

APPENDIX A

Risk Factor Checklist for Teen Suicidal Behavior and Suicide

Demographic Characteristics

- Gender
 - ◆ Male (suicide)
 - ◆ Female (nonfatal suicidal behavior)
- Racial and ethnic background
 - ◆ Black females have lowest suicide rate
 - ◆ Native American/Alaskan Native males have highest suicide rate

Clinical Features

- Previous suicide attempt
 - ◆ Multiple previous attempts (two or more) = highest risk
- Suicidal ideation and/or intent
 - ◆ Especially plans and preparation
- Psychiatric disorders
 - ◆ Depressive or bipolar disorder
 - ◆ Alcohol/drug abuse
 - ◆ Conduct disorder
 - ◆ Posttraumatic stress disorder
 - ◆ Other (e.g., anxiety disorder, schizophrenia, eating disorder)
- Other behaviors and characteristics
 - ◆ Nonsuicidal self-injury
 - ◆ Hopelessness
 - ◆ Impulsivity
 - ◆ Psychic pain
 - ◆ Poor reality testing
 - ◆ Aggressive tendencies or history of violent behavior
 - ◆ Cluster B and C traits
 - ◆ Personality disorder
 - ◆ Sleep disturbance/insomnia
 - ◆ Learning disorders and difficulties
- Recent discharge from psychiatric hospital; recent change in treatment

Family and Interpersonal Factors

- Family history of suicidal behaviors, suicide
- Family history of psychiatric disorder
- Sexual abuse, physical abuse
- Bullying victimization and/or perpetration
- Peer relationship difficulties, poor social integration
- Family conflict, low support, perceived burdensomeness
- Lesbian, gay, bisexual, transgender

Contextual Factors

- Exposure to suicide
- Access to lethal means (firearm)

Recent Life Stress

- Loss of/conflict in close relationship
- Disciplinary action, shame experience

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APPENDIX B

Tracking Form for School-Based Screening

Student Name	Date of Positive Screen	Date of Follow-Up	Date Parents Notified	Referral/ Recommendation	Date of Follow-Up to Assess Service Utilization

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APPENDIX C

Suicide Prevention Resources for Schools (Guidelines and Education/Awareness Programs)

Program	Description
Curriculum-based education/awareness programs for students	
LEADS for Youth: Linking Education and Awareness of Depression and Suicide <i>www.sprc.org/sites/sprc.org/files/bpr/LEADSBPRfactsheet.pdf</i>	Located on the SPRC registry for evidence-based programs, LEADS is a 3-day curriculum for high school students that teaches information about depression and suicide. Students discuss how and where to find help for themselves or depressed friends and how to overcome barriers to receiving help.
Look Listen Link <i>www.sprc.org/sites/sprc.org/files/bpr/LOOKLISTENLINK.pdf</i>	Located on the SPRC registry for evidence-based programs, the Look Listen Link curriculum is designed for middle school–age youth. Consisting of four 45-minute sessions, it helps youth to identify causes of stress and methods for coping. Its interactive exercises empower youth to recognize signs of depression in their peers and themselves and connect them to help.
Staff inservice trainings	
AAS School Suicide Prevention Accreditation Program <i>www.suicidology.org/certification-programs/school-professionals</i>	This self-paced independent study training program was designed to help school districts to train a suicide prevention specialist for their community. The brief curriculum teaches warning signs, prevention and postvention principles, how to reintegrate a student after an attempt, and how to deal with a traumatic loss. The program also details the risk factors for suicide, how to assess risk, how to deal with the parents of a teen at risk, and how to create a safety contract for a student.
Making Educators Partners in Suicide Prevention (PowerPoint) <i>www.sptsnj.org/educators</i>	This 2-hour training session on suicide awareness for school personnel is a completely prepared PowerPoint presentation with notes available for no cost online. It highlights why suicide awareness training is beneficial for the entire school community. School faculty learn to correct myths about suicide and are taught accurate

