

Canyons School District

Suicide Protocol Checklist

Student identified as being at-risk:

_____ Written Notification of Student Mental Health Concern completed by: _____

Student Conference:

_____ Columbia-Suicide Severity Rating Scale (C-SSRS) **OR**

_____ Columbia-Suicide Severity Screener

Parent Conference:

_____ Notify in-person or phone conference with parent/guardian

_____ Mental Health Resources/Information, coping skills, and reducing access to means provided

Student and Parent:

_____ Safety Plan *(if student answers 'yes' to any of the questions on C-SSRS)*

Referrals Made (Check where applicable):

_____ Follow up with mental health provider if necessary

_____ Mobile Crisis Outreach Team (MCOT) contacted

_____ Referred student to ER

_____ Other: _____

School:

_____ Notification of Administrator

Follow up:

_____ Follow up with student and Parents/Guardians the next day

Important Crisis Numbers

Mobile Crisis Outreach Team (MCOT):

801-587-3000

National Suicide Prevention Lifeline

988

Emergency Response:

911

SafeUT APP

National Suicide Prevention Lifeline (Spanish):

1-888-628-9454

Crisis Text Line:

Text HOME to 741741

TheTrevor Project:

1-866-488-7386

School Resource Officer

*Get number from admin.