Re-Entry With Care

A Guide for Supporting Students During and After Hospitalization for Suicide Risk or a Mental Health Crisis

Wisconsin Department of Public Instruction

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A Guide for Supporting Students During and After Hospitalization for Suicide Risk or a Mental Health Crisis

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Wisconsin Department of Public Instruction
201 West Washington Avenue
Madison, WI 53703

September 2025
Wisconsin Department of Public Instruction

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Introduction

The transition back to school following hospitalization for a suicide attempt, suicidal ideation, or mental health crisis is a critical period for students and requires thoughtful, coordinated support.

Schools play a vital role in creating a safe, supportive, and structured environment that fosters both emotional recovery and academic reintegration. Close collaboration between students, families, hospital and mental health providers, and school staff is essential. It is important for schools to assess each student's needs on an individual basis, taking into account their age, developmental level, and unique circumstances.

Additionally, schools must recognize and address the barriers that historically marginalized communities may face in accessing mental health support, such as cultural and linguistic differences, trust and safety concerns, and lack of representation or discrimination.

A clearly-defined, compassionate re-entry process helps to:

- Promote student safety and well-being.
- Provide empathetic, consistent, and unified support across school, home, and treatment settings.
- Reinforce the student's sense of control, dignity, and voice.
- Support long-term recovery and academic success.

This document outlines best practices and roles for facilitating successful school re-entry for students following a suicide attempt or mental health crisis. It is designed to equip school personnel with the tools and guidance needed to respond effectively and empathetically during this crucial transition.

This document is intended to serve as a guide and should be modified to meet the needs of students and school staff, comply with district policy, and align to existing district protocols. While this resource is designed for students experiencing in-patient hospitalization, it could be adapted for students in day treatment and other out-of-school settings.

This document is organized into sections:

Connect, Collaborate, and Consider

- Student, Caregiver, School Staff, Mental Health Providers or Hospital Staff
- Legal Requirements and Policy

Connect, Collaborate, and Consider discusses best practices for partnering with the student, caregiver, school staff, and mental health providers or hospital staff. It addresses relevant considerations and outlines key legal and ethical requirements and policy considerations. Please note, the term *caregiver* is used throughout this resource to inclusively refer to any individual responsible for a student's care, including parents, guardians, and other adults acting as caregivers.

Key Action Step Checklists

- Initial Hospitalization
- During Hospitalization
- Return to School
- Follow-Up and After Care

The Key Action Step Checklists are structured around key timeframes to guide and document support for students throughout the recovery process. An appendix is included with an editable word document of the entire checklist along with additional resources to aid in the return-to-school process.

Connect, Collaborate, and Consider

Student

Prioritize Student Voice, Choice, and Dignity

It is essential that students have a voice throughout the hospitalization and re-entry process. Whenever possible, involve students directly in the process and empower them to help create their re-entry plan by identifying supports they feel would be helpful, challenges they anticipate, stressors, effective coping strategies, and accommodations they feel are needed when they return to school. Support them by offering meaningful choices, such as a say in who attends the re-entry meeting and how and what personal information is shared. Avoid a one-size-fits-all approach and let the student's needs, identity, and voice guide the plan.

Support Individual Needs and Equitable Access

Students from marginalized backgrounds may face additional barriers or stigma related to mental health. Be aware of cultural, racial, economic, gender, neurodiversity-related, or other factors that may impact a student's experience. Ensure the re-entry plan and school environment reflect inclusive practices and equitable access to support. Tailor the plan based on each student's identity, background, age, and developmental level.

Plan for Reconnecting with School and Reducing Stigma

Returning to school can come with social anxiety or fear of being judged. Work with the student to decide how much they want peers or school staff to know. Some may wish to share their story with school staff while others want to share minimal information. Create a self-disclosure plan that respects their wishes and gives them tools to respond to questions or rumors. Use tools such as role-playing and talking points to help them navigate social interactions with staff and peers confidently. Encourage them to share their thoughts and feelings in trusted, appropriate settings, whether with a counselor, teacher, or another trusted adult. Make space for them to talk about what they are comfortable sharing and honor their voice without pressure or judgment.