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APPENDIX C (page 2 of 3)

	information about suicide risk, warning signs, and protective factors. In addition, faculty learn how to interact with at-risk youth and identify helpful resources for at-risk students.
Center for Safe and Responsible Internet Use www.embracecivility.org	This site provides information regarding risk issues and contains a recommended action plan for intervention and prevention of cyber-bullying. The website provides free student handouts geared toward “cyber safety” for different age groups. School districts or individual teachers may purchase a 2-hour professional development presentation that gives teachers a comprehensive understanding of digital media safety and responsibility.
Schoolwide screening approaches	
SOS Signs of Suicide www.mentalhealthscreening.org/programs/youth-prevention-programs/sos	A 2-day secondary school–based intervention that includes screening, education, and training. Students are screened for depression and suicide risk and referred for professional help as indicated.
Yellow Ribbon Suicide Prevention Program www.yellowribbon.org	The Yellow Ribbon website provides a list of programs and upcoming events and includes resources for training and education for professionals, families, and survivors. The site contains warning signs and risk factors for suicide, information and registration for gatekeeper training, and resources for depression and suicide prevention.
TeenScreen	Identifies middle school- and high school-age youth in need of mental health services due to risk for suicide and undetected mental illness. The program’s main objective is to assist in the early identification of problems.
General information	
Maine Youth Suicide Prevention, Intervention, and Postvention Guidelines: A Resource for School Personnel www.maine.gov/suicide/docs/Guidelines%2010-2009--w%20discl.pdf	The 63-page report examines school-based prevention for youth suicide. It highlights suicide prevention protocols in the school setting including a crisis plan, guidelines for high-risk situations, guidelines for suicide attempts in and out of school, and postvention protocols. Postvention protocols include the responsibility of school staff in the aftermath of suicide or a suicide attempt.

(continued)

APPENDIX C (page 3 of 3)

<p>National Association of School Psychologists. Preventing Youth Suicide: Tips for Parents and Educators <i>www.nasponline.org/resources/crisis_safety/suicideprevention.aspx</i></p>	<p>Provides tips for educators, including suicide risk factors and warning signs. In addition, it includes what actions to take when there are signs of suicide, the role of school in suicide prevention, and resiliency factors that can lessen the potential of risk factors that lead to suicidal ideation.</p>
<p>The Youth Suicide Prevention School-Based Guide <i>theguide.fmhi.usf.edu</i></p>	<p>This guide provides user-friendly information to evaluate school suicide prevention programs and improve on them. It defines elements of a comprehensive school-based suicide intervention program, offers successful strategies used to reduce the incidence of suicide, and provides checklists to evaluate school prevention programs. It also provides guides for school faculty to enact proven strategies for suicide prevention supported by literature and current research.</p>
<p>AAS Guidelines for School-Based Suicide Prevention Programs <i>www.sprc.org/sites/sprc.org/files/library/aasguide-school.pdf</i></p>	<p>These guidelines examine the requirements for school-based prevention programs designed for an entire school, as well as programs designed for a selected group of at-risk students.</p>
<p>Stop Bullying Now Campaign <i>www.stopbullying.gov</i></p>	<p>This site provides information specifically for administrators, educators, and adults at school, in addition to information tailored for children or parents. The website suggests 10 “best practice” strategies in bullying prevention and intervention, has tip sheets on how to intervene on the spot during a bullying situation, and advice on how best to support a victim of bullying.</p>

