UISD Procedural Manual:
Suicide Risk Assessment
&
Threat Assessment

Revised August 7, 2017
Emergency Numbers

Community, State and National Contacts:

EMERGENCY NUMBERS 911

LOCAL CRISIS HOTLINE 1-800-643-1102
Child, Adolescent and Parent Services Program (CAPS) (956) 794-3157/3313
Adult Behavioral Health Services Unit (956) 794-3000
CHILD PROTECTIVE SERVICES 1-800-252-5400
LAREDO POLICE DEPARTMENT 956-795-2800
SHERIFF DEPARTMENT 956-722-1793
NATIONAL YOUTH CRISIS HOTLINE 1-800-448-4663
NATIONAL SUICIDE PREVENTION HOTLINE 1-800-273-8255
TEXAS YOUTH HOTLINE 1-800-210-2278
NATIONAL SUICIDE HOTLINE 1-800-SUICIDE

UISD District Resources:

Christina Uribe-Flores-Director of Guidance & Counseling (956) 473-5248
UISD Licensed Specialist in School Psychology-Special Ed. Department (956) 473-2047
UISD POLICE DEPARTMENT (956) 473-6361
UISD ADMINISTRATOR-ON-CALL (956) 206-0911
Mental Health Resources

- **Local Crisis Hotline**
  - 1-800-643-1102 - Available 24 hours/7 days a week
    - Jose Rodriguez-Crisis Supervisor (956) 764-9271

- **Border Region Behavioral Health Center:**
  - **Child, Adolescent and Parent Services Program (CAPS)** - serves students who are minors.
    - **Address:** 1500 Pappas St.
      Laredo, TX 78041
    - **Telephone:** (956) 794-3313
  - **Adult Behavioral Health Services Unit** - serves students who 18+
    - **Address:** 1500 Pappas St.
      Laredo, TX 78041
    - **Telephone:** (956) 794-3000

- **Emergency Room**
  - If the outcry occurs after 6:00 p.m., the parent/student needs to be referred to the Emergency Room at the local hospital.
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This manual was created in collaboration between
the Guidance & Counseling Department
And
the Licensed Specialists in School Psychology (LSSPs)
The goal of this manual is to provide administrators and school counselors the information necessary to effectively implement district policy regarding the handling of students who are voicing suicide ideations and/or threatening to hurt others. It will also provide an opportunity to learn skills in assessing the risk of students voicing suicide ideations, as well as assessing the level of threat on students voicing intent to harm others. For further information, please refer to District Policy FFB (Local), FFB (Legal).

The Guidance and Counseling Department provides information, and training to counselors, administrators, caregivers to give them the necessary skills to assess the risk of suicide and assist the student in finding options other than suicide for the relief of emotional distress. The training includes information on school policy and procedures to follow during a crisis and how to offer supportive follow-up services until the crisis has been resolved.

Should there be a completed suicide; the Guidance and Counseling Department provides the postvention procedures including consultation and guidance to administrators, teachers, and other school personnel, providing group and individual counseling to the bereaved classmates, and assisting the school in returning to its normal educational routine. A secondary goal of postvention services is to prevent other students from choosing suicide as an option by guiding the schools to respond appropriately to the completed suicide.

For further information on suicide prevention, training or postvention assistance, please contact the District liaison Christina Uribe Flores, Director of Guidance and Counseling at (956) 473-5248.
Suicide Ideation
&
Suicide Attempt
Suicide Ideation /Suicide Attempt

The thought of committing suicide is not something that comes about suddenly or impulsively. Suicide is the ultimate stage of a progressive failure of accommodation.

- **Suicide Ideation** is thoughts of engaging in suicide-related behavior.

- **Suicide Attempt** is potentially self-injurious behavior with a nonfatal outcome, for which there is evidence that the person intended to kill himself or herself.
School Counselor, Administrator and Staff Responsibilities

The principal shall ensure that all staff is aware of the referral process to use when any student is in crisis. An emphasis shall be made on **CONFIDENTIALITY** and swift referral to the appropriate professional(s).

Any talk of suicide should be taken seriously and proper attention should be provided immediately. If a student verbalizes, writes or discusses any thoughts of suicide or harming himself/herself, immediately accompany or escort the student to a counselor or administrator.

The counselor must assess all threats, attempts of suicide or other risk factors. Untrained staff should NOT attempt to assess the severity of the suicidal risk.

Note: Only a student’s parent may consent to a medical screening. Unless a student’s parent has provided prior consent, no medical screening shall be used as part of the process of identifying whether a student is possibly in need of intervention or at risk of committing suicide.

The management of cases involving suicide ideations and/or a suicide attempt shall follow the following procedures:

- All suicide ideations/suicide attempts must be taken seriously. District procedures must be followed at all times.

- **UNDER NO CIRCUMSTANCES SHOULD THE STUDENT BE LEFT ALONE.** Escort the student immediately to the counselor for assessment if student exhibits any signs/symptoms of being in crisis (suicidal and/or homicidal ideations/gestures, delusional, aggressive, and/or bizarre behavior).

- The counselor and/or any other trained staff (principal or assistant principal) shall conduct the risk assessment to determine the level of risk. If a trained professional is not available at school, or the school requires additional assistance, they must contact Christina Uribe Flores, Director of Guidance and Counseling- (956) 473-5248 for immediate assistance.

- School staff must contact parents and/or guardians following the risk assessment. They need to be informed about the suicide ideations/attempts and any other recommendations that school staff is making -to include involvement of the mental health agency for an onsite screening.

- For students in the Special Education Program, the same procedures will be followed depending on his/her level of function.
The Border Region Behavioral Health Center will be conducting onsite school ‘screenings’ on those students that are referred by schools as having Medium or High Risk Levels of Suicide Ideations or on student’s that are deemed to be a danger to themselves or others.

The onsite screening will be made by a Border Region Crisis Case Manager. At times, a Crisis Nurse will assist the Crisis Case manager to determine if the child needs medical attention before proceeding with recommendations to hospitalize a student.

Parents must give VERBAL CONSENT in order for a Border Region Crisis Case Manager to conduct the onsite school ‘screening.’

If a student is deemed as having a Medium or High Risk Level, and parent gives VERBAL CONSENT, the counselor or school staff must call CAPS at 794-3157/794-3313 or the Crisis Hotline 1-800-643-1102.

- The Border Region Crisis Case Manager should arrive to the campus within 45 minutes.
- If an hour or more has passed, the school must contact the Border Region Crisis Supervisor Jose Rodriguez at (956) 764-9271.

The school will continue with the parent conference, document recommendations from the school and the Border Region Crisis Case Manager on the Notification of Emergency Conference and provide parent with a copy.

- If hospitalization is required, and the student does not run the risk of hurting themselves during transport, parent can take the student to the Border Region Behavioral Health Center for processing.
Determining Degree of Risk

When suicide ideations or attempts are reported, the first response is to meet with that student as quickly as possible to determine the extent of the student’s distress, if any.

The risk assessment is provided to counselor/administrators as a guide to identify the level of risk. The risk assessment should not be used solely to identify the level of risk. Professional judgment—that includes a review of student’s previous history and other considerations, is essential in all cases.

In assessing whether a student may be is at risk of committing suicide and is in need of mental health services, the following should be considered:

- Whether the student is a victim of current or past bullying
- Declining academic performance;
- Diagnosis of Depression and/or Anxiety or any other mental health illness
- Anger, increased irritability
- Isolation;
- Sudden changes in appearance;
- Unexplained changes in sleep or eating habits; and/or
- Self-Injuries/Destructive behavior towards self

In assessing the risk, emphasis should be placed on Thought + Intent + Plan + Means.

