



# Communication of Risk and Harm

This is a record documenting notification given to a parent/guardian of a suicide threat/ideation, suicide attempt, cutting/self-harm, bullying, cyber-bullying, harassment, hazing, or retaliation incident involving their student. This form must be maintained securely, confidentially, and separately from the student's educational records by school administration consistent with [Utah Code 53G-9-604](#). DO NOT USE THIS FORM TO NOTIFY A PARENT/GUARDIAN OF THE SUICIDE THREAT OR BULLYING INCIDENT.

Report Date: \_\_\_\_\_ Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent: \_\_\_\_\_ Phone: \_\_\_\_\_

Reported by: \_\_\_\_\_ Title: \_\_\_\_\_

School: \_\_\_\_\_ Parent Contacted:  Yes  No

Notes: \_\_\_\_\_

## CONCERNS

- Abusive Conduct
- Cutting/Self-Harm
- Retaliation
- Suicide Threat/Ideation
- Bullying/Cyber-bullying
- Hazing
- Suicide Attempt

## ACTION TAKEN

- 911 called for ambulance/hospitalization
- Administered the Columbia Protocol
- DCFS contacted 1.855.323.3237
- Police contacted
- Student taken home by parent
- Student taken to ER by parent
- Provided prevention materials and information  
(If student threatened suicide or was involved in bullying)  
Distributed by:  Digital copy  Physical copy

## SUMMARIZE SITUATION AND ACTION TAKEN

Safety Plan: \_\_\_\_\_

Other: \_\_\_\_\_

Additional Notes: \_\_\_\_\_

Requesting additional support from Social Worker:  Yes  No

Date each item when completed.  
 1 copy to Building Administrator: \_\_\_\_\_  
 1 copy to Coordinator of Student Services: \_\_\_\_\_  
 1 copy for own records (optional): \_\_\_\_\_

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