

# SUICIDE PREVENTION AND CRISIS ACTION PLAN EVALUATION



Please Do Not Distribute – For Reference Purposes Only

Name of School:

Reviewer Name:

Date:

Scoring	
Yes = 1	No = 0

TOTAL FOUNDATIONAL SCORE:	/79
TOTAL RECOMMENDED ELEMENTS SCORE:	/10

**SUICIDE PREVENTION AND CRISIS ACTION PLAN CHECKLIST:** This checklist is designed to help ensure that your school is providing a safe, civil and secure environment to support students in emotional or behavioral distress. [RCW 28A.320.127](#) This plan should be aligned with your overarching suicide prevention policy and integrated into the school's emergency operations plan. This model checklist provides actionable suicide prevention steps that your school can take. Additionally, this also serves as a method for measuring the comprehensiveness of your suicide response and crisis action plan.

1 - INFRASTRUCTURE	Yes	No	Notes
<i>Includes a list of school staff, including team lead and other building/district personnel, who have expertise in behavioral health and suicide prevention.</i>			
a. Includes names of individuals at the school who will be listed as a person students/family can contact about students of concern (e.g., students at risk for suicide or with other behavioral health concerns). Includes name, job title, and phone number, and/or e-mail address	<input type="checkbox"/>	<input type="checkbox"/>	
b. Indicates frequency (annually, bi-annually, etc.) by which the plan is updated and date of latest update	<input type="checkbox"/>	<input type="checkbox"/>	
c. Indicates specific person(s) responsible for updating the crisis response plan (e.g., school counselor(s), principal, teacher(s))	<input type="checkbox"/>	<input type="checkbox"/>	
d. Indicates where the Crisis Action Plan is stored and how it will be disseminated to all school personnel (e.g., faculty meeting, handbooks, emailed to all school staff, stored on a shared drive, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
e. Includes names of clinicians and/or organizations available to support students with behavioral health issues, including appropriate contact information (phone number, or email address)	<input type="checkbox"/>	<input type="checkbox"/>	
f. Includes list of school staff or outside services that can support students and families with diverse linguistic/cultural backgrounds. Includes their contact information and cultural expertise	<input type="checkbox"/>	<input type="checkbox"/>	
g. Indicates frequency by which resource list of community-based providers is updated (e.g., annually, bi-annually, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
h. Indicates specific person(s) at school responsible for updating list (e.g., school counselor(s), principal, teacher(s))	<input type="checkbox"/>	<input type="checkbox"/>	
i. Includes checklist for environmental scan of building(s), specific to the school, to ensure nothing in the school's physical surroundings pose a risk for suicide (e.g., access to rooftop/chemicals)			/6
1. <i>Includes staff responsible for environmental scan of the building and frequency and time of year of the environmental scan, at least once a year (e.g., prior week of school, winter break, etc.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
2. <i>Restricts access to dangerous heights (rooftops, rooftops of parking garages, bell towers)</i>	<input type="checkbox"/>	<input type="checkbox"/>	

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3. Medications securely stored with a lock (e.g., in a locked cabinet at the nurse's office)	<input type="checkbox"/>	<input type="checkbox"/>	
4. Cleaning supplies locked away when not in use (e.g., closet with a lock)	<input type="checkbox"/>	<input type="checkbox"/>	
5. Science lab chemicals locked away when not in use (e.g., in a cabinet with a lock)	<input type="checkbox"/>	<input type="checkbox"/>	
6. Ensure any other potentially dangerous items that can be found in the school are properly secured and stored, (e.g., jump ropes, x-acto knives/sharp objects used in cooking or wood shop classes.) Locking classrooms containing dangerous items when staff is not present is acceptable)	<input type="checkbox"/>	<input type="checkbox"/>	