Ensure Ongoing and Flexible Support

Providing consistent, individualized care for students is critical for promoting stability, emotional safety, and academic success. Determine supports needed when the student returns to school. Schedule regular check-ins with school-based mental health staff or other trusted educators trained in necessary skills to

support the student's transition. Use a tiered system of support, gradually reducing frequency over time based on the student's needs and care team recommendations. Gather ongoing feedback from the student about their strengths, challenges, and future goals.

Caregiver

Establish and Maintain Open and Collaborative Communication

Building a strong partnership with caregivers can help to ensure a successful re-entry process for students. Plan to connect with caregivers early and maintain ongoing communication throughout hospitalization and return to school. Encourage caregiver input in the re-entry process by collaborating on needed student and family support, concerns, and planning. Co-plan with caregivers as essential partners in the re-entry process in a way that honors their culture, beliefs, and perspectives. Discuss with caregivers the importance of a team approach to support the student, and how sharing information through written authorization may strengthen the planning process between various professionals. Ensure caregivers understand what and how information will be exchanged, including through informed consent.

Provide Reassurance and Discuss Concerns

Caregivers are likely to face a range of emotions as they support their child through hospitalization, return to school, and recovery. School personnel can reassure caregivers by showing through words and actions that their child's well-being is the top priority. School staff may alleviate stress or worry by listening without judgement and being a consistent voice of hope. Discuss with caregivers any concerns related to school absences, academic demands and progress, navigating social situations, and privacy of information. Continue to partner with and prioritize the input of caregivers throughout re-entry planning and beyond.

School Staff

Follow Local, State, and Federal Laws

When a student is hospitalized for mental health challenges, school staff must pay particular attention to laws that govern the privacy of student information such as FERPA, as well as district policies and state laws. Limit access and disclosure of student information to only those staff with a legitimate educational interest. Consider which information staff need to be able to do their jobs and how to share this information in a sensitive manner with family consent. Only share as much detail as needed and provide additional protection for student health and mental health information. School staff should also follow the ethical guidelines of their profession.

Coordinate Communication and Staff Collaboration

When a student is hospitalized for a mental health crisis, a clear system of communication is essential. Upon learning of a student's hospitalization, schools need to establish a point person for all communication, inform the attendance office to pause all (including automated) notifications, and inform key staff of the student's absence without disclosing specifics. The point person can collaborate with key staff, including administrators, counselors, and teachers, to review the student's academic, social, and attendance history to prepare for successful re-entry to school. Schools may also provide guidance to staff on responding to peer questions with compassion, while avoiding inappropriate disclosure, rumors, or speculation.

Foster a Flexible and Supportive School Return

The transition back to school following hospitalization for a suicide attempt, suicidal ideation, or other mental health crisis is a critical period for students. Schools should prioritize mental health and belonging to assist with navigating the school setting both socially and academically. Mental health professionals can work closely with teachers to consider appropriate curricular adjustments, which may reduce stress, such as instruction in missed content, limited workload, offering extensions, and determining essential assignments required for course completion. A re-entry plan, including a safety plan and identified staff with clear roles, can help to reassure students that they are supported. It is essential that schools maintain flexibility and compassion during this transition, while adjusting support over time based on the student's evolving needs. Alignment of re-entry plans with the school's suicide prevention and mental health programming (e.g., using strategies, skills, and concepts from the school's designated suicide prevention curriculum or program) can also enhance its effectiveness.

Staff Training

School districts are encouraged to provide targeted training to staff on best practices for supporting students when they return to school after a hospitalization for a mental health crisis.

This training should include:

- **Confidentiality:** Reinforce the importance of maintaining student privacy in accordance with school and district policies, state and federal pupil records laws, and professional ethical codes. Information will be shared only with staff that have a legitimate educational interest, meaning that they need the information to do their jobs. Staff should not seek or share information based on curiosity alone. Give staff practice in thinking through considerations in gathering and disclosing appropriate information. Ensure staff understand local written policy related to which

staff roles have a legitimate educational interest in which types of information.

- **Mental Health Literacy:** Increase staff understanding of mental health conditions such as depression and anxiety, including symptoms and potential side effects of medications, and recognizing and responding to signs of a mental health concern. Address mental health stigma and equip staff to monitor and support peer interactions to foster a safe, inclusive environment and prevent bullying.

