NEBO SCHOOL DISTRICT TRAUMA RESPONSE TEAM

Communication of Risk and Harm

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. DO NOT USE THIS FORM TO NOTIFY A PARENT/GUARDIAN OF THE SUICIDE THREAT or BULLYING INCIDENT.

Report Date: _____ Student: _____ Grade: _____

Parent: _____ Phone: _____

Reported by: _____ Title: _____

School: _____ Parent Contacted: ☐Yes ☐No

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)
☐Police contacted   Distributed by: ☐Digital copy ☐Physical copy (English) (Spanish)

☐Safety Plan   ☐Other

SUMMARIZE SITUATION (ACTION PLAN TRACKING)

Requesting additional support from Social Worker: ☐Yes ☐No

Date each item when completed.
1 copy to Building Administrator: _____
1 copy to Coordinator of Student Services: _____
1 copy for own records (optional): _____