Comments: Total Score: /14

2 - PREVENTION	Yes	No	Notes
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*Includes plans for screening and multiple opportunities for students to be referred to services, and suicide prevention trainings to identify and support students at risk. Identifies who will facilitate and frequency with which training is offered.*

a. Suicide prevention training for all/new staff (includes name of training and frequency with which it will take place)	<input type="checkbox"/>	<input type="checkbox"/>	
b. Suicide prevention training for parents (includes name of training, frequency with which it will take place)	<input type="checkbox"/>	<input type="checkbox"/>	
c. Suicide prevention training for students [in suicide prevention or psychological first aid] or includes suicide prevention in students' curriculum (includes name of training, when and in what context it will take place)	<input type="checkbox"/>	<input type="checkbox"/>	
d. School staff member responsible for ensuring the suicide prevention trainings for staff, parents/caregivers, and students occur every year	<input type="checkbox"/>	<input type="checkbox"/>	
e. Every suicide prevention training (staff, students, and parents) includes how to refer students of concern to school counselors (ideally a digital link, or help card, email etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
f. Specifies method for examining student engagement in school (e.g., attendance, grades) as a means for identifying students struggling who may be at risk for suicide	<input type="checkbox"/>	<input type="checkbox"/>	

Comments: Total Score: /6

3 - INTERVENTION	Yes	No	Notes
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*Includes response to identified suicide risk, outlines roles of staff and administration, caregiver notification, identifies screening tools and how they are implemented and provides intervention options along with community resources.*

a. Referral within the school (internal) process	/6		
1. List name(s) of the school-based contact for handling internal (within the school) referrals	<input type="checkbox"/>	<input type="checkbox"/>	
2. Lists an alternate contact in case the main contact is unavailable	<input type="checkbox"/>	<input type="checkbox"/>	
3. Lists what to do if a referral occurs after hours	<input type="checkbox"/>	<input type="checkbox"/>	
4. Lists a formal tracking/documentation system for referrals	<input type="checkbox"/>	<input type="checkbox"/>	
5. Lists clear guidelines for how and when to contact a parent/caregiver	<input type="checkbox"/>	<input type="checkbox"/>	
6. Lists timeframe for follow up on a referral	<input type="checkbox"/>	<input type="checkbox"/>	
b. Acknowledges that if a student is actively in the process of attempting suicide and/or has stated they have a suicide plan, means, and intent to follow through with the plan, that immediate services are required	<input type="checkbox"/>	<input type="checkbox"/>	

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c. Includes that schools will formally document all processes related to student suicide prevention interventions	<input type="checkbox"/>	<input type="checkbox"/>	
d. Process for screening for suicide risk	/4		
1. Identifies specific screening tool or screening questions to be used	<input type="checkbox"/>	<input type="checkbox"/>	
2. Identifies the staff member responsible for conducting the screening	<input type="checkbox"/>	<input type="checkbox"/>	
3. Includes guidance about when to initiate student risk screening	<input type="checkbox"/>	<input type="checkbox"/>	
4. Includes formal documentation of student screening (e.g., when the student was screened, what tool was used, and the outcome of the screening)	<input type="checkbox"/>	<input type="checkbox"/>	
e. Includes a plan for documentation of communication with caregivers about any student identified as being at risk for suicide	<input type="checkbox"/>	<input type="checkbox"/>	
f. Includes parent/caregiver sample resource guide which provides information on local mental health providers, mental health literacy, and warning signs of suicide	<input type="checkbox"/>	<input type="checkbox"/>	
g. Includes plan to counsel parents/caregivers on limiting access to lethal means	<input type="checkbox"/>	<input type="checkbox"/>	
h. Identifies procedures to create a safety plan with all at risk students (exception: unless imminent safety is an issue or crisis services are required)	<input type="checkbox"/>	<input type="checkbox"/>	
i. Includes documentation of initiating or reviewing safety plans, including plans to follow up with the student	<input type="checkbox"/>	<input type="checkbox"/>	
j. Includes safety planning template	<input type="checkbox"/>	<input type="checkbox"/>	