- **Flexibility and Accommodations:** Emphasize the need for flexibility throughout the process to meet the individual academic, social, and emotional needs of the returning student (e.g., scheduled breaks, alternate seating, adjustments to workload, deadlines, and appropriate expectations).

Mental Health Providers or Hospital Staff

Designate Clear Points of Contact

Clear and systematized communication helps create a better system of support for students and caregivers. Schools should identify a main contact at both the school and the treatment facility to streamline communication, avoid confusion, and ensure timely follow-through. Schools may only disclose information from pupil records with written authorization from a parent, legal guardian, or adult student; court order; or statutory exemption. Consider if system policies allow for an exchange of student information through a signed release of information (ROI) that is both HIPAA and FERPA compliant, approved by the hospital and school legal counsels, and kept on file at both entities. Streamlining paperwork for families in this way can remove barriers to efficient and effective teaming in the best interest of students.

Plan for a Smooth Transition

A student's return to school following a mental health hospitalization requires thoughtful planning and coordination. During hospitalization, the primary focus is on stabilization and recovery. Therefore, academic programming and expectations during this time are highly dependent on the student's status and the programming and policies of the hospital. Schools are encouraged to collaborate early to clarify if and how homework and academic expectations are handled in the hospital setting.

It is beneficial to begin discharge planning as early as possible by collaborating to gather updates on anticipated length of stay, expected return date, and aftercare recommendations. This information is useful in creating a flexible, student-centered re-entry plan that prioritizes mental health, includes appropriate

accommodations, and outlines the supports needed to help the student return to school successfully.

Policy, Legal, and Ethical Requirements

It is essential that school staff follow:

- All applicable state and federal laws, including pupil records laws, maintaining appropriate confidentiality, and defining "need to know" vs. “want to know”.
- Mandated reporting guidelines when child maltreatment concerns exist.
- School board policies and procedures.
- Ethical guidelines for their profession.

It is also important for schools to understand when a special education and/or 504 evaluation for disability-related mental health needs may be required. Please refer to Addressing Mental Health Needs in the IEP for more information.

In addition, schools should ensure they comply with Wisconsin laws related to suicide prevention in schools. “There are multiple Wisconsin laws that pertain to youth suicide prevention. Schools are statutorily required to educate students about suicide prevention using health curriculum. The civil liability law insulates all public and private school district employees and volunteers from civil liability for their acts and omissions when trying to intervene in a student’s suicide. The legislature found it so important that adults take action when a student is suicidal, that they insulated those adults from civil liability for their efforts with suicidal students. Staff members and volunteers should feel safe in doing their best to identify and help suicidal students” (DPI n.d.).

Initial Hospitalization

Hospitalization can be a stressful and overwhelming experience for students and their families. When a school learns of a student's hospitalization, whether through a phone call, email, attendance message, or third party, it is important to begin gathering key information to support the student's well-being. Clear communication between caregivers, hospital staff, mental health providers, and school personnel is essential.

Once notified, school staff should take steps to ensure a smooth and supportive transition back, including maintaining confidentiality, respecting the student and family's input, and coordinating necessary support for a safe and successful return.

Initial Notification of Hospitalization

If a school staff member (teacher, attendance line, etc.) receives the information from the caregiver:

- ✓ Thank the caregiver using supportive language.
  Sample: *"Thank you for letting the school know. We're glad the student is getting the help they need. Our priority is their well-being; we'll support their return when ready."*

- ✓ Ask for the caregiver's preferred contact times and method (phone, email, etc.) so the school point person can follow up.

- ✓ Refer the information to student services, attendance coordinators, and building administration.

Assign a point person (student services professional or administrator) to coordinate the next steps.

Key Action Step Checklist

Student and Caregivers

- ✓ Gather any details from the caregiver to help support the student in their absence.
  - Where will the student be admitted?
  - What is their anticipated length of stay?