The following risk levels may be established:

- **LOW**
  - Cases involving a thought of suicide; however, there are no plans or means to carry out the suicide ideation/suicide attempt.

- **MEDIUM**
  - Cases involving a thought and possibly a plan to carry out the suicide; however, the plan lacks the means to carry out the suicide ideation/suicide attempt or the plan is ambiguous.

- **HIGH**
  - Cases involving a thought, a plan and the means to carry out the suicide ideation/suicide attempt. Students who have had a previous suicide attempt and are having suicide ideations should be considered always at a high level.

**Note:**

- If a student has a history of suicide attempts, the counselor/administrator should refer the student to the mental health agency for immediate consultation. A student who has had a previously attempted suicide is more likely to carry out another suicide attempt.

- **IF STUDENT IS FOUND UNCONSCIOUS OR SEMICONSCIOUS ON SCHOOL GROUNDS THIS IS A MEDICAL EMERGENCY call 911 and contact the campus nurse.**
Procedures for ALL Risk Levels

1. Counselor assesses student to determine the level of risk using one of risk assessment provided in this manual: Risk Assessment via an Interview Format, Screening for Level of Suicidal Risk Interview Guidelines (Elementary and Secondary) or Suicide Risk Checklist.

   ➢ If the counselor is not available to assess the student then the Assistant Principal, Principal, Nurse or any other trained professional should conduct the risk assessment.

   ➢ If a trained professional is not available at school, the schools staff should contact immediately the District liaison Mrs. Christina Uribe-Flores, Director of Guidance and Counseling at (956) 473-5248 for additional support/recommendations.

2. On all risk levels, contact must be made with the parent or legal guardian of student. If the parent/guardian cannot be reached, contact the person(s) indicated on the student’s emergency card.

   ➢ Parents must be provided with a list of community resources and an copy of the Emergency Notification Form (if applicable).

   ➢ Recommendations to suicide-proofing- removing and securing weapons, drugs, ropes, medication, etc., must be made. Additionally, parents need to be advised to monitor the behavior of the student.

3. A follow up must be made the next day by the counselor on all cases. During the follow up, please document the following:

   ➢ Family contact-Document any actions parent took to assist student.

   ➢ Student contact-assess student’s well being and determine if any other risk factors are present.

   ➢ For students with medium and high risk levels: If parents did not follow through with the school staff recommendation to seek mental health services and/or neglect is suspected, the counselor should follow through with reporting the incident to Child Protective Services. The report can be made via

     ➢ Phone 1-800-252-5400

     ➢ Internet at http://www.txabusehotline.org

     (Enter login name: educator and password is report 1)

Other Considerations:

➢ IF a student is hospitalized in a psychiatric/behavioral center, the student must bring a Discharge Plan or note from the hospital indicating that the student can return to school. HOWEVER, if the parent does not have this information, the school cannot deny admittance to campus. The school should obtain a release of information from parent and request these records.

➢ IF the student was hospitalized in a psychiatric/behavioral center AND is in the special education program, school staff should contact the designated Special Education Compliance Coordinator to request an ARD Meeting or additional support/recommendations.
Medium & High Risk Levels

4. Steps 1-3 must be followed. If the recommendation is to have the child evaluated by the local mental health agency, the parent must be informed that the local mental health agency can perform the onsite screening at the campus.

- Parent must give **verbal consent** for the Border Region Crisis Case Manager to conduct the onsite screening.

5. Once parent arrives at campus, the **Notification of Emergency Conference Form** must be completed.

- If the parent refuses the recommendation for an onsite screening by the Border Region Behavioral Health Center, document the recommendations on the Notification of Emergency Conference.

- If the student is being followed by a psychiatrist or any other **medical provider**, the parent may opt from the referral to the mental health agency in lieu of their private **physician**.

- If parent declines the recommendation for the onsite mental health screening AND does not follow through with their own private psychiatrist or **medical provider**, the incident should be reported immediately to Child Protective Services.

- **Parent must be provided with a copy of the Notification of Emergency Conference Form. The original must be kept by the counselor or professional that completed the risk assessment for their record keeping and to document the incident.**

6. For additional support and recommendations on cases involving a risk assessment of Medium or High Level, please consult with the Director of Guidance and Counseling or a district Licensed Specialist in School Psychology (LSSP). To locate an LSSP, please contact the Special Education Department at (956) 473-2047.

**NOTE:**

- It is the school’s responsibility to contact the parent by all means via home visits, contacting all members on the student’s emergency card or utilizing services from the U.I.S.D. Police Department.

- **Do NOT allow the student to go home without an adult. The student must be released to a parent, guardian or a responsible adult relative listed as an emergency contact, or a law enforcement officer, CPS or other emergency provider.**

- For **students that are 18+ years of age**, it is best practice to inform the parent/guardian of the situation along with the recommendations being made by the school for student safety.
**UISD Police Transport**

If the student is a threat to themselves or others and/or runs the risk of being harmed if parent transports, involvement of the U.I.S.D. Police can be made by the administrator on campus.

- If U.I.S.D. Police is asked for assistance, the campus administrator must complete the **Need for Emergency Assistance** form.

- Parental consent is NOT required on these cases; however, administrators are encouraged to explain to the parent/guardian that the school is attempting to safeguard the well being of the student.

- **School staff should not transport the student in their personal vehicle.**

- For additional support, the campus administrator may contact Christina Uribe Flores, Director of Guidance and Counseling or a district LSSP.
Student Voices Suicidal Ideation or Action

Risk Assessment is completed by a trained staff

**LOW**
- Parent contact is made
- Campus Crisis Team will remain with the student until the Parent is reached.
- Parent Conference is held & Community Resource are provided
- Counselor will follow up next day with parent and student.
- Student is monitored by the staff working with the student for additional suicide ideations

**MEDIUM**
- Parent contact is made
- If unable to reach parent, Student gives names of other adults, relatives or emergency numbers. Campus Crisis Team will remain with the student until the Parent is reached.
- Parent gives verbal consent ➔ Staff call CAPS 794-3157 or the Crisis Line to Report Incident (1-800-643-1102)
- Recommendations are made (including those made by Border Region following onsite screening—if applicable). Parent conference is held and recommendations are documented on the Notification of Emergency Conference. Parent is also provided with a list of Community Resources.
- IF student needs transport, Call UISD Police at 473-6361 & complete Need for Emergency Assistance Form
- Counselor will follow up with parent on the same day (outcome) and on the next day
- Refer to RTI when necessary.

**HIGH**
- Parent contact is made
- If unable to reach parent, Student gives names of other adults, relatives or emergency numbers. Campus Crisis Team will remain with the student until the Parent is reached.
- Parent gives verbal consent ➔ Staff call CAPS 794-3157 or the Crisis Line to Report Incident (1-800-643-1102)
- Recommendations are made (including those made by Border Region following onsite screening—if applicable). Parent conference is held and recommendations are documented on the Notification of Emergency Conference. Parent is also provided with a list of Community Resources.
- IF student needs transport, Call UISD Police at 473-6361 & complete Need for Emergency Assistance Form
- Counselor will follow up with parent on the same day (outcome) and on the next day
- Refer to RTI when necessary.

NOTE: If Parent is unwilling to come to school and negligence is evident call Child Protective Service (CPS) 1-800-252-5400
Suicide

Risk Assessments
Risk Assessments: An Overview

The risk assessment tools are provided to counselors, administrators, nurses and other trained professionals as a guide to identify the level of risk.

Professional judgment—that includes a review of student’s previous history and other considerations, is essential in all cases. A risk assessment should not be used solely to identify the level of risk.