Comments: Total Score: /18

<b>4 - RE-ENTRY</b>	<b>Yes</b>	<b>No</b>	<b>Notes</b>
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*Includes re-engagement plan to help students who have experienced a prolonged absence due to behavioral health issues with support in reconnecting with school, maintaining safety, and discussing possible accommodations.*

a. Includes name(s) of staff member(s) responsible for leading the re-entry processes	<input type="checkbox"/>	<input type="checkbox"/>	
b. Prior to re-entry meeting, works with student to identify Individuals to be involved with the student's re-entry process (possibly staff or other students)	<input type="checkbox"/>	<input type="checkbox"/>	
c. Schedule meeting with student, family, and relevant school staff to support student in their re-entry to school	<input type="checkbox"/>	<input type="checkbox"/>	
d. Review discharge summary from inpatient facility when appropriate	<input type="checkbox"/>	<input type="checkbox"/>	
e. Consults with the student's mental health provider about re-entry plan as appropriate	<input type="checkbox"/>	<input type="checkbox"/>	
f. Reduce access to lethal means (e.g., educating parents/caregivers)	<input type="checkbox"/>	<input type="checkbox"/>	
g. Modifies academic programming if needed including reviewing and/or initiating IEP/504 plans as appropriate	<input type="checkbox"/>	<input type="checkbox"/>	
h. Create a plan to address bullying, harassment and/or discrimination as applicable including actions such as switching a student to a different class	<input type="checkbox"/>	<input type="checkbox"/>	
i. Have a designated staff member monitor student once they have re-entered school	<input type="checkbox"/>	<input type="checkbox"/>	
j. Create or review Safety Plan with student as part re-entry process	<input type="checkbox"/>	<input type="checkbox"/>	
k. Set up a follow up meeting with student to check in about re-entry e.g., review Safety Plan, see if accommodations are sufficient, if	<input type="checkbox"/>	<input type="checkbox"/>	

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any current accommodations need to be modified, and/or if additional accommodations are needed			
Comments:	Total Score: /11		
<b>5 - POSTVENTION</b>	<b>Yes</b>	<b>No</b>	<b>Notes</b>
<i>Includes strategies for triage process in supporting students, families, and staff/faculty in the aftermath of a student suicide at each time segment. Includes sample notification scripts for staff, students, and parents.</i>			
a. Postvention Infrastructure	/9		
1. Has an established school-based crisis team made up of school faculty and staff that will be in charge of overseeing postvention efforts	<input type="checkbox"/>	<input type="checkbox"/>	
2. Include draft templates of communications for school community members (school staff, parents/caregivers, and/or students)	<input type="checkbox"/>	<input type="checkbox"/>	
3. Include drafts templates of media communications	<input type="checkbox"/>	<input type="checkbox"/>	
4. Has an established media contact person that will handle all media inquiries during the postvention process	<input type="checkbox"/>	<input type="checkbox"/>	
5. Include an established Flight team/process for engaging outside support such as members of other schools and district to assist on the first day	<input type="checkbox"/>	<input type="checkbox"/>	
6. Include an established communication system for notifying all school faculty and staff of a sudden death (e.g., email, phone tree, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
7. Include an established list of guidelines and resources for staff self-care	<input type="checkbox"/>	<input type="checkbox"/>	
8. Establish plans for appropriate procedures and policies for memorials, and other events/relevant activities as applicable (yearbooks, graduations, holidays, etc.) that follow best practices for minimizing contagion	<input type="checkbox"/>	<input type="checkbox"/>	
9. Has/created a resource guide addressing suicide risk and warning signs associated with extreme reactions to grief that could be indicative of contagion risk	<input type="checkbox"/>	<input type="checkbox"/>	
b. Specifies procedures Before School - 1 <sup>st</sup> day	/8		
1. Confirm news (even if it is outside of school hours) and confirm with family how they wish to have the death communicated	<input type="checkbox"/>	<input type="checkbox"/>	
2. Includes a plan for establishing a temporary safe room	<input type="checkbox"/>	<input type="checkbox"/>	
3. Remind school staff of existing support services (e.g., an EAP program) and/or establish/activate/connect staff with additional supports for school staff (e.g., bringing in grief counselors to work with staff)	<input type="checkbox"/>	<input type="checkbox"/>	
4. Remove student's name from roster including classroom roster, school wide roster	<input type="checkbox"/>	<input type="checkbox"/>	
5. Identify people who may need extra support (friends, partners, family members)	<input type="checkbox"/>	<input type="checkbox"/>	
6. Notify partner schools	<input type="checkbox"/>	<input type="checkbox"/>	
7. Provide all faculty with plan for the next day	<input type="checkbox"/>	<input type="checkbox"/>	
8. Includes plan to distribute school and community based mental health resource guide (with behavioral health providers/agencies contact information) to parents/caregivers	<input type="checkbox"/>	<input type="checkbox"/>	
c. Specifies procedures During the Day - 1 <sup>st</sup> day	/5		

