



Suicide Prevention Plan

Updated February 2026



Suicide Prevention Commitment

In alignment with Senate Bill 52 (Adi's Act), passed in Oregon in 2019, the Sheridan School District is committed to developing, implementing, and publicly posting a comprehensive plan for suicide prevention, intervention, and postvention response activities. This plan is reviewed and maintained in accordance with state requirements and supports the health, safety, and well-being of all students.

Sheridan School District recognizes that physical, behavioral, and emotional health are integral components of student achievement. The District is committed to providing a safe and supportive learning environment where students feel valued, connected, and empowered to seek help.

All staff are expected to be proactive in maintaining a safe and supportive school climate and to immediately report to the school counselor or designated mental health professional any indications that a student may be at risk of harming themselves or others. Staff will respond in accordance with the District's suicide prevention, intervention, and postvention procedures.

Students are strongly encouraged to seek help for themselves or others by reporting concerns to a trusted adult, school counselor, or administrator. The District promotes awareness, early identification, and timely intervention to ensure appropriate support and resources are provided.

Purpose

The purpose of this plan is to protect the health and well-being of all students by establishing procedures to prevent, assess risk for, intervene in, and respond to suicide.

- Recognizes that physical and mental health are integral to student success, both academically and beyond graduation.
- Acknowledges that suicide is a leading cause of death among young people.
- Affirms its ethical responsibility to take a proactive approach to suicide prevention.
- Recognizes the critical role schools play in fostering a safe and supportive environment that is responsive to individual and societal risk factors and that promotes positive youth development and resilience.



- Commits to implementing a comprehensive suicide prevention framework that includes prevention, intervention, and postvention components.

Acknowledgement:

Sheridan School District sincerely thanks our building principals and district administrators for their leadership and support in developing and strengthening this Suicide Prevention Plan. Their collaboration reflects a shared commitment to student safety and well-being as a core district priority. Through their dedication, we continue to build systems that ensure every student feels supported, connected, and safe.

Tier 1: Universal Interventions

A tiered approach to suicide prevention has been developed. Tier 1 consists of universal suicide prevention for all students and training for all staff. One way to support suicide prevention in schools is through the lens of a “Competent and Caring School Community” (Underwood, 2010). This type of community calls on all members to play a role in prevention - school board, staff*, parents, and students. We are all responsible for the care and wellbeing of each other. We can learn to recognize when to ask for help and where to get that help if there is a concern about suicide.

For ease of use in this document, the term “Staff” refers to all persons who work in the school setting.

Staff

All district staff shall attend annual training. The training shall include, but is not limited to: the identification of risk factors, warning signs, interventions and response procedures, referrals, and postvention strategies.

The Student Health Management Coordinator is responsible for planning, coordinating and monitoring the implementation of this policy. The school counselors who shall work collaboratively with student health services staff are designated as the school suicide prevention coordinator to act as a point of contact for issues relating to suicide prevention and policy implementation.



Staff Training Overview

	ASIST	QPR	Youth Mental Health First Aid	CONNECT Postvention	Youth Suicide Awareness Training (Safeschools)
Initial Training	16 hours	1.5 hours	8 hours	4-6 hours	30 minutes
Refresher	Every 3 years	Every 3 years	Every 5 years	Every 5 years	Annually
Designated Screeners	Required	Required	Required		Required
Administrators		Required		Required	Required
Certified/Classified		Required	suggested		Required
All Other Staff		suggested			Required
Parents		Annual opportunities			

The Sheridan School District recognizes that student suicide prevention and mental health promotion must be multi-faceted, equity-centered, and responsive to the whole child. This work is grounded in Transformative Social-Emotional Learning (TSEL) as implemented in Oregon public schools.

TSEL builds upon traditional Social Emotional Learning (SEL) by integrating identity development, culturally responsive practices, student voice, and systemic awareness into mental health and wellness efforts. In alignment with guidance from the Oregon Department of Education, this approach connects social-emotional development with equity, belonging, and school climate.

This comprehensive framework includes:

- Transformative Social-Emotional Learning (TSEL)
- School connectedness and inclusive climate
- Mental health literacy



- Developmentally appropriate suicide prevention education

Research shows that students who develop strong social-emotional competencies within affirming and inclusive school environments are:

- More likely to graduate on time
- More likely to gain and maintain full-time employment
- Less likely to use alcohol or drugs
- Less likely to require medication for behavioral and emotional concerns
- More likely to seek help when needed
- Less likely to consider suicide throughout their lifetime

When implemented through a transformative lens, these interventions also reduce stigma associated with mental health, strengthen students' sense of identity and belonging, and promote improved long-term health and life outcomes.