The counselor/administrator may seek advice from the district liaison-Ms. Christina Uribe-Flores or the district Licensed Specialist in School Psychology (LSSP) for additional recommendations or support.

➤ Christina Uribe-Flores, Director of Guidance & Counseling
   ○ (956) 473-5248

➤ Licensed Specialist in School Psychology
   ○ Special Education Department direct line (956) 473-2047
   ○ Do not contact the LSSP at their direct line as they may not be available.

There are four tools provided in this manual to guide trained professionals. The risk assessment tools include:

- Risk Assessment via an Interview Format
- Screening for Level of Suicidal Risk Interview guidelines for Elementary
  ○ For Special Needs Students, the professional may use the Risk for Elementary Students and tailor it to the students needs.
- Screening for Level of Suicidal Risk Interview Guidelines for Secondary Students
- Suicide Risk Checklist.

The selection of the assessment is left up to the professional. In addition, you may use the contact with the student’s family to gather additional information to improve the accuracy of your screening.
**Risk Assessment via Student Interview**

The questions on this section can be used as a **guide** to structure the interview.

- It should be noted that **NOT** all questions must be made.
- The goal of the interview is to determine **Thought + Intent + Plan + Means**

**Establishing Rapport:**

- It seems things have not been going so well for you lately. Tell me about it.
- Have you felt upset, maybe had some sad or angry feelings you have trouble talking about?
- Maybe I could help you talk about these thoughts and feelings?
- What are your thoughts about school?
- What are your thoughts about friends?
- What are your thoughts about family?
- Do you believe things can get better or are you worried things will just stay the same or get worse?

**Assessing for thoughts, ideas or intentions about suicide:**

- a. Do you ever wish you were dead? Do you think about killing yourself? How often? How intense are your thoughts? Do you plan to do it or do you only think about it?
- b. Are you thinking about suicide a lot lately?
- c. Are you the kind of person who acts quickly? Impulsively? Or, do you make plans?

**Assessing for a plan and/or means to commit suicide:**

- d. Do you have an idea about how you would do it, if you kill yourself? (if the person says yes, ask more questions) What would you do? When would you do it?
- e. Ask the person if the means are available to them. For example, do you have a gun, or pills, or a car? Do you have a way of getting a gun or pills or razor blades?
- f. Do you think that a gun or pills or hanging would kill you?
- g. What do you think about death? Does it seem like a safe, comforting thing? Does death seem bad or scary?
h. Family member or friend that died by suicide.
   ▪ Have you recently lost anyone or anything important to you?
   ▪ Do you know anyone who killed himself or herself? Anyone who tried to? What do you think about his or her death/attempt

i. Assessing a decline in behavior:
   ▪ Have you felt like a failure lately? Has anything happened that hurt your pride?
   ▪ What activities do you like doing, do you still do them or have you lost an interest?
   ▪ Do you have friends? Do you go out with your friends or have you lost an interest?
   ▪ Do you believe things will get better for you?
   ▪ Do you feel you can take care of things? Make things better?
   ▪ Do you think things will be better in the future?
   ▪ What do you think your life will be like a year from now? Five years from now?
   ▪ Do you feel good about yourself these days?
**Entrevista para Evaluación de Riesgos del Estudiante**

Las preguntas en esta sección se pueden usar como guía para estructurar la entrevista.

- Tener en cuenta que NO todas las preguntas se deben hacer.
- El objetivo de la entrevista es determinar Pensamiento + Intención + Plan + Medios

**Estableciendo la Relación:**

- Parece que las cosas no han ido tan bien para ti últimamente. Háblame sobre esto.
- Te sientes disgustado, tal vez has tenido sentimientos de tristeza o enojo y te es difícil hablar de ellos?
- Tal vez pueda ayudarte a hablar sobre estos pensamientos y sentimientos?
- Cuáles son tus pensamientos acerca de la escuela?
- Cuáles son tus pensamientos acerca de tus amigos?
- Cuáles son tus pensamientos acerca de tu familia?
- Crees que las cosas pueden mejorar o estas preocupado que las cosas se queden igual o lleguen a empeorar?

**Evaluando pensamientos, ideas o intenciones de suicidio:**

- Alguna vez has deseado estar muerto? Piensas en terminar con tu vida? Que tan seguido? Que tan intensos son tus pensamientos? Estas planeando hacerlo o lo piensas solamente?
- Estas pensando mucho últimamente en el suicidio?
- Eres el tipo de persona que actúa de forma rápida? Impulsivamente? O, haces planes?

**Evaluando por un plan y/o medios para cometer suicidio:**

- Tienes una idea de cómo lo harías, si terminaras con tu vida? ( si el estudiante dice si, hacer más preguntas) Que harías? Cuando lo harías?
- Pregunta al estudiante si tiene los medios disponibles para hacerlo. Por ejemplo, tienes un arma, o pastillas, o un coche? Tienes manera de conseguir un arma o pastillas o navajas de afeitar?
- Piensas que un arma o pastillas o colgarte te mataría?
- Que piensas acerca de la muerte? Te parece una cosa segura, reconfortante? La muerte parece algo triste o de miedo?
Entrevista del Estudiante: Otros Factores Para Considerar

h. Miembro de la familia o amigo que murió por suicidio?
   ▪ Has perdido recientemente alguien o algo importante para ti?
   ▪ Conoces a alguien que murió por suicidio? Alguna persona que lo intento? Que piensas acerca de su muerte/intento?

i. Evaluación de deterioro de comportamiento:
   ▪ Te sientes como un fracasado últimamente? Sucedio algo que te lastimo/dolió en el orgullo?
   ▪ Que actividades te gusta hacer, sigues todavía o has perdido el interés?
   ▪ Tienes amigos? Sales con tus amigos o has perdido el interés?
   ▪ Crees que las cosas van a mejorar para ti?
   ▪ Sientes que puedes hacerte cargo de cosas? Hacer las cosas mejor?
   ▪ Sientes que las cosas mejoraran en el futuro?
   ▪ Como piensas que tu vida será en un año? En cinco años?
   ▪ Te sientes bien contigo mismo en estos días?
Risk Assessment for Elementary Students

Name: _______________________________  ID: ______________  D.O.B: ______________
Campus: _______________________________  Date: ______________

Instructions: Use the following questions to guide in interviewing the student.
→ USE PROFESSIONAL JUDGMENT WHEN REPHRASING, DELETING OR CHANGING QUESTIONS.

Establishing THOUGHT + INTENT + PLAN + MEANS

Are you thinking about killing yourself right now?

How long have you been thinking about this?

How many times do you think about killing yourself?

Do you have a plan? (When do you plan to do this? At what time do you want to do this?)

Do you know where to get a gun, knife, pills, etc? If so, where?

Do you drink alcohol, beer, smoke, or take drugs?

Did something happen to you that made you think about killing yourself?

Have you ever made comments about killing yourself? Have you attempted to kill yourself? When?

Family, friend or relative who has died by suicide: Do you know anyone who has committed suicide?

Have you had any accidents or done anything reckless?

Is there anything you feel is out of your control in your life right now?

What good thing would you like to have happened to make you want to live?

Assess for protective factors: family supports, community resources, etc.
### Instrucciones: Use las siguientes preguntas para guiarse al entrevistar a un estudiante.

→ USE SU JUICIO PROFESIONAL CUANDO REFORMULE, OMITA O CAMBIE LAS PREGUNTAS.