APPENDIX D

Questions to Ask about Suicidal Thoughts

- I wonder if you've been so down that you've had thoughts about death or wishing you were dead?
- Do you ever get images or pictures in your head of your own death?
- Have you considered harming yourself? *or* How often do you feel so down that you feel like harming yourself?
- Given the severe pain you're in with this depression, and all you're dealing with at school and at home (*tailor to teen*), I wonder if you've had thoughts of suicide?
- It sounds like you've been really down. Sometimes when teens feel so down and experience major disappointments like you have, they have thoughts of suicide. I'm wondering how often you feel so down that you have thoughts of suicide?
- Are you thinking about suicide?
- Do you sometimes have an impulse to kill yourself? How often do you have such an impulse and when (where, under what circumstances) do you have this impulse?
- How long have you been thinking about suicide? When did you first begin to have suicidal thoughts?
- How often do you have these thoughts?
- How long do the thoughts last? How hard is it to get them out of your mind?
- Have you had thoughts about how you would do it?
- What thoughts or plans do you have?
- Have you taken steps toward this plan? (The clinician may want to follow up with a more specific question; e.g., if a plan was shared to overdose: "Have you ever taken out a pill bottle?")
- Is there any part of you that wants to die?
- Do you have the intent to die?
- What stops you from doing something to harm yourself?
- What are some of the reasons you want to be living next week, next month, and next year?

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APPENDIX E

Teen Suicide Risk Assessment Worksheet

Evaluator _____ Date _____

Client _____

Gender: M F Birthdate: _____ Age (years): _____

Reason for Comprehensive Risk Assessment (e.g., recent suicide attempt, reported suicidal thoughts, hospital discharge/disposition, new client, other):

Sources of Information (Circle): Teen Parent/Guardian Other

Interview with _____

Interview with _____

Interview Form or Questionnaire (specify) _____

Other Source(s) of Information (specify) _____

Current or History of Suicidal Thoughts: YES NO

If yes:

What is content of thoughts?

Time Course (today? past week? past month? lifetime?) _____

Frequency _____

Duration (How unrelenting?) _____

Has client considered a method? _____

Does client have a plan? _____

Any preparatory action(s) _____

Are there triggers that can be identified? _____

Recent or History of Suicide Attempt: YES NO

If yes:

How many suicide attempts? _____

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APPENDIX E (page 2 of 3)

Most Recent Suicide Attempt

When (Date and Circumstances) _____

Method _____

Intent (quality and level; e.g., ambivalent, fleeting, definite with advance planning) _____

Possible function(s) of attempt _____

Situation and triggers? _____

Previous Suicide Attempt(s)—Summarize

When (date and circumstances) _____

Methods _____

Intent (quality and level; e.g., ambivalent, fleeting, definite with advance planning) _____

Possible function(s) of attempts _____

Situations and triggers? _____

Other Clinical Risk Factors: Check all that apply.

Psychiatric disorder

- Depressive/bipolar disorder
- Alcohol/drug abuse
- Conduct disorder
- Posttraumatic stress disorder
- Other

Contextual/Interpersonal

- Social isolation
- Victim of bullying
- Lesbian/gay/bisexual/transgender
- Exposure to suicidal behavior
- Local cluster

Other Clinical

- Previous suicide attempt
- Suicide ideation/impulses
- Poor reality testing
- Aggression/violent history
- Trauma or abuse
- Family suicide/psychiatric disorder
- Loss of close relationship
- Shame experience
- Recent psychiatric discharge
- Hopelessness
- Impulsivity
- Psychic pain
- Sleep disturbance/insomnia
- Anxiety

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APPENDIX E (page 3 of 3)

Mental Status Exam: Check items present to a clinically significant degree.

- | | |
|--|--|
| <input type="checkbox"/> Psychic pain | <input type="checkbox"/> Poor reality testing |
| <input type="checkbox"/> Inability to see/consider options | <input type="checkbox"/> Depressed mood |
| <input type="checkbox"/> Hopelessness | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Perceived burdensomeness | <input type="checkbox"/> Anger |
| <input type="checkbox"/> Shame/self-hate | <input type="checkbox"/> Command hallucination |
| <input type="checkbox"/> Alcohol or drug intoxication | |
| <input type="checkbox"/> Impulsivity | |
| <input type="checkbox"/> Aggressive behavior | |
| <input type="checkbox"/> Poor judgment | |
| <input type="checkbox"/> Agitation | |

Notes: _____

Protective Factors:

Family and/or other social support (describe) _____

Problem-solving/coping skills (describe) _____

Future orientation and reasons for living (describe what teen is looking forward to, etc.)

