk with someone about themselves or someone else).
 - f. ACT cards for students to take home.
2. A school psychologist, social worker, or school counselor will follow up with any student who:
 - a. Answers yes to question 4 or 5 (have they seriously thought about suicide or have they ever attempted suicide in the past).
 - b. Responds on the half sheet that they would like "speak to someone about myself" or "speak to someone about someone else."
 - c. Answers yes to 3 or more of the depression screening questions
3. A school psychologist, social worker, or school counselor may also connect with students who do name a trusted adult.
4. The school psychologist, social worker, or school counselor will complete the SOS follow-up form and follow the appropriate procedures for intervention according to the assessed risk level.
5. The school buildings will retain the SOS follow-up form and the screener form and send copies to the Director of Pupil Services in Central Office.

SOS Follow-Up Form

Student: _____ Grade: _____ Date: _____

Reason for Follow-Up:

- ☐ SOS Screener Responses. Explain: _____
- ☐ Student indicated "I want to talk to someone about myself" ☐ Another student reported concern about this student

Student Interview Summary (Check all that apply)

- ☐ Yes ☐ No Student reported history of depression and/or anxiety.
- ☐ Yes ☐ No Student reported behaviors consistent with depression and/or anxiety.
- ☐ Yes ☐ No Student reported student is currently meeting with PPS staff in school regarding these concerns
- ☐ Yes ☐ No Student currently has a Mental Health Provider outside of school. Name: _____
- ☐ Yes ☐ No Do we have a release with the provider?
- ☐ Yes ☐ No Student reported self-harm.
- ☐ Yes ☐ No Student reported thoughts of self-harm.
- ☐ Yes ☐ No Student reported Suicidal Ideation (thoughts of suicide).
- ☐ Yes ☐ No Student reported Suicidal Intent (means of committing suicide, plan to commit suicide).
- ☐ Yes ☐ No Student reported that responses on form were based on situational/short-term experiences .
- ☐ No concerns at this time

Explain any "yes" answers: _____

What action followed? (Check all that apply)

- ☐ Yes ☐ No Contacted School Counselor. Name(s): _____
- ☐ Yes ☐ No Contacted Additional School Support Staff (i.e., School Psychologist, School Social Worker, Student Assistance Counselor, Crisis Counselor) Name(s): _____
- ☐ Yes ☐ No Contacted School Administration Name(s): _____
- ☐ Yes ☐ No Contacted Parent Name(s): _____
- ☐ Yes ☐ No Provided Parent with Community Mental Health Provider Information
- ☐ Yes ☐ No Contacted Student's Mental Health Provider
- ☐ Yes ☐ No Contacted 2-1-1 (Emergency Mobile Psychiatric Services)
- ☐ Yes ☐ No Contacted School Resource Officer
- ☐ Yes ☐ No Contacted DCF

Additional notes/parent response: _____

Additional notes : _____

PPS Staff Completing Follow-Up _____ Title: _____

Please keep a copy at school and send a copy to Central Office/Director of Pupil Services.

Appendix 5

Postvention Resources for Administrators

Sample Guidelines for Administrator's Phone Call to the Family

Express sympathy and offer support:

Verify facts:

Status of child (life support, deceased, cause of death, etc.)

Are there siblings or relatives within other Newtown schools?

Who are some of his/her close friends within the schools?

Permission to share information within Newtown Public Schools:

Possible phrasing: "We know this is a sensitive issue, but we find students quickly inform each other, so the best way to assure the safety of the students is to talk openly about this. Certainly, the details will not be discussed."

Parent gives permission to share the following:

Sample Guidance for Student Announcement

To: All Faculty and Staff

From: The Crisis Intervention Team (Names)

Date:

Information and Instructions to All Faculty and Staff

We regret to inform you that (Name), a (Grade) student at (School) took his/her life last night. We are deeply saddened by this news.

The Crisis Intervention Team met (When) to begin the process of offering support to students, staff, and families.

We ask that you read the short statement below to your class at (TIME/CLASS PERIOD) Please do not hesitate to request assistance or support if needed.

Students should be given a **brief period of time** to process the information. Any student who appears emotionally distressed may be referred to (Location).

Statement for Students

May I please have your complete attention. I have some sad and serious news to share.