<table>
<thead>
<tr>
<th>Pregunta</th>
</tr>
</thead>
<tbody>
<tr>
<td>¿Estás pensando en terminar con tu vida en este momento?</td>
</tr>
<tr>
<td>¿Por cuánto tiempo has estado pensando en esto?</td>
</tr>
<tr>
<td>¿Cuántas veces has pensado en terminar con tu vida?</td>
</tr>
<tr>
<td>¿Cuándo piensas hacerlo? (¿Sabes cómo quieres terminar con tu vida? ¿A qué hora piensas hacerlo?)</td>
</tr>
<tr>
<td>¿Sabes donde conseguir (obtener) una pistola, pastillas, cuchillo, etc.? ¿En dónde?</td>
</tr>
<tr>
<td>¿Tomas alcohol/cerveza, fumas o estas usando drogas?</td>
</tr>
<tr>
<td>¿Te sucedió (paso) algo malo que te hizo pensar en el suicidio o terminar con tu vida?</td>
</tr>
<tr>
<td>¿Le has dicho a alguien que quieres terminar con tu vida? ¿A quién le dijiste?</td>
</tr>
<tr>
<td>¿Has tratado de terminar con tu vida en otras ocasiones? ¿Cuándo?</td>
</tr>
<tr>
<td>¿Has dicho antes que quieres morirte o terminar tu vida? ¿Cuándo? ¿Cuántas veces?</td>
</tr>
<tr>
<td>¿Alguien en tu familia se ha quitado la vida?</td>
</tr>
<tr>
<td>¿Quién es importante para ti? ¿A quién quieres?</td>
</tr>
<tr>
<td>¿Qué es lo que vale la pena para ti en tu vida?</td>
</tr>
<tr>
<td>Assess for protective factors: Family/friends support, community resources, etc.</td>
</tr>
</tbody>
</table>
### Risk Assessment for Secondary Students

**Name:** ____________________________  **ID:** __________  **D.O.B:** ______________

**Campus:** __________________________  **Date:** __________________________

**Instructions:** Use the following questions to guide in interviewing the student.

*USE PROFESSIONAL JUDGMENT WHEN REPHRASING, DELETING OR CHANGING QUESTIONS.*

#### Establishing THOUGHT + INTENT + PLAN + MEANS

1. Are you thinking about killing yourself right now?

2. How long have you been thinking about this?

3. How often are these thoughts crossing your mind?

4. What happened that made you start thinking about suicide?

5. Have you shared your suicidal thoughts with anyone? Who?

6. Have you ever tried to kill yourself? (If student answers yes, have him/her explain further the previous attempt)

7. Do you know have a plan? When do you propose to carry out this plan?

8. Are you using alcohol or other drugs?

9. Are there guns, pills, knife at home? Do you have access to them?

10. Has anyone in your family ever committed suicide?

11. Assess for protective factors: Family/friends support, community resources, etc.
Instructores: Utilice las siguientes preguntas como guía para entrevistar a el estudiante. 
USE SU JUICIO PROFESIONAL CUANDO REFORMULE, OMITA O CAMBIE LAS PREGUNTAS.

¿Estás pensando en terminar con tu vida en este momento?

¿Por cuánto tiempo has estado pensando en esto?

¿Frecuentemente piensas en terminar con tu vida?

¿Qué sucedió que te hizo pensar en el suicidio o terminar con tu vida?

¿Has compartido estos pensamientos suicidas con alguien? ¿Con quién?

¿Has tratado antes de terminar con tu vida? ¿Cuándo?

¿Tienes en este momento algún plan en mente de cómo lo llevarías a cabo? ¿Has hecho alguna preparación?

¿Estás usando alcohol u otras drogas?

¿Tienes acceso a una pistola, pastillas, cuchillo, etc.?

¿Se ha suicidado alguien en tu familia?

Assess for protective factors: Family/friends support, community resources, etc.
Suicide Risk Checklist*

Completed by ___________________________ Time____________ Date_____________
Student’s Name__________________________ Date of Birth___________________________
School____________________ Grade_____________________ Sex________

<table>
<thead>
<tr>
<th>QUESTIONS TO ASK</th>
<th>Low</th>
<th>Medium</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>METHOD</td>
<td>_____Unclear</td>
<td>_____Some plans</td>
<td>_____Definite plans</td>
</tr>
<tr>
<td>TIME</td>
<td>_____In future</td>
<td>_____Within few hours</td>
<td>_____Immediately</td>
</tr>
<tr>
<td>DETAILS</td>
<td>_____Vague</td>
<td>_____Some specifics</td>
<td>_____Well thought out</td>
</tr>
<tr>
<td>AVAILABILITY OF MEANS</td>
<td>_____Not available</td>
<td>_____Have close by</td>
<td>_____Have on hand ready or in progress</td>
</tr>
<tr>
<td>MADE FINAL ARRANGEMENTS</td>
<td>_____No/very vague</td>
<td>_____Thought of this or some plans</td>
<td>_____Has given away possessions, or written note etc.</td>
</tr>
<tr>
<td>PREVIOUS ATTEMPTS</td>
<td>_____None or low lethality</td>
<td>_____One</td>
<td>_____Multiple attempts</td>
</tr>
<tr>
<td>RECENT LOSS</td>
<td>_____None</td>
<td>_____Within week</td>
<td>_____Just realized loss</td>
</tr>
<tr>
<td>SUPPORT SYSTEM</td>
<td>_____Many people available who’ll help</td>
<td>_____Little or inconsistent help</td>
<td>_____No one available</td>
</tr>
<tr>
<td>VIOLENCE/ABUSE</td>
<td>_____None</td>
<td>_____Past month or in the past</td>
<td>_____Currently happening</td>
</tr>
<tr>
<td>SENSE OF HOPELESSNESS</td>
<td>_____None/Mild</td>
<td>_____Moderate</td>
<td>_____High</td>
</tr>
<tr>
<td>SENSE OF WORTHLESSNESS</td>
<td>_____None/Mild</td>
<td>_____Moderate</td>
<td>_____High</td>
</tr>
<tr>
<td>ISOLATION</td>
<td>_____No feelings of isolation</td>
<td>_____Some feelings of isolation</td>
<td>_____Feels extremely isolated</td>
</tr>
<tr>
<td>DEPRESSION</td>
<td>_____Mild</td>
<td>_____Moderate</td>
<td>_____Severe</td>
</tr>
<tr>
<td>ANXIETY</td>
<td>_____Mild</td>
<td>_____Moderate</td>
<td>_____Severe</td>
</tr>
<tr>
<td>INTENT TO DIE</td>
<td>_____Sees options</td>
<td>_____May consider options</td>
<td>_____Sees no reason for living</td>
</tr>
<tr>
<td>SUICIDE SURVIVOR</td>
<td>_____No</td>
<td>_____Completed suicide among friends/community</td>
<td>_____Family member or loved one</td>
</tr>
<tr>
<td>ALCOHOL/DRUG USE</td>
<td>_____Infrequent</td>
<td>_____Frequent</td>
<td>_____Under the influence/current</td>
</tr>
<tr>
<td>DAILY FUNCTIONING</td>
<td>_____No disorientation or disorganization</td>
<td>_____Some disorientation or disorganization</td>
<td>_____Marked disorientation or disorganization</td>
</tr>
</tbody>
</table>

* No single score can determine level of risk. Do not place in student’s cumulative record.
Suicide Risk Checklist Scoring Guide

Use the following criteria to screen for suicidal risk*:

4 High Suicide Risk
3 Moderate Suicide Risk
2 Low Suicide Risk

Two or more scores of 4 or 3 may indicate a need for immediate preventative action; however, the professional judgment should always be considered.

A. 4 Persistently thinks of suicide; has realistic plan and has finished making preparations. Accepts the idea of dying and feels no control over actions.
    3 Often thinks of suicide, has considered a plan and started to make preparations. When upset wants to die and feels little control over actions.
    2 Occasionally thinks of suicide; has considered several methods but not decided on any. Is ambivalent about dying and, at least part of the time, feels control over self.