- ✓ Discuss the benefits of sharing information across the support team and assist caregivers with the release of information (ROI) paperwork to ease the flow of communication with hospital staff and mental health providers.
- ✓ Discuss which information the student and caregivers would like shared with school staff at this time and which information school staff feel is necessary to disclose for specific purposes.
- ✓ Discuss schoolwork expectations:
    - Confirm whether the student is able to or expected to complete schoolwork and whether treatment includes an academic component.
    - Reassure the caregiver that stabilizing the student's health and well-being is the top priority and that academic planning and progress will be phased in as appropriate.
    - Inform the caregiver that absences will be excused during hospitalization in accordance with school policies and provide any actions they need to take.
- ✓ Ask if there is any other helpful information the caregiver wants to share.
- ✓ Ask what support the family needs during this time.
- ✓ Set up regular (e.g., weekly) caregiver check-ins for updates, planning, and discharge status.

School Staff

- ✓ Notify administration and staff who have a legitimate educational interest by sharing only necessary information in alignment with what was discussed with the student and caregiver.
- ✓ Emphasize that accommodations and flexibility will be needed.
- ✓ Contact the attendance office to stop any automated attendance messages, phone calls, attendance letters, etc.
    - Direct all future communication to the point person.
- ✓ Schedule a future meeting with school staff to discuss schoolwork, grading, academic, social, and emotional accommodations.
- ✓ Coach staff on how to address rumors or questions from students. Sample: *"You may have heard things, and it's important that we focus on supporting one another rather than spreading rumors. Let's respect people's*

privacy and focus on kindness. If you're feeling upset about this or have questions, our school (counselor, social worker, psychologist) is available to talk."

Mental Health Provider or Hospital Staff

- ✓ Work with the caregiver and the provider to obtain a school district-approved release of information (ROI).
- ✓ Identify the point person or case manager at the facility.
- ✓ Clarify if schoolwork should be sent.
- ✓ Ask about the anticipated length of stay.
- ✓ Request timely updates about discharge plans.
- ✓ Establish a communication plan (i.e., frequency, method).
- ✓ Discuss the aftercare and transition plan.
- ✓ Request a hospital admission statement to excuse absences if required by school policy.

During Hospitalization

During hospitalization for a mental health crisis, the school's primary focus is on effective communication among the student's family, school personnel, hospital staff, and mental health professionals, as well as on comprehensive planning for the student's reintegration into the school environment. Ensuring ample time to prepare significantly enhances the likelihood of a smooth and supportive transition.

The point person (student services professional or administrator) will coordinate the remainder of the process.

Key Action Step Checklist

Student and Caregivers

- ✓ Contact the caregiver periodically during hospitalization; discuss any concerns the caregiver and student may have regarding peers, school reintegration, or potential stigma.
- ✓ Provide ongoing discussion with caregivers and the student regarding the necessary and appropriate sharing of information to ensure safety, academic support, and overall well-being while maintaining confidentiality.
- ✓ Provide reassurance to alleviate stress for the student that academic expectations will be reasonably adjusted and support will be available to help them catch up upon their return to school.
- ✓ As discharge nears, discuss information that may be helpful for re-entry meeting such as:
    - Stressors.
    - Effective coping strategies.
    - Safety plans for school, home, and community.
    - School staff who the student would like to include in the re-entry meeting.
    - School-based mental health supports and services that the student has access to upon return to school.
    - Community support and aftercare resources (e.g., mental health therapist, case manager).

School Staff

- ✓ Respect confidentiality by sharing only with staff who have a legitimate educational interest and by sharing only necessary information in alignment with what was discussed with the student and caregiver.
- ✓ With caregiver consent, identify a trusted staff member to reach out to the student with a supportive message (such as a card or note from teachers).
- ✓ Plan for academic support and accommodations:
    - Clarify the student's academic plan during hospitalization, emphasizing that mental health takes priority.
    - If the student is unable to complete schoolwork during their absence, excuse as much as possible per school policy.
    - If the student is completing work, prioritize essential assignments tied to key learning goals and consider shortening or modifying tasks.
    - Consider temporary supports upon return, such as a reduced schedule, modified coursework, and quiet space for breaks.
- ✓ Monitor the school environment:
    - Guide staff in responding to rumors or questioning from peers or other school staff.
    - Update relevant staff as information becomes available about the student's progress, discharge, and return to school.
    - Check in with close friends and other students who may be emotionally affected and remind all parties of the importance and limits of confidentiality.

