



RECORD OF CONTACT

Garrett County Board of Education: Department of Pupil Services

40 South Second Street

Oakland, Maryland 21520

Name of Student: _____ Date and Time of Contact: _____

Date of Birth: _____ Age: _____ Grade: _____ School: _____

Race/Ethnicity

_____ American Indian/Alaska Native

_____ Native Hawaiian/Other Pacific Islander

_____ Asian

_____ White

_____ Black/African American

_____ Two or more races

_____ Hispanic/Latino

Parent Name: _____

Address: _____

Phone: (home) _____ (work) _____ (cell) _____

Referred By: _____ Position of Referral Source (e.g. teacher): _____

Reason for Referral: _____

Administrator Notified: _____ Date and Time: _____

Intervention Completed By: _____

(School Counselor/Social Worker/Psychologist)

(School Counselor/Social Worker/Psychologist)

Consulted With: _____

(School Counselor/Social Worker/Psychologist)

(School Counselor/Social Worker/Psychologist)

Parent Contact By: _____ Date and Time: _____

Name of Contact: _____ Relationship: _____

School Witness/Title: _____

_____ *Parent was read the Record of Notification statement*

Upon completion, this document is to be kept in the school administrator's *confidential* file.

Outcome(s): (check all that apply)

- A. Suicide Intervention Procedures completed
- B. Record of Notification signed by parent
- C. Suicide prevention information shared (e.g. pamphlet, hot-line card, etc.)
- D. Student released to parent
- E. Student released to instructional environment after parent contact (in person or phone)
- F. Student referred for immediate assessment
 - Transported by emergency personnel
 - Released to parent
 - Referral to Mental Health Department
- G. Mental health supports and resources discussed with parent
- H. An appointment confirmed with a mental health provider
- I. Case referred to an outside agency (DSS, Police, etc.)

School Based Follow-Up: (check all that apply)

- A. School Counselor/Social Worker/Psychologist will monitor
- B. Establish/Maintain communication with community-based mental health provider
- C. Schedule a meeting with parents (and student) prior to student returning to school
- D. Other (please specify) _____

Summary of Intervention: _____

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