    1 Has fleeting suicidal thoughts, vaguely thinks of methods, occasionally accepts idea of dying and sometimes feels little control over self.

B. 4 Has made one or more serious suicide attempts (requiring medical attention) within the past year and described the outcome in a positive manner (e.g. People showed how much they cared, etc.)

    3 Has made at least one suicide attempt over a year ago and describes the outcome as not being positive.

    2 Has made frequent suicidal threats, but no actual attempts.

    1 Has occasionally talked of suicide, but never very seriously.

C. 4 Problems usually seem overwhelming, with no possible solution and no one available to help overcome them.

    3 Problems usually seem overwhelming, but some solutions seem possible and someone is sometimes available to help.

    2 Occasionally problems seem overwhelming but have solutions, and someone is usually available to help.

    1 Problems are present, but can be solved and people are willing to help.

*No single score can determine level of risk.*
Scenarios of Suicide Risk Levels

LOW Risk Level:

- A kindergarten student starts to cry and tells his teacher that he is very sad about his grandmother's death six months ago. He says he wants to go to heaven to be with her.

- A sixth grade student visits with her counselor on a regular basis about her parent's divorce. Her parents are concerned about her and talk with the counselor regularly. She tells the counselor that she broke up with her boyfriend over the past weekend and is feeling very down. She says maybe she wants to die so that he will really miss her. She has no plans about killing herself. The counselor has a good relationship with the student and both parents.

MEDIUM Risk Level:

- A high school senior has talked to her counselor several times about suicide. She says she might use pills, but is not sure which ones or how many to take. She is upset today because she did not get admitted to the college that she wanted. The college said that she could attend this summer but she'd be on probation. She feels so dumb and she knows that her parents will be disappointed. She wants to be admitted to this college without probation. Last year she thought about suicide one night and actually held a bottle of pills, but her mother came in and they talked about it. She has been seeing a youth minister at her church about her suicidal thoughts since last year.

HIGH Risk Level:

- A seventh grade student wrote in his journal that he will commit suicide tonight. He tells the teacher that he has given away all of his favorite CD's and DVD's to friends. He is an avid hunter and has several guns in his room at home. He further shares that he tried to commit suicide last month when his parents were out of town. He used a knife to cut his wrists and then called his favorite aunt. He was pleased that his parents came back from their trip early and spent time with him. He bragged to friends that he knew how to get his parents to do what he wanted. His parents are leaving town this afternoon for a weekend trip with his favorite aunt and uncle. He says he can't take his problems anymore and will use his gun tonight when everyone is gone. Then they will really be sorry that they left.
Threat:
Identification &
Procedural Guidelines
A threat is an expression of intent to do harm or act out violently against someone or something. It can be spoken, written or symbolic. Research indicates that at times, many students who make a threat will never carry it out and, conversely, others who pose a real threat never make one first.

According to the National Center for the Analysis of Violent Crime (NCAVC) there are a number of different types of threats:

- **Direct Threat**
  - Identifies a specific act against a specific target delivered in a straightforward, clear, and explicit manner.

- **Indirect Threat**
  - Tends to be vague, unclear and ambiguous. Violence is implied, but threat is phrased tentatively, and suggests that a violent act could occur, not that it will occur.

- **Veiled Threat**
  - Is one that strongly implies but does not explicitly threaten violence.

- **Conditional Threat**
  - Is often seen in extortion cases. It warns that a violent act will happen unless certain demands or terms are met.

There are multiple factors that have been noted to cause a person to become violent. There is **NO** single factor that leads to violence; however, an individual does not switch instantly from nonviolent to violent. Information from the National Association of School Psychology indicated that the Federal Bureau of Investigation and Central Intelligence Agency have reported the following contributing factors:

- Most incidents have indicated that the attacker has told someone about their plan/ideas
- There is no ‘single’ or accurate profile on violent offenders
- Many of the attackers have had reported social difficulties
- Most attackers either used guns or had access to them
- Although a common factor, revenge is not the exclusive motivation for school shootings
- Unusual behaviors/interests are not the hallmark of a student destined to become violent
- Incidents of targeted violence are rarely impulsive
- At times, bullying has played a key role in and could have been a factor of the attack
- **Prior to the incident, most attackers engaged in behavior that caused concern**
**Threat Assessment- An Overview**

The National Center for the Analysis of Violent Crime (NCAVC) has indicated that the more direct and detailed a threat is, the more serious the risk of its being acted on.

The threat assessment thus seeks to make an informed judgment about two questions:

1. **CONTENT**
   a. How credible and serious is the threat itself

2. **CONTEXT**
   a. To what extent does the person making the threat appear to have the resources, intent, and motivation to carry out the threat?

The following **levels of risk** may be established:

**Low Level of Threat**

- Poses a minimal risk to the victim and public safety
- Is vague and indirect
- Information is inconsistent or lacks detail
- Lacks realism
- Content suggests person is unlikely to carry out the threat

**Medium Level of Threat**

- Could be carried out, although it may not appear entirely realistic
- More direct and more concrete than a low level threat
- Wording suggests the individual has given some thought to how the act will be carried out
- Has general indication of place/time BUT plan is not detailed
- Information indicates individual has not taken preparatory steps
- Statements seek to convey that the threat is not empty: "I'm serious!" or "I really mean this!"

**High Level of Threat**

- Direct, specific, and plausible
- Appears to pose imminent and serious danger to safety of others
- Suggests concrete steps have been taken, i.e., stalking or acquisition of a weapon
- Almost always requires bringing in law enforcement
School Counselor, Administrator and Staff Responsibilities

The principal shall ensure that all staff is aware of the referral process to use when any student voices intent to harm another student, student’s, and/or staff member.

Any threat of harming another student, student’s and/or staff should be taken seriously and proper attention should be provided immediately. If a student verbalizes, writes or discusses any thoughts of harming another student and/or staff, immediately accompany or escort the student to a counselor or administrator. The counselor and/or any other trained professional must assess all threats.

The management of all threats shall follow the following procedures:

- All threats must be taken seriously and should be immediately investigated. District procedures must be followed at all times.

- **UNDER NO CIRCUMSTANCES SHOULD THE STUDENT BE LEFT ALONE.** Escort the student immediately to the counselor or a school staffed trained on crisis management to conduct a threat assessment.
  
  o If a trained professional is not available at school, or the school requires additional assistance, they must contact Christina Uribe Flores, Director of Guidance and Counseling- (956) 473-5248 for immediate assistance.

- School staff must contact parents and/or guardians following the threat assessment. The parents need to be informed about the results of the assessment and any other recommendations that school staff is making-to include a ‘screening’ by the Border Region Behavioral Health Center and also discuss securing weapons found at home, and/or any other object that may be used to carry out the threat, etc.

- The Border Region Behavioral Health Center will be conducting onsite school ‘screenings’ on those students that are deemed to be a danger to themselves or others.
  
  o Parents must give VERBAL CONSENT in order for a Border Region Crisis Case Manager to conduct the onsite school ‘screening.’

- For students in the Special Education Program, the same procedures will be followed depending on the student’s level of functioning.

Note: Only a student’s parent may consent to a medical screening. Unless a student’s parent has provided prior consent, no medical screening shall be used as part of the process of identifying whether a student is possibly in need of intervention or at risk of committing suicide.
**Threat Assessment- Procedures**

When conducting a threat assessment the following steps must be followed:

1. The counselor, administrator and/or other trained professional in crisis management must interview the student. Information must be documented on the **Threat-Student Interview Guide**.

