

SUWANNEE COUNTY SCHOOLS
702 2ND STREET NW
LIVE OAK, FL 32064

PARENTAL NOTIFICATION OF SUICIDE RISK ASSESSMENT

Mr./Mrs./Ms.: _____ parent/guardian of : _____
participated in a conference via phone or in person on (date) _____ .
During this conference, the parent(s)/guardian(s) were informed that their child was assessed and determined to be at risk for suicide. They were also informed that they should monitor their child for safety and take the appropriate safeguards. School personnel explained the school system's role in providing support to their child in conjunction with services available through the community.

Parents were encouraged to seek assistance with one or more of the following community resources:

- Seek mental health services
- Contact the Meridian Behavioral Health Crisis Line (1-352-374-5600 ext. 1)
- Call 911 if immediate danger
- Other

Parent or Legal Guardian

Date

School Student Services Professional/Title

Date

School Personnel (Witness)

Date

Distribution: notify administrator; maintain personal copy; do not place in cumulative folder.