**documented actions list**

**Supporting Document to**

**Idaho Guidelines for School-Based Suicide Intervention**

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| ❑ | 1. | Documented referral and filed any related materials. |
| ❑ | 2. | Interviewed youth. |
| ❑ | 3. | Administered screener. If not, please explain why. |
| ❑ | 4. | Determined risk level. |
| ❑ | 5. | Notified parent or guardian. |
| ❑ |  | 1. Contacted parent for ***low risk***.  * Gave relevant materials and referrals to parents or guardians. * Followed up with youth and parents the next day. * Thanked person who made the referral  1. Asked parents to come to school for ***medium or high risk*** and sign documents in-person.  * Had parents sign that they received related materials including means restriction pamphlet. * Ascertained where and when child will receive mental health assessment and ask for confidentiality release. * Or called appropriate agency if parents refused to pick up youth or refused to take youth for mental health. * Thanked the person who made the referral. |
| ❑ | 6. | Shared incident and steps taken with principal and/or crisis team. |
| ❑ | 7. | Documented all steps taken. |
| ❑ | 8. | Followed up with family (date/time). |
| ❑ | 9. | Followed up with mental health provider, if appropriate (date/time). |
| ❑ | 10. | Practiced self-care. |

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