Mental Health Provider or Hospital Staff

- ✓ Continue regular communication between the school and hospital point person:
    - Discuss the transition and return-to-school process.
    - Clarify ongoing mental health support after discharge.

Return to School

When a student returns to school following hospitalization for a suicide attempt, suicidal ideation, or other mental health crisis, it is critical to engage in collaborative planning with the student and their family to support a safe and effective transition. “For a variety of reasons, youth are at high risk for suicide attempts following psychiatric hospitalization” (Erbacher, Singer, and Poland 2024, 9). A re-entry meeting should be held prior to the student's return and serves to align support systems, identify necessary accommodations, establish a plan for ongoing monitoring and care, and reassure the student. A structured and intentional re-entry process that incorporates student and family input increases the likelihood that the student will successfully self-regulate, manage academic and social stressors, implement coping strategies, and re-engage with their educational environment.

Schools and districts should customize their re-entry protocol based on the student's needs and school district policy. Throughout the process, prioritize student and caregiver voice and dignity and include active input and involvement. Re-entry protocols should also address individual student needs on a case-by-case basis and outline how students can access supports and services that are part of a school’s comprehensive mental health system. In addition, consider wraparound services involving natural supports (e.g., faith community, peer and family support), school-based therapists, community providers, or county social workers to ensure continuity of care and comprehensive support.

The point person established previously should lead the re-entry process.

All re-entry protocols should include the following key components:

- An outline of support needed to help the student transition back to school.
- Release of Information (ROI) if one is not already obtained.
    - Encourage the hospital, caregiver, and student to share any assessments, notes, and recommendations from outside agencies so that school can work to provide continuous care.
- A plan for student self-disclosure with caregiver consent; encourage the student to share feelings in safe, appropriate settings.
    - Use role-playing to allow the student to practice responses to different situations (peer-to-peer and student-to-staff).

    - Discuss digital and online presence and social media, including adjusting privacy settings, setting boundaries, being thoughtful about what is posted, unfollowing accounts that negatively impact mental health, and following accounts that support well-being.
    - "Up to Me: Talking about My Mental Health" can be a valuable resource for school staff to help students share their stories in an empowering way.
- Options for school accommodations and flexibility.
    - Discuss and document the identified accommodations, such as shortened schedule, focus on key academic concepts, excusing or reducing assignments, classroom breaks, safe spaces, grading accommodations, and reduced transitions.
- A plan for regular check-ins with student services staff and other school-based or community mental health supports.
- A review of:
    - Changes to medication, including potential impact on mood and behavior, and plan for any medication to be administered at school.
    - The discharge summary and recommendations.
    - Current impacts of mental health strengths and challenges on student mood, actions, behavior, learning, and access to the academic program.
    - School data including attendance, discipline, academics.
- A safety plan created with student and caregiver input which includes at a minimum:
    - Warning signs of a crisis or factors that exacerbate mental health challenges.
    - Designated safe spaces and supportive staff at school.
    - Coping strategies and distractions.
    - Crisis contacts.

Examples of Re-Entry Meeting Protocols and Safety Plans
Re-entry plans and protocols should be customized to reflect the unique needs and policies of the school and district.

- Example Student Re-Entry and Safety Plan
- Additional Safety and Support Plans
    - Safety Plans
        - 988 SAMHSA Safety Plan
        - Social Work Tech Safety Plan (English and Spanish)
    - Support Plans
        - Web of Support (English and Spanish)

Key Action Step Checklist

Setting up the Re-Entry Meeting

- ✓ Schedule a re-entry meeting prior to the student's return to school.
- ✓ If a student returns to school **without prior notice,** the designated school point of contact should promptly connect with the student and caregiver and schedule a re-entry meeting as soon as possible.
- ✓ Prioritize student and caregiver input when identifying re-entry meeting attendees, ensuring the meeting includes those essential to providing meaningful support (listed below), while avoiding an overwhelming number of participants.
    - Student
    - Caregiver(s)
    - School mental health professional (i.e., school counselor, school social worker, school psychologist)
    - Administrator
    - Optional: School staff member or mental health provider requested by the student or caregiver.
- ✓ Utilize a re-entry meeting protocol to document the meeting.
- ✓ Gather practical information relevant to the student's return to school such as a class schedule, locker combination, etc.

