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 |  |

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| --- |
| **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 |

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| --- |
| **SUMMARIZE SITUATION (ACTION PLAN TRACKING)** |
|  |
| Summarize safety plan or bullying action plan, track implementation, and provide other relevant details |

Requesting additional support from Social Worker: [ ] Yes [ ] No