2. The counselor, administrator and/or other trained professional must review the results of the interview and share this information with
   - School Administrator
   - U.I.S.D. Police Officer

3. The counselor, administrator and U.I.S.D. Police Officer-as a team along with the information collected on the **Threat-Student Interview Guide**, the **Assessing Level of Threat Checklist** is completed.
   - If struggling to make a determination on the risk level, the team completing the Assessing Level of Threat Checklist is encouraged to err on the side of caution.

4. **Parent contact must be made in all cases** to inform the parent of the situation and to gather any additional supporting information, to include the results and recommendations of the threat assessment.
   - For medium and high risk levels, the school must notify parents regarding the onsite ‘screening’ by the Border Region Behavioral Health Center. Parent must give VERBAL CONSENT.
   - Once parent arrives at campus, the school will continue with the parent conference, document recommendations from the school and/or Border Region Crisis Case Manager (if applicable) on the **Notification of Emergency Conference Form** and provide parent with a copy.
   - If the parent refuses the recommendations from the school and/or Border Region Crisis Case Manager, document that a plan was offered and refused by the parent. If appropriate, a referral to Child Protective Services may be contacted.
   - U.I.S.D. transport may be utilized, if deemed necessary by the administrator.

**Other Considerations:**

- If the counselor, administrator and/or other trained professional suspects neglect, the professional should follow through with reporting the incident to Child Protective Services. The report can be made via
  - Phone 1-800-252-5400
  - Internet at [http://www.txabusehotline.org](http://www.txabusehotline.org)
    (Enter login name: **educator** and password is **report 1**)

Any threat shown by the Threat-Student Interview to be realistic, well planned and/or potentially lethal should be considered viable. Law Enforcement should be contacted immediately.
Low Level of Threat

- Student is monitored by school staff and parents.
- Counselor follows up with student, completed follow up sessions, and monitors if the student makes any other threats.

Medium & High Level of Threat

- The U.I.S.D. Police Department will follow their protocol and will determine if local law enforcement involvement is needed. Recommendations will be based on guidance of U.I.S.D. Police Department.

- Once student returns back to campus, a meeting is held between administrator, counselor and parent to discuss recommendations from the mental health agency or medical provider (if appropriate).

- Counselor follows up with student, completed follow up sessions, and monitors if the student makes any other threats.
Threat Assessment
Threat Assessment-Student Interview Guide

Name: ____________________________  ID: _____________  D.O.B: _____________
Campus: ____________________________
Person Completing Interview: ____________________________ Date: _____________

Note: The following questions are presented as a guide for gathering needed information. The actual language used in the interview should be modified based on the child’s maturity level.

1. It has been reported that you have threatened to harm ____________. I need to find out the specific of the situation from your point of view. Give me your description of what happened, who is involved, and what you said or did. (Please inquire about specific, plausible details, including intended victim(s), time, approach and context in which the threat occurred).

2. What steps have you taken or plans have you made towards carrying out the threat?

3. Do you have access to the _____ (information provided in item 1: gun, knife, bomb materials, etc)?

4. What happened before this reported incident (student’s perception of precipitating event)?

5. Can you think of any problems in your life that might have led up to this threat/incident (seek to determine motivation and purpose of the student’s actions)?

6. Who else have you talked with about your thoughts/plans? What did they recommended or how did she/he react?
Guía de Entrevista para Evaluación de Amenaza por un Estudiante

Nombre: ___________________________ ID: ___________  D.O.B: ___________
Escuela: ___________________________
Persona Completando la Entrevista: ___________________________ Fecha: ___________

Nota: Las siguientes preguntas son una guía para la recopilación de información necesaria. El lenguaje utilizado en la entrevista debe ser modificado en base al nivel de madurez del niño.

1. Se nos ha informado que amenazas con dañar ________. Necesito específicamente saber desde tu punto de vista sobre esta situación. Dame tu descripción de lo que ocurrió, quien está involucrado, y lo que dijiste o hiciste. (Por favor pregunte sobre detalles específicos, incluyendo probable víctima(s), el tiempo, el enfoque y el contexto en que la amenaza se produjo).

2. Qué medidas has tomado o que planes has hecho para llevar a cabo la amenaza?

3. Tienes acceso a ________ (información proporcionada en punto 1: arma, cuchillo, material para bombas, etc)?

4. Que sucedió antes de que se reportara esta situación (percepción del estudiante sobre el evento)?

5. Se te ocurre algún problema en tu vida que haya podido dar lugar a esta amenaza/incidente? (trate de determinar la motivación y el propósito/finalidad de las acciones del estudiante)?

6. Con quien más has hablado acerca de tus pensamientos/planes? Que te recomendó o que reacción tuvo él/ella?
Threat Assessment-Assessing Level of Threat Checklist

Name: ___________________________ ID: _____________ D.O.B: ____________
Campus: ____________________________
Parent Name: __________________________ Contact Information: ____________________________
Date: ____________

Team Members Completing Checklist:

<table>
<thead>
<tr>
<th>Counselor</th>
<th>Administrator</th>
<th>U.I.S.D. Police Officer</th>
</tr>
</thead>
</table>

All threats should be assessed and managed in a timely manner. A threat assessment seeks to make an informed judgment about two questions: 1.) **CONTENT**-how credible and serious is the threat itself? **AND** 2.) **CONTEXT**-to what extent does the person making the threat appear to have the resources, intent, and motivation to carry out a threat?

___1. LOW LEVEL OF THREAT

__ Threat is vague and indirect
__ Information contained within the threat is inconsistent, implausible or lacks detail
__ Threat lacks realism
__ Content of threat suggests that person is unlikely to carry it out
__ Context of threat suggests person is unlikely to have access to resources, lacks intent and motivation, and does not present with a history of conflict or related violent behaviors.

___2. MEDIUM LEVEL OF THREAT

__ Threat is more direct, detailed, and concrete than low level threat
__ Wording in the threat suggests that the at-risk student has given some thought to how the act will be carried out.
__ Some indication of possible place and time (though these signs still fall short from a detailed plan)
__ No clear indicated that the student has taken preparatory steps, although there may be some veiled reference or ambiguous or inconclusive evidence pointing to that possibility.
__ There may be a specific statement seeking to convey that the threat is not empty (“I really mean this!”)
__ Context of threat suggests person may have access to resources, indicates possible intent and motivation and/or presents with a history of conflict or related violent behaviors.

___3. HIGH LEVEL OF THREAT

__ Threat is DIRECT, SPECIFIC AND PLAUSIBLE
__ Threat suggests concrete steps have been taken toward carrying it out. Student may have indicated that he/she has taken steps indicating acquisition or practice with a weapon and/or having the victim surveillance.
__ Context of the threat suggests student has secured resources, has definite intent and motivation, and/or there is a strong history of conflict and previous high-risk behaviors.

Any threat shown by the Threat-Student Interview to be realistic, well planned and/or potentially lethal should be considered viable. Law Enforcement should be contacted immediately.
FORMS
I, or we________________, the parent(s) of ____________________________ were involved in a conference on ______________________(date) with the school personnel at ________________________________ School. We have been advised that our child has made statements or exhibited behavior concerning ______________________________________________________________ to school personnel. We have been further advised that we should seek services from a mental health professional or agency immediately. We further understand that the school district is not obligated to pay for these services. We have been provided with a list of agencies and emergency numbers. I understand that if no help is sought for my child, state and federal law will require school personnel to notify Child Protective Services.

Check One:

( ) I, or we, agree to follow through with the recommendations made.

( ) I, or we, disagree with the recommendations made and take full responsibility for the welfare of my child and any outcome of this crisis.