Sheridan School District uses evidence-based, developmentally appropriate suicide prevention education aligned with Oregon public school standards. The following curriculum, strategies, and supports are implemented to promote student well-being, empowerment, and connectedness.

- School Connectedness and School Climate
 - Positive Behavior Instructional Support (PBIS) for grades K-8
 - Character Trait recognition
 - School Wide assemblies for fun, celebration, and recognition K-12
- Mental Health Literacy
 - Adding mental health instruction to the existing health-based curriculum
 - Partnering with organizations like YouthLine and TeenToTeen
 - Resources posted and available throughout campus

Tier 2: Targeted Interventions



Tier 2 interventions include strategies targeting groups who may be at higher risk and those experiencing stressful life events that may put them at an elevated risk. In discussing groups that may be at higher risk, it is important to question what it is about that group that might lead to an increased risk. The help of school health and mental health professionals is advised. Additionally, focusing on ways to handle stressful life events can provide a lens for supporting students - in groups and out - that is actionable by students. Also, recognizing which and when stressful life events can impact students and being prepared to offer support to students is crucial.

Some, but not all groups, that might be at higher risk for suicide are:

- Mental health and/or substance use disorders, including depression, anxiety, ADHD, eating disorders, and conduct-related disorders.
- Prior suicide attempts or non-suicidal self-injury, which significantly increase future risk.
- Involvement in child welfare or juvenile justice systems, including students in foster care or residential placements.
- Experiences of homelessness, which are linked to higher rates of trauma, mood disorders, and suicidal ideation.
- American Indian/Alaska Native youth, who experience disproportionately high suicide rates and may be impacted by historical trauma and limited access to care.
- LGBTQ+ youth, who face elevated risk due to discrimination, rejection, harassment, and victimization—not because of their identity.
- Youth bereaved by suicide, who are at increased risk following the loss of a loved one.
- Students living with chronic medical conditions or disabilities, including chronic pain, mobility limitations, or other long-term health challenges.

Stressful life events that may increase risk (AFSP, 2019)

- Family separation
- Death of a friend or family member
- Death of a parent
- Exposure to violence
- Disciplinary Action
- Failure
- Loss of home
- Exposure to the suicide of another
- Engaged in bullying

Targeted Interventions



The Positive Behavior Interventions and Support (PBIS) and SSD Care Team meet monthly and use referrals from staff, students, and family members to support students needing additional support through targeted interventions and/or referrals. Members may include: district administrators, teachers, paraprofessionals, community liaisons, school counselors, mental health counselors, behavior specialists, and the district nurse.

Supports for Students and Families

Students who identify with a higher risk group may be more likely to be vulnerable to suicide. Providing supportive social environments significantly lessens their risk for attempts.

Sheridan School District will engage in this work by:

- Allowing and advocating for clubs or activities that target high risk groups such as:
 - Beyond Differences
 - Life is Precious
 - No One Eats Alone
 - Gay Straight Alliance
- Identifying student and staff leaders from these high-risk groups that can help create positive social environments
- Creating support groups - using a small group model where students feel safe and supported
- Hiring staff that reflect the high risk groups identified in their schools

Supports for Students and Families

When life events occur, having plans and programs already in place to support students and families is critical in getting support out quickly.

Sheridan School District will continue supporting this work by:

- Networking with local agencies and churches for services
- Suggestion to hold annual Lines for Life presentations for students



Tier 3: Individualized Interventions

Tier 3 interventions are for students identified as exhibiting warning signs and for whom there is some identified concern for suicide. Helping students who are at risk for suicide must be a group effort - a collaborative process. It will involve staff, community partners, parents, and students. Interventions will take into consideration developmental competencies and cultural concerns. The Tier 3 process includes assessment and triage, brief safety planning interventions, collaborative decision-making, referral to community providers, and a plan for the student's safe return to school.

Determining Level of Suicide Risk

Any staff member who reasonably believes that a student is at imminent risk of suicide shall immediately report such belief to the administration. Indications that a student is at imminent risk of suicide shall include, but are not limited to: the student verbalizes or writes/draws the desire to die by suicide, evidence of a suicide attempt and/or self-harm. A student may also self-report if they feel at risk of suicide. Students should report to a staff member if they believe another student is at imminent risk of suicide. The school counselor will investigate the report.

Ongoing professional development is key. Suicidal behavior is hard to predict. Safety concerns are high. School health, mental health, and administrative staff will have adequate and ongoing professional development to implement standardized procedures with fidelity.

