



**INTERVENTION REPORT**  
**PARENT/ GUARDIAN PLAN OF ACTION**

Scott City School District

Student Name \_\_\_\_\_ Date \_\_\_\_\_

I understand that my child has been assessed as being at-risk for suicide due to the following indicators:

- Has considered suicide or is considering suicide
- Has the means available or immediate accessibility
- Other: \_\_\_\_\_

**EMERGENCY RESOURCES**

Compass Behavioral Health- Scott City location	compassbh.org	(620)872-5338
Compass Behavioral Health- Garden City location	compassbh.org	(620)276-7689
National Hopeline Network	<a href="https://www.headquarterscounselingcenter.org">https://www.headquarterscounselingcenter.org</a>	1-800-784-2433
National Suicide Prevention Lifeline	<a href="http://www.suicidepreventionlifeline.org">www.suicidepreventionlifeline.org</a>	1-800-273-TALK (8255)

Parent Plan of Action: \_\_\_\_\_

Appointment with family physician: \_\_\_\_\_

Appointment with outside therapist/psychiatrist/counselor: \_\_\_\_\_

School Counselor/School Psychologist scheduled follow-up visit with the student.

Date: \_\_\_\_\_

**Release to Parent**

I have been informed by school personnel of their concerns for my child's safety. I understand that I am responsible for taking action necessary to ensure my child's continued safety:

\_\_\_\_\_  
*Parent's Signature*

\_\_\_\_\_  
*Date*