Cultural/religious/community beliefs (describe) _____

Connectedness to others (describe) _____

Risk Formulation (see Appendix F, Documentation of Teen Suicide Risk Assessment).

APPENDIX F

Documentation of Teen Suicide Risk Assessment

Evaluator _____ Assessment Date/Time _____

Client _____

**Risk factors (psychiatric disorders, active use of alcohol or drugs, history of trauma/abuse/
family suicide, recent stress, hospital discharge/treatment change, contextual factor such as
victimization/bullying):**

**Suicidal thoughts, impulses; history of suicide attempts (Thoughts: content, severity,
frequency, controllability; Attempts: number, precipitants, method, functional analysis):**

Mental status (current psychological functioning):

Protective Factors:

**Risk formulation (summarize risk and protective factors; indicate judgment regarding level
of risk):**

Plan of action:

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APPENDIX H

Safety Plan Form

1. What are my triggers for suicidal thoughts or self-harmful behaviors? How might I recognize when I need to take steps to protect my well-being and remain safe?

2. The steps I will take when I experience these triggers, suicidal thoughts, or self-harm urges:

a. Try to relax by _____

b. Do something physically active such as _____

c. Distract myself by _____

d. Use coping statements (thoughts) such as _____

e. Contact a family member, friend, support person:

Name

Phone Number

_____	_____
_____	_____
_____	_____
_____	_____

f. Call my therapist or emergency numbers OR go to emergency department:

Emergency: 911

Local emergency services: _____

My clinical provider/therapist: _____

(Times I can reach my clinical provider) _____

Suicide Prevention Lifeline: 1-800-273-TALK (8255)

g. Move away from any method or means for hurting myself; involve family member or support person in limiting my access to means.

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APPENDIX H (page 2 of 2)

3. A couple of things that are very important to me and worth living for are:

Signed:

Client Date

Therapist Date

Parent/Guardian (if possible) Date

APPENDIX I

Suicide Warning Signs for Parents

Be aware that the following factors may be a warning or risk for suicide:

- Depression and other mental health disorders.
- Noticeable change in behavior, high anxiety, or agitation.
- Talking, writing, or communicating about suicide or death.
- Inability to sleep.
- Buying a gun.
- Past suicide attempts or suicidal behaviors.
- Substance use (drugs and alcohol).
- Hearing about someone else's suicide.

Precautions to take:

- Remove all weapons, including firearms, from the home.
- Lock up prescription and over-the-counter medications.
- Monitor your teen's behavior more closely.
- Ask your teen daily about his/her mood and for the presence of suicidal thoughts.
- Screen contacts with problematic peers or others.

What to do if your teen feels suicidal:

- Work with your teen on his/her safety plan.
- Contact his/her therapist or psychiatrist.
- Call a crisis number (national crisis hotline: 1-800-273-8255).
- Go to the emergency department.
- Call 911.