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1. Hold staff meeting to identify and delegate staff responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	
2. Have teachers use a script to address news with student in (homeroom/advisory/1st class of day) (*it is never appropriate to announce a suicide death in a large group setting or over loudspeaker)	<input type="checkbox"/>	<input type="checkbox"/>	
3. Designate a staff member to follow the deceased student's schedule	<input type="checkbox"/>	<input type="checkbox"/>	
4. Have staff member(s) check in individuals identified before day 1 as needing extra support such as the deceased students' siblings and/or close friends	<input type="checkbox"/>	<input type="checkbox"/>	
5. Meeting for staff to process first day and review it prior to the beginning of the day after (either after school on the first day, or the morning of the day after)	<input type="checkbox"/>	<input type="checkbox"/>	
d. Specifies procedures after the 1 <sup>st</sup> day			/6
1. Have school return to routines as soon as possible	<input type="checkbox"/>	<input type="checkbox"/>	
2. Communicate information about memorial services (e.g., the school can distribute memorial information, should excuse students who want to attend, should ensure counseling staff are available during day of and after funeral)	<input type="checkbox"/>	<input type="checkbox"/>	
3. Have a plan to respectfully dismantle memorials and remove the deceased student's desk after a few days	<input type="checkbox"/>	<input type="checkbox"/>	
4. Return deceased student's items to family	<input type="checkbox"/>	<input type="checkbox"/>	
5. Monitor and support students who are experiencing heightened levels of distress/warning signs after the suicide	<input type="checkbox"/>	<input type="checkbox"/>	
6. Support students who wish to honor the deceased student's memory (*following the pre-established school guidelines around memorials)	<input type="checkbox"/>	<input type="checkbox"/>	
e. Specifies procedures Post Crisis			/2
1. Conduct Postvention/Crisis debriefing with staff to reflect on what went well and what could have gone better as well as reviewing and updating postvention protocols	<input type="checkbox"/>	<input type="checkbox"/>	
2. Review the crisis plan, and update it accordingly	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:	Total Score:		/30

## \*PRE-ESTABLISHED SCHOOL GUIDELINES AROUND MEMORIALS AFTER A SUICIDE:

### Acceptable memorial practices (emphasis on living memorials):

- Fundraiser not in the deceased person's name.
- Hosting educational/fundraising events for mental health awareness or suicide prevention month/week.
- Partaking in community service activities.
- Donate to a library or mental health organization.

### Not acceptable memorial practices:

- Candlelight vigils.
- Lowering the flag.
- School based memorials/large assemblies.
- T-shirts/items bearing the deceased person's face.
- A plaque or bench memorializing the deceased person.