_________________________  ____________________________
Parent or Legal Guardian    Parent or Legal Guardian

_________________________
Principal

_________________________
Counselor

_________________________
Date

It is the policy of United I.S.D. not to discriminate on the basis of race, color, national origin, sex, or handicap in its programs, services, or activities as required by Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Education Amendments of 1972; and Section 504 of the Rehabilitation Act of 1973, as amended.
Documento de Notificación de Emergencia

Yo (nosotros), _________________, padre/madre de _________________ he asistido a una conferencia el día ________ (fecha) con el personal de la escuela ___________ _________________. Se me informó que mi hijo/a demostró un comportamiento o hizo comentarios relacionados con _____________________________________________________ _________________________________ al personal de la escuela.
Además, se me recomendó que obtuviera servicios en una agencia con un profesional de salud mental o acudiera a un medico de inmediato. Tengo entendido que el distrito escolar no está obligado a pagar por estos servicios. Se me ha proporcionado una lista de nombres de agencias y números telefónicos de emergencia. Entiendo que si no consigo ayuda para mi hijo/a, la ley estatal y federal requiere que el personal de la escuela avise al Departamento de Servicios de Protección a Menores.

**Marque uno de los siguientes:**

( ) Estoy de acuerdo en seguir las recomendaciones que se hicieron.

( ) No estoy de acuerdo con las recomendaciones que se hicieron y asumo toda la responsabilidad del bienestar de mi hijo/a y sus consecuencias.

__________________________                           ______________________________
Padre/madre o tutor legal                               Padre/madre o tutor legal

__________________________
Director(a)                                               Consejero(a)

__________________________
Fecha
We the undersigned make this statement of concern regarding _________ on this ________ day of ___,
(Name),
20____ at __________________ a.m./p.m. at _____________________________.
(Campus)

Emergency assistance is sought for the following reasons:

(1) We have reason to believe and do believe that the student evidences a risk of serious harm to
himself or others which is described as follows:

(Specify and describe the risk or harm which the person presents)
_________________________________________________________________________

(2) We have reason to believe and do believe that the risk of harm is imminent unless intervention
measures are immediately taken.

(3) Our above-stated beliefs are based on the following specific recent behavior, overt acts, attempts or
threats:

(Specify and describe the person’s behavior)
_________________________________________________________________________

Which were observed and /or reliably reported by _________________________________.
(Name/relationship of person who reported behavior)

_________________________________________  _______________________________________
Principal       Counselor

______________________________
Date

My signature certifies that I have received this report

_________________________________________  ________________________________
Signature of Peace Officer      Title                                          Date
## Community Resource List

### MENTAL HEALTH AGENCIES

<table>
<thead>
<tr>
<th>Agency</th>
<th>Contact Information</th>
</tr>
</thead>
</table>
| **Crisis Hotline**  
(24hrs)  
1-800-643-1102 |
| **CAPS (MHMR)**  
Ages 3-17  
1500 Pappas  
Laredo, Texas 78043  
(956) 794-3157 or 794-3313 |
| **BORDER REGION**  
Behavioral Services  
Ages 18 & up  
1500 Pappas  
Laredo, Texas 78041  
(956) 794-3000 |
| **Serving Children & Adults in Need (SCAN, Inc)**  
1605 Saldana Ave.  
Laredo, Texas 78041  
(956) 724-3177 |

### COUNSELING AGENCIES & COUNSELORS / AGENCIAS DE CONSEJERIA y CONSEJEROS

<table>
<thead>
<tr>
<th>Agency</th>
<th>Contact Information</th>
</tr>
</thead>
</table>
| Healthy Image Counseling & Consulting Services  
5219 McPherson Rd., Ste. 404  
Laredo, TX  
(956) 724-2345 |
| Aleman Hernandez Counseling Services, Inc.  
6108 McPherson Rd., Ste. 2  
Laredo, TX  
(956) 791-9990 |
| Cavalry Center (Faith Based)  
102 E. Lyon  
Laredo, TX  
(956) 723-1972 |
| Cervantes Counseling Center  
6108 McPherson  
Laredo, TX  
(956) 724-4357 |
| Discover Insight  
(956) 568-2040 |
| Institute for Mind & Body Wellness  
6801 McPherson Rd., Ste 213  
Laredo, TX  
(956) 727-4629 |
| Laredo Counseling Services  
315 E. Saunders, Ste. 2  
Laredo, TX  
(956) 729-1991 |
| Personal & Educational Counseling Center  
1901 Flores Street  
Laredo, TX  
(956) 763-4496 |
| The Lighthouse  
1319 Corpus Christi St., Ste 3  
Laredo, TX  
(956) 645-3798/236-1405 |
| Candelario Escamilla  
Professional Counseling Center  
709 E. Calton Rd., Ste. 109  
Laredo, TX  
(956) 791-0335 |
| Dr. Denise A. Longoria  
902 E. Calton Rd, Ste 107  
Laredo, TX  
(956) 286-8184 |
| Elda Salinas LPC, LCDC  
Gilberto Salinas, Ph. D, LPC  
LCDC  
(956) 285-4130 |
| Patricia Galvan  
2344 Laguna Del Mar  
Laredo, TX  
(956) 251-2806 |
| Hector Guerra  
6826 Springfield Ave  
Laredo, TX  
(956) 723-5523 |
| Dr. Henry Carranza  
Psychotherapy & Counseling Associate  
1115 Chihuahua, Ste. A  
Laredo, TX  
(956) 796-9335 |
| Jesse Hernandez  
La Familia Consulting & Counseling Services  
1319 Corpus Christi St, Ste 1  
Laredo, TX  
(956) 795-0948 |
| Judith Ramos Jordan  
1319 Corpus Christi, St. 5  
Laredo, TX  
(956) 251-5236 |
| Laura Perez LPC  
Daisy Counseling Services  
709 E Calton Rd, Ste109  
Laredo, TX  
(956) 523-0152 |
| Luis Flores  
Family Guidance Services  
2391 E. Saunders, Ste 5  
Laredo, TX  
(956) 717-3733 |
| Methodist Healthcare Ministries  
1200 McClelland  
Laredo, TX  
(956) 206-5121/724-1009 |
| Bruce King, M.S., L.P.C.  
5219 McPherson Rd, Ste. 404  
Laredo, TX  
(956) 285-3507 |
| Ramiro Luna  
904 Graceland Dr  
Laredo, TX  
(956) 726-1771 |
| Ramirez Counseling Services  
1909 Woodland  
Laredo, TX  
(956) 334-6885 |

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Psychiatrists/Psiquiatras

<table>
<thead>
<tr>
<th>Dr. Rolando Rodriguez</th>
</tr>
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<tbody>
<tr>
<td>1319 Corpus Christi Ste. 2</td>
</tr>
<tr>
<td>Laredo, TX 78040</td>
</tr>
<tr>
<td>(956) 236-4735</td>
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<table>
<thead>
<tr>
<th>Dr. Homero Sanchez</th>
</tr>
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<tbody>
<tr>
<td>6262 McPherson Rd</td>
</tr>
<tr>
<td>Laredo, TX 78041</td>
</tr>
<tr>
<td>(956) 724-1131</td>
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Psychologists/Psicólogos