Tips for Communicating with Teens

1. **Be genuine.** It is better to say less to a teenager than to try and say things that one does not genuinely believe.
2. **Convey warmth and openness.** Convey warmth, caring, and a willingness to hear youth speak about a variety of topics. Some of these topics may make us uncomfortable. The idea is to “hear the youth out” rather than to “stop them in their tracks” with an interruption, comment that we don’t agree, or statement like “Everything will be fine” or “I don’t think it’s so bad.”
3. **Listen carefully and make an effort to understand the teen’s perspective.** It may be helpful to consider the following steps:
 - a. Rephrase and clarify what the teen said. Perhaps repeat it in your own words to check out whether you understood correctly what the teen was saying.
 - b. Acknowledge the teen’s thoughts and feelings. It is not necessary to agree with the teen’s thoughts and feelings, but it is helpful to recognize them.
 - c. Offer your own feelings and thoughts on the matter. The best time to do this is after you have listened carefully and acknowledged the teen’s perspective.
4. **Use “I” statements.** These would include sentences such as, “I like the way you handled that situation,” or “I am concerned about what you’re saying happened.” These kinds of statements convey a personal and genuine interest. They are preferred over statements like, “You make me upset,” or “You handled that the way you usually do.”
5. **Use specific statements when giving feedback.** That is, say something like “I think it’s great that you earned a B in algebra,” rather than “You’re a great student.” Or “I think you made a mistake by drinking with Roy last night,” rather than “You’re a drunk and can’t seem to change.” Whenever possible, avoid vague, general feedback statements that can hurt, increase hopelessness, and leave too much room for misunderstanding.
6. **Obtain input from the youth about how you can best support him or her.** For example, let the teen guide you about the best times to check in about his/her mood or how things are going at school or with friends. Provide the teen with some choices in how to structure the nature of your support. For example, “How do you feel about me reminding you to take your medicine? I could just leave it out for you in the mornings, I could leave you a note or text you to remind you, or I could verbally remind you before you leave for school. What makes you most comfortable?”

APPENDIX K

Useful Websites

Website	Unique Features
<p>www.sprc.org Suicide Prevention Resource Center The SPRC website contains valuable resources, such as a best practices registry and a toolkit for suicide prevention for primary care providers. The site also provides information for online training workshops as well as a history of suicide prevention activities in the United States. SPRC also sends a free weekly e-mail newsletter with updates from the field of suicide prevention.</p>	<ul style="list-style-type: none"> • Customized information for people in many different roles regarding suicide risks and warning signs. • Access to SPRC prevention specialists. • Best practice information regarding suicide prevention, including gatekeeper training. • Online library of resources.
<p>www.suicidepreventionlifeline.com National Suicide Prevention Lifeline (1-800-273-TALK)</p>	<ul style="list-style-type: none"> • Information about the national suicide prevention crisis line. • The lifeline gallery, real stories of hope and recovery added by survivors.
<p>www.nimh.nih.gov/health/topics/suicide-prevention/index.shtml National Institute of Mental Health The NIMH website contains information on recent research in the field of mental health, broadcasts opportunities for public involvement, and provides substantial information about mental health problems and effective treatments.</p>	<ul style="list-style-type: none"> • Risk factors for suicide. • Statistics on suicide prevalence. • Fact sheet on treatment and prevention.
<p>www.suicidology.org American Association of Suicidology The AAS website includes information and support for researchers, suicide survivors, clinicians, and even those contemplating suicide. The site provides information regarding trainings, certifications, and recent research on suicide.</p>	<ul style="list-style-type: none"> • Warning signs and risk factors for suicide. • Fact sheets regarding suicide prevalence by race/age. • Ways to become involved in suicide prevention. • Annual suicide prevention conference.

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APPENDIX K (page 2 of 3)