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GENERAL COMMENTS:

WHAT DOES MY SCORE MEAN?		
	<i>Score</i>	<i>Description</i>
<b>Exceptional</b>	<b>70+</b>	Very detailed and comprehensive plan. Includes most required checklist items as well as some recommended items. Checklist score demonstrates that the school community is adequately prepared to address and support students in emotional/behavioral distress.
<b>Exceeds Expectations</b>	<b>60-69</b>	Plan is comprehensive and includes a majority of items on the checklist. Checklist score demonstrates school is mostly prepared to address and support students in emotional/behavioral distress. Would benefit from more details and recommended items.
<b>Meets Expectations</b>	<b>50-59</b>	The plan includes a majority of the checklist items in each domain. Plan would benefit from more details and clarity. The school is on the right track for supporting students in emotional/behavioral distress.
<b>Needs Improvement</b>	<b>40-49</b>	The plan is lacking in two or more domains and/or requires more clarity and detail. The plan needs more work for the school to be able to sufficiently support and address students in emotional/behavioral distress.
<b>Significant Improvement Needed</b>	<b>0-39</b>	A majority of items on the checklist are missing. The plan requires significantly more work before the school is ready to sufficiently support students who are at risk for suicide.

## SEE MORE RESOURCES, GUIDES AND TOOLKITS

- [After a Suicide Toolkit - SPRC](#)
- [Model School Plan - OSPJ](#)
- [Model School Policy - AFSP & Trevor Project](#)
- [Role of High School Mental Health Providers - SPRC](#)
- [Role of High School Teachers in Preventing Suicide - SPRC](#)
- [National Center for School Crisis & Bereavement](#)



FOREFRONT SCHOOLS: PLEASE UPLOAD YOUR CRISIS PLAN HERE | [is.gd/FIS\\_crisis\\_plan](https://is.gd/FIS_crisis_plan)



View our training module on how to use Forefront's Crisis Plan Checklist Tool | [Crisis Planning Webinar](#)

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RECOMMENDED ELEMENTS	Yes	No	Notes
<i>Additional information that is helpful to include in school crisis planning but may not be feasible in all schools. Please note these items are not counted towards total score; but a supplemental score on these items is provided.</i>			
a. INFRASTRUCTURE: Community resource list of behavioral health providers that documents providers' credentials, includes information on their level of training around treating and managing students at risk for suicide (e.g., completed state requirements in treatment of suicidal individuals, specialized training or other suicide-specific care)	<input type="checkbox"/>	<input type="checkbox"/>	
b. INFRASTRUCTURE: Includes Memorandum of Understanding with each agency listed as available to support students' behavioral health needs to facilitate access, includes MOU in appendix	<input type="checkbox"/>	<input type="checkbox"/>	
c. INFRASTRUCTURE: Identifies multiple and specific opportunities for informing parents/guardians and students about community- and school-based resources for behavioral health (e.g., via newsletters, webpage, community events, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
d. PREVENTION: Includes a plan for peer-led student trainings, prevention campaigns, and peer mentor support	<input type="checkbox"/>	<input type="checkbox"/>	
e. PREVENTION: Identifies opportunities for informing caregivers about behavioral health related prevention strategies (e.g., safe use of social media, underage alcohol and other drug use).	<input type="checkbox"/>	<input type="checkbox"/>	
f. PREVENTION: Embeds universal suicide prevention screening for students into other screening strategies (e.g., as part of a MTSS screening).	<input type="checkbox"/>	<input type="checkbox"/>	
g. PREVENTION: Includes plan for integrating additional MTSS tier 1 curricula around mental health literacy and coping skills	<input type="checkbox"/>	<input type="checkbox"/>	
h. PREVENTION: Additional tier 1 curricula around mental health literacy and coping skills reference school and community-based resources for behavioral health	<input type="checkbox"/>	<input type="checkbox"/>	
i. INTERVENTION: Includes plan for integrating additional tier 2 & 3 curricula to address the ongoing needs of students who are at risk for suicide	<input type="checkbox"/>	<input type="checkbox"/>	
j. POSTVENTION: Includes protocols and procedures around other deaths (e.g., staff, caretakers, medical deaths)	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:	Total Score: /10		