<table>
<thead>
<tr>
<th>Clarissa I. Kuhns, PhD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensed Psychologist/LSSP</td>
</tr>
<tr>
<td>5219 McPherson Rd. Ste 406</td>
</tr>
<tr>
<td>Laredo, TX 78041</td>
</tr>
<tr>
<td>(956) 645-3643</td>
</tr>
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<table>
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<th>Guillermo Gonzalez, PhD</th>
</tr>
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<tbody>
<tr>
<td>Clinical/Counseling Psychology</td>
</tr>
<tr>
<td>Clinical Neuropsychology</td>
</tr>
<tr>
<td>6262 McPherson Suite 210</td>
</tr>
<tr>
<td>Laredo, TX 78041</td>
</tr>
<tr>
<td>(956) 722—3000</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Jose P. Miranda, PhD</th>
</tr>
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<tbody>
<tr>
<td>Neurobehavioral Services</td>
</tr>
<tr>
<td>1908 Clark Blvd</td>
</tr>
<tr>
<td>Laredo, TX 78043</td>
</tr>
<tr>
<td>(956) 796-1313</td>
</tr>
</tbody>
</table>

Other Resources

<table>
<thead>
<tr>
<th>Recovery Behavioral Program RBP</th>
</tr>
</thead>
<tbody>
<tr>
<td>1002 Corpus Christy St Ste # 2</td>
</tr>
<tr>
<td>(956)286-0997</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>AAMA &amp; Webb County Development Department (Concilio Hispano Libre)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1520 E. San Pedro Ste. 202</td>
</tr>
<tr>
<td>Laredo, TX</td>
</tr>
<tr>
<td>(956) 712-0816</td>
</tr>
<tr>
<td>M-F 8:30-5:30pm</td>
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</tbody>
</table>

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<tr>
<th>Children’s Advocacy Center</th>
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<tbody>
<tr>
<td>111 N. Merida St.</td>
</tr>
<tr>
<td>Laredo, TX</td>
</tr>
<tr>
<td>(956) 725-0816</td>
</tr>
<tr>
<td>M-F 8:30-5:30pm</td>
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</tbody>
</table>

*The providers and therapists are not endorsed by United ISD.*
Consent to Release Confidential Information

Student’s Name: __________________________ D.O.B: __________ Campus: _________________

This consent for disclosure of confidential information is for release of the student’s confidential information between United Independent School District and a third party, as follows:

Name of Person/Agency: ________________________________________________________________
Address: ____________________________________________________________________________
Telephone Number: ________________________    Fax Number: ___________________________

Specify the record(s)/confidential information to be disclosed (if any) by the third party to United ISD:

☐ Medical Records
☐ Discharge Summary
☐ Psychological Evaluation
☐ Psychiatric Evaluation
☐ Other: ____________________________________________________________________________

Specify the purpose of the disclosure of the record(s)/confidential information to be released:

☐ Parent Request
☐ Assist Crisis Response Team
☐ Educational Planning
☐ Other: ____________________________________________________________________________

Please respond to each statement with a YES or NO and sign at the bottom.

☐ Yes ☐ No  I have been fully informed of the record(s) to be disclosed, the purpose of the disclosure, who will disclose the record(s), and who will receive the record(s).

Yes ☐ No  I give my consent for the disclosure of confidential information.

Yes ☐ No  I understand that my consent for the disclosure of confidential information is voluntary and may be revoked at any time. However, that revocation is not retroactive (i.e., it does not negate an action that has occurred after the consent was given and before the consent was revoked).

Yes ☐ No  The information provided to me has been provided in my native language or other mode of communication. If other than English, specify: ______________________.

______________________________________________  ________________________________
Signature of Parent                                      Date

______________________________________________  ________________________________
Signature of Interpreter, if used                     Date

For additional information, please contact _______________ at ___________________.

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CONSENTIMIENTO PARA DIVULGACIÓN DE INFORMACIÓN CONFIDENCIAL

Nombre: __________________________  D.O.B:  ____________  Escuela: _______________________

Este consentimiento es para la obtención de información confidencial del registro(s) del estudiante entre United I.S.D. y un tercero.

Nombre de la Persona/Agencia: ________________________________________________________
Dirección: _________________________________________________________________________
Número de Teléfono: __________________________________________________________________
Número de FAX: _____________________________________________________________________

Especifique registro(s) o información confidencial que será revelada (si lo hay) a United ISD:
☐ Registros Médicos
☐ Información de Alta
☐ Evaluación Psicológica
☐ Evaluación Siquiátrica
☐ Otro: _________________________________________________________________________

Especifique el propósito de obtener registro(s) o información confidencial (si lo hay):
☐ Solicitud de los Padres
☐ Ayudar al Equipo de Respuesta a Crisis
☐ Planeamiento de Educación
☐ Otro: _________________________________________________________________________

Por favor responda a cada declaración con SÍ o NO y firme al final.

☐ ☐ He sido totalmente informado del registro(s) que será divulgado, el objetivo de divulgación, quién revelará el registro(s), y quién recibirá el registro(s).
Si No

☐ ☐ Doy mi consentimiento para la divulgación de la información confidencial.
Si No

☐ ☐ Entiendo que mi consentimiento para la divulgación de información confidencial es voluntario y puede ser revocado en cualquier momento. Sin embargo, aquella revocación no es retroactiva (es decir, esto no niega una acción que haya ocurrido después de que el consentimiento fue dado y antes de que el consentimiento fuera revocado).
Si No

_______________________________________  __________________________
Padre/madre o tutor legal                        Fecha

Para obtener información adicional, por favor llame ________________en ___________________
Follow-Up Form: Low Risk

Student Name: ______________________________ Grade: ___________

Parent Name and Contact Information:___________________________________________________________

Date seen for crisis: ____________________ Current date: ___________

Status: _______Needs Support _______Problem Resolved

Plan for Support: ____________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

(If plan involves parent or teacher conference, please note on form when these were held & decisions agreed on).

Teacher Conference Date: ___________________________
Decision Reached:____________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

Parent Conference Date: __________________
Decision Reached:
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

Student will be seen for 2 -3 weeks for follow up sessions on the following dates:

Dates: _______________, ____________________, ______________________, ____________________,
____________________, ___________________, _______________________, ____________________.
Follow-Up Form: Medium & High Risk

Student Name:_________________________________ Grade:____________________

Parent Name and Contact Information:___________________________________________________________

Date seen for crisis: _____________________ Date: ________________

Immediate action taken: __________________ Hospitalized __________ Referred to outside agency

Dates of hospitalization: ____________________ Expected date of return to school ________________

Current Student Status: ______Stable ______Continues in Crisis ______Resolved

Dates of Current/Future Contact with outside Agency: _____________________________________________

Parent Supportive ______Yes ______No

Describe: ___________________________________________________________________________________

Parent Conference Scheduled Date: _____________________________________________________________

Plan for Support: ____________________________________________________________________________

Others to be involved in Support Plan: ___________________________________________________________

Plan: _____________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

Student will be seen for 2 -3 weeks for follow up sessions on the following dates:

Dates: ____________________, ____________________, ____________________, ____________________,

_____________________, _____________________, _______________________, ____________________.

Prepared by: _____________________________________ ______________________________

Print Name Signature
Bibliography

American Academy of Pediatrics
www.aap.org/advocacy/childhealthmonth/prevteensuicide.htm

American Foundation for Suicide Prevention
www.afsp.org

American Association of Suicidology
www.suicidology.org

American School Counselor Association
www.schoolcounselor.org

Center for Disease Control – Suicide
www.cdc.gov/ncipc/factsheets/suifacts.htm

National Mental Health Association
www.mentalhealth.org/suicideprevention

National Youth Violence Prevention Resource Center
www.safeyouth.org/topics/suicide.htm

Suicide Awareness – Voices of Education (SAVE)
www.save.org

Suicide Hotlines
www.suicidehotlines

Suicide Prevention Advocacy Network
www.spanusa.org

The Virtual Office of the Surgeon General
www.sugeongeneral.gov

Yellow Ribbon Suicide Prevention Program
www.yellowribbon.org

Youth Suicide Prevention Education Program
www.yspep.org