School Staff

- ✓ Inform staff who work directly with the student about their return, sharing only necessary information, without disclosing specific mental health details; all communication must stay confidential and follow district policies and pupil records laws.
- ✓ Collaborate with school nursing staff, especially involving medical needs and medication administration.
- ✓ Train school staff on best practices around student re-entry.
- ✓ Emphasize staff wellness and provide support to staff who may be experiencing vicarious trauma.

Mental Health Provider or Hospital Staff

- ✓ Ask for feedback about what support is needed to help the student transition back to school, including specific strategies the student has benefitted from in treatment to support continuity of care.
- ✓ Coordinate re-entry plans and continued mental health treatment with outside agencies, ensuring continuity of care.
- ✓ Schedule a follow-up meeting within 2-3 weeks.

Follow-Up and After Care

Once the student has returned to school and the re-entry plan is in place, considering the next steps, including long-term support that promotes positive mental health and academic success, is critical and cannot be overlooked. Supports and accommodations must remain flexible and responsive to the student's evolving needs. These may be gradually reduced over time based on progress and consultation with the student and their care team. Ongoing monitoring is essential to ensure the student remains supported. The plan should continue to reflect the unique needs of the student and prioritize their overall well-being, allowing for adjustments as recovery progresses.

The point person established previously should continue to coordinate communication and follow-up.

Key Action Step Checklist

Student and Caregivers

- ✓ Conduct regular check-ins and monitoring of student progress with gradual fading over time based on collaboration with the student and care team. In addition, determine who is doing the check-in and the frequency of check-ins.
    - Discuss grades, work completion, and class participation with the student; consider if the student's current academic performance is aligned with their abilities and well-being.
    - Discuss friendships and peer interactions.
    - Discuss accommodations, supports, and mental health services and adjust as necessary.
    - Identify curricular topics that could be activating to the student (e.g., suicide prevention unit).
    - Review attendance data and other relevant data.
- ✓ Establish a brief caring communication delivered at a regular interval (i.e., monthly, quarterly).
    - Email Message or Note Sample: *"I hope things are going well for you. I'm thinking about you and am here if you need any help or support."*

- ✓ Maintain regular, open communication with caregivers:
    - Involve caregivers in decision-making and plan adjustments.
    - Provide updates on school progress.
    - Check if mental health services and community supports are in place and offer assistance if barriers are identified.
    - Provide information regarding available community resources when school is not in session.
    - Contact caregivers immediately if suicidal thoughts or behaviors re-emerge.

School Staff

- ✓ Communicate with school staff about student social and emotional well-being and academic progress as needed.
- ✓ Discuss current school performance.
    - Academic: grades, work completion, class participation, engagement, attendance.
    - Social/emotional: social interactions, mood, and behavior.
- ✓ Review accommodations and supports and adjust as necessary.
- ✓ Inform staff of curricular topics that could be activating to the student.

Mental Health Provider or Hospital Staff

- ✓ Coordinate communication with mental health providers and hospital staff.
    - With consent and a signed release of information (ROI), consult with therapists or counselors on treatment progress.
    - Share relevant school observations with mental health providers.

Conduct a team meeting to review and update the re-entry plan

- ✓ Discuss ongoing academic, social, emotional, and mental health support.
- ✓ Determine if supports and accommodations will continue, taper, or change.
- ✓ Review and update safety plan.

- ✓ Determine future meetings and set meeting date(s) and time(s) as appropriate.

For more information about suicide prevention, please visit the Wisconsin Department of Public Instruction's Youth Suicide Prevention webpage. In addition, for DPI updates about suicide prevention, youth mental health, and related topics, subscribe to the DPI School Mental Health and Well-being email list.

Appendix

Key Action Step Checklists

The **Key Action Step Checklists** in this document are provided below in a Microsoft Word document to allow for note taking and editing.

Key Action Step Checklists

- Initial Hospitalization
- During Hospitalization
- Return to School
- Follow-Up and After Care

Re-Entry Meeting Protocols and Safety Plans

Example Student Re-Entry and Safety Plan

Additional Safety and Support Plans
988 SAMHSA Safety Plan

Social Work Tech Safety Plan (English and Spanish)

Web of Support (English and Spanish)

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