<p>www.afsp.org American Foundation for Suicide Prevention The AFSP site outlines prevention projects and provides educational resources. There are opportunities to join an AFSP chapter and information for suicide prevention researchers seeking grant funding.</p>	<ul style="list-style-type: none"> • Warning signs and risk factors for suicide. • Facts and figures for different ages, races, and special populations. • Information on what to do when you suspect someone is considering suicide. • Opportunities to get involved in suicide prevention at a local level.
<p>www.mentalhealthamerica.net Mental Health America This website contains information on a variety of mental health disorders, treatments, and topics. It provides resources for finding treatment and support groups.</p>	<ul style="list-style-type: none"> • Wide range of mental health topics. • Different treatments that may help someone who is considering suicide. • Can search on “suicide” for information on suicide warning signs, helping someone at risk, and resources.
<p>www.effectivechildtherapy.com Association of Behavioral and Cognitive Therapies Society for Clinical Child and Adolescent Psychology The joint website between the ABCT and SCCAP provides up-to-date information on the best treatments available for a wide variety of mental health problems. It contains a directory for the general public to find therapists and offers information for clinicians on empirically supported treatments.</p>	<ul style="list-style-type: none"> • Available sources for treatment. • Information on the best treatment practices for specific problems. • Online function to search for therapists in specific fields, including suicide and adolescents.
<p>www.mentalhealthscreening.org Screening for Mental Health The Screening for Mental Health website offers information on mental health screening for a variety of settings, including military, community, schools, workplace, and health care.</p>	<ul style="list-style-type: none"> • Fact sheets on suicide and depression. • Screening and online kits (fee). • Sample online screenings for a variety of mental health problems.

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APPENDIX K (page 3 of 3)

<p>www.yspp.org Washington State Youth Suicide Prevention Program The Washington State Youth Suicide Prevention Program website provides a great deal of information for schools, parents, and youth. The website has a large list of available resources broken down into different regions of the state.</p>	<ul style="list-style-type: none"> • A list of frequently asked questions regarding risk factors and warning signs. • Specific information and resources for GLBTQ youth. • Information regarding available training sessions in suicide prevention programs.
<p>www.reachout.com A website meant for teens developed by SAMHSA and the Ad Council with teen input. Education is provided about suicide and other risk factors. Teens share stories via videos and blogs; resources are provided to help teens help one another.</p>	<ul style="list-style-type: none"> • Educational resources designed for teens. • Teens submit their personal stories of struggle and recovery. • Resources are provided for teens to help a friend and get involved in their community prevention activities.
<p>www.hsph.harvard.edu/means-matter Harvard Injury Control Research Center (part of Harvard School of Public Health) The Means Matter Campaign website contains many statistics and resources regarding the question of <i>how</i> people are taking their lives, as opposed to simply <i>why</i>. The site provides information about the importance of means reduction in suicide prevention.</p>	<ul style="list-style-type: none"> • Frequently asked questions regarding the effects of means reduction on suicide. • A free online course on means reduction. • A “means matters” slide show that can be used to spread the word about lethal means reduction.
<p>www.cdc.gov/violenceprevention/pub/selfdirected_violence.html This website contains free access and information regarding the Self-Directed Violence Surveillance: Uniform Definitions and Recommended Data Elements report.</p>	<ul style="list-style-type: none"> • Report provides background information on self-directed violence and its importance. • Outlines uniform definitions of self-directed violence. • Recommends data elements for use with collection of suicide information.

APPENDIX M

Sample Letter to Formally Request School-Based Services

When requesting a formal evaluation, individualized education plan, or accommodations for a teen at school, parents must submit a written request to the school. According to the Individuals With Disabilities Education Act (2004), schools have 10 business days to respond to the written request and 30 business days, to complete the evaluation.

Dear (*principal, special education coordinator, resource teacher, or school mental health professional*),

My child, (*name, date of birth*), was recently evaluated at (*name of hospital or clinic*) because of concerns about (*list diagnoses or symptoms here*). The (*psychiatrist, psychologist, social worker, etc.*) has diagnosed (*him/her*) with (*list diagnoses here*). I have attached a copy of the evaluation to this letter.

We are very concerned about the impact of (*diagnosis*) on (*student's*) academic (*and/or social, emotional, behavioral*) functioning at school. For this reason, we are formally requesting an evaluation in order to determine whether (*student's name*) would benefit from additional accommodations or services during the school day.

We hope to establish a strong partnership between our family, (*student's*) teachers, and our treatment team at (*location*) so that we can all work effectively together to help (*student*) through this difficult time.

Please contact me at (*list phone number*) to set up a time to discuss this written request for evaluation and services.

Sincerely,

(*Parent name and contact information*)