We regret to inform you that (Name), a (Grade) student at (School) took his/her own life last night. He/she was a good friend to many and will be missed by students and staff. Our thoughts go out to his/her family at this difficult time.

This is a sad and challenging day for our school community. Thank you for supporting each other during this difficult time. **<Add information about support staff on campus>**

Sample Communication to Parents/Guardians from Principal

Dear Parents/Guardians:

I am writing to inform you about a tragic loss within our school community. We received the sad news that (Name), a student in the (Grade) at (School) took his/her own life on (Date). We would like to express our sympathy and support for the (Name) family.

All students were provided with the essential facts about the loss. We feel that it is important at times like these that students be given as many of the pertinent facts as possible from a single, reliable source in order to limit false information. Misinformation can be devastating to students and to the family members affected by the loss. Today, we had teaching staff read a brief statement about the loss during class time today. Teachers processed the news with students to gauge their reactions and to explain that counseling staff was available to assist them should they wish to seek further support.

Please be aware the children send and receive information via social media without any way of checking the authenticity and without any support should the information be distressing. We ask you to be vigilant in observing your child's response to this unfortunate news, including any information they receive online.

Students were encouraged to return to their school routines as much as possible. School psychologists, social workers, and counselors were available to students throughout the school day. Students in need of support were seen by counseling staff who will continue to be available for the immediate future.

Some students, particularly those close to (Name) or those who have had their own losses may be particularly affected by the news. Should your child appear to be struggling to cope we encourage you to contact the school to speak with one of our support staff. We all need to support one another in times like these.

Sincerely,

School Principal

<Provide list of resources as needed>

Sample Communication to Parents/Guardians from Principal at Sibling's School

Dear Parents/Guardians:

I am writing to inform you about a tragic loss/sudden death of (Name). He/she is the sibling of _____ who is a student in the (Grade) in _____'s class. We would like to express our sympathy and support for the (Name) family.

(If sibling is in 3rd, 4th or 5th grade) The children in Kindergarten, 1st and 2nd grades have not been given any of this information. We thought it should come from parents should they deem it appropriate. Children in grades 3, 4, and 5 have been informed of this news. (Support staff) were present in the classrooms to discuss this with the children, along with their teachers. In an effort to make _____'s transition back to school as easy as possible, teachers and support staff also talked to the children about ways that our community can assist _____ and the family during this difficult time.

When a tragedy of this depth occurs, we need to recognize, respect, and be sensitive to the fact that everyone handles grief in different ways. Please know that we are committed to supporting each child in dealing with this and fully understand that children may respond in an unanticipated manner. Should you feel your child is struggling to cope with this, we encourage you to speak with your child's teacher or (support staff)_____.

News of this nature is never easy to comprehend. It reminds us that life is precious, fragile, and too often inexplicable. It also reminds us that during these moments, it is important to reach out to each other and to help those around us cope with this loss. Please feel free to contact me if you have questions or concerns.

Sincerely,

School Principal

These policies and guidelines were developed by Newtown Public Schools certified staff.

References

Model School District Policy on Suicide Prevention. American Foundation for Suicide Prevention (AFSP), The American School Counselor Association (ASCA), the National Association of School Psychologists (NASP), and the Trevor Project.

Columbia Lighthouse Project. <http://cssrs.columbia.edu/the-columbia-scale-c-srs/about-the-scale/>.

Youth Suicide Prevention: A Resource for Simsbury Teachers, Staff & Administrators. Simsbury Public Schools. Revised Fall 2008.

Guidelines for Suicide Prevention: Policy and Procedures (2nd Edition). Connecticut State Department of Education. 2004.

Suicide Prevention Plan 2020. State of Connecticut. Department of Children and Families and Department of Mental Health and Addiction Services.

“Risk and Protective Factors for Suicide.” *Risk and Protective Factors for Suicide | Suicide Prevention Resource Center*, www.sprc.org/about-suicide/risk-protective-factors.

“Warning Signs for Suicide.” *Warning Signs for Suicide | Suicide Prevention Resource Center*, www.sprc.org/about-suicide/warning-signs.

West Hartford Public Schools. Suicide Response Manual: Procedures and Guidelines Grades K-12. Revised 2010.