If a student expresses suicidal thoughts or behaviors:

- ❖ Take all statements and behaviors seriously.
- ❖ Take immediate action.
- ❖ Contact the designated school screener and a building administrator immediately.
- ❖ Do not leave the student alone at any time during the screening process.
- ❖ Do not send the student home unsupervised.
- ❖ Make every effort to ensure the student is not released to an empty home.



Tools for Determining Level of Suicide Risk

The designated screener shall complete a Level 1 Suicide Risk assessment. If warranted, the student will be placed under continuous adult supervision during this time. Emergency medical services will be contacted immediately if an in-school suicide attempt occurs. Administration shall contact the school nurse and the superintendent. If a school counselor or designated screener is not available to conduct the Level 1 assessment, an administrator will complete the task. Each school will have two people trained to administer the Level 1 Suicide Risk.

Tools for Assessment and Triage

[WESD Suicide Risk Assessment Level 1 form](#)
[Student Coping Plan](#)

Protocol for requesting level 2 assessment:

Yamhill County Family & Youth Services

- Call 503-434-7462
- 1-800-842-8200 (after hours)

WESD: 503-588-5330

Columbia-Suicide Severity Rating Scale:

[Columbia Suicide Risk Sale](#)

Working with Parents

Prior to contacting the student's parent/guardian, the principal and screener shall determine if there could be further harm resulting from parent/guardian notification. If parent/guardian notification could result in further risk of harm or endanger the health or well-being of the student, then local law enforcement and the Department of Human Services/Child Welfare (DHS) shall be contacted. If warranted, a district administrator will accompany the student to the hospital until the proper authorities arrive.

DHS 1-855-503-7233



Plan for Safe Return to School

Prior to a student returning to school. The principal, school counselor, and other appropriate school staff will meet with the student and their parent/guardian to develop [a re-entry plan](#). A school support team will convene to determine if additional evaluation and/or supports are needed. The team will identify a staff member to periodically meet with the student to monitor their safety and address any problems or concerns with re-entry.

Postvention

Immediately following a student suicide death, the superintendent will contact the WESD crisis Yamhill County Mental Health team. The crisis team shall meet and develop a postvention plan.

At a minimum, the postvention plan shall address the following:

- Contact WESD Crisis Response Team 503-385-4761 ([website here](#))
- Verification of death
- Preparation of school and/or district response, including support services
- Informing staff of a student death
- Informing students that a death has occurred
- Providing counselors to support students and staff at the school
- Providing information on the resources available to students and staff

The crisis team shall work with teachers to identify the students most likely to be impacted by the death in order to provide additional assistance and counseling if needed. Additionally, staff will immediately review suicide warning signs and reporting requirements.

*Tier 3 Interventions are modeled after Mt Angel School District's Suicide Prevention Protocol.



Suicidal Event
Thought, gesture, or attempt reported or identified

Event is reported
report (in-person) to identified screener/admin

RISK LEVEL 1
(Completed by building screener)

- Utilize screening form
- Screener informs guardian of concerns and guardian attends meeting at school to create plan for safety
- Screener to determine need for level 2 suicide risk assessment. Consult with another screener or contact Yamhill Co. Crisis Line prior to screening for level 2.
- Inform administration of suicide screening

RISK LEVEL 2
(Completed qualified MHP)

- Initial screener refers student to one of the following:
 - Mental health therapist
 - Yamhill County Crisis Line (1-844-842-8200)
 - Emergency Room

IMMINENT DANGER

CALL 911

- Notify admin if attempt is in progress, tries to leave campus, or weapon threat
- Notify Yamhill County Crisis Line

STUDENT SUPPORT

Initiate a plan that includes

- Review and remove lethal means from student environment
- Increased monitoring and supervision
- Resource guide
- Identify school support systems
- Schedule review of support plan
- Designate a plan manager- follow up with guardians, school supports, and community support



Sheridan School District Contact

Faulconer Chapman K-8th Grade:

Principal: Adam DeLatte

Designated Screener: Meara Allen, Tim Hart

332 SW Cornwall St, Sheridan, OR 97378

[\(971\) 261-6960](tel:(971)261-6960)

Sheridan High School 9-12th Grade:

Principal: Patrick Schrader

Counselor: Drew Carter

433 S Bridge St, Sheridan, OR 97378

[\(971\) 261-6970](tel:(971)261-6970)

[Community Mental Health Resources](#) (click for document)

[Yamhill County](#)

- Yamhill County Mental Health (503) 434-7462
- Yamhill County Crisis Line: 503-434-7462 1-800-842-8200 (after hours)
- Family and Youth
420 NE 5th Street McMinnville, OR 97128
503-434-7462

[Yamhill County EASA](#)

- EASA provides information and support to young people 15-25 who are experiencing symptoms of psychosis for the first