This is a record documenting notification given to a parent/guardian of a suicide threat/ideation, suicide attempt, cutting/self-harm, bullying, cyber-bullying, harassment, hazing, or retaliation incident involving their student. This form must be maintained securely, confidentially, and separately from the student’s educational records by school administration consistent with [Utah Code 53G-9-604](https://le.utah.gov/xcode/Title53G/Chapter9/53G-9-S604.html). DO NOT USE THIS FORM TO NOTIFY A PARENT/GUARDIAN OF THE SUICIDE THREAT or BULLYING INCIDENT.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Report Date: | | | Date | Student: | Student Name | | | | | | | Grade: | | Grade | | |
|  | | |  |  |  | | | | | | |  | |  | | |
| Parent: | | Parent | | | | | Phone: | | | Phone | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Reported by: | | | Reported by | | | Title: | | | Title | | | | | | | |
|  | | |  | | |  | | |  | | | | | | | |
| School: | | School | | | | | | Parent Contacted: | | | | | Yes | | | No |
|  | |  | | | |  | | | | |  | | | |  | |
| Notes: | Enter notes | | | | | | | | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **CONCERNS** | | | |
|  | | | |
| Abusive Conduct | Cutting/Self-Harm | Retaliation | Suicide Threat/Ideation |
|  |  |  |  |
| Bullying/Cyber-bullying | Hazing | Suicide Attempt |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **ACTION TAKEN** | | | |
|  | | | |
| 911 called for ambulance/hospitalization | | Student taken home by parent | |
|  |  |  |  |
| Administered the Columbia Protocol | | Student taken to ER by parent | |
|  |  |  |  |
| DCFS contacted 1.855.323.3237 | | Provided prevention materials and information  (If student threatened suicide or was involved in bullying)  Distributed by: Digital copy Physical copy ([English](https://www.nebo.edu/sites/default/files/HB%20481%20Parent%20Resources%20to%20Review%20and%20Share_Communication%20of%20Risk%20and%20Harm.pdf)) ([Spanish](https://www.nebo.edu/sites/default/files/HB%20481%20Parent%20Resources%20to%20Review%20and%20Share_Spanish.pdf)) | |
|  | |
| Police contacted | |
|  | | | |
| Safety Plan | | Other | |

|  |
| --- |
| **SUMMARIZE SITUATION** |
|  |
| Enter safety plan and summarize situation |

Requesting additional support from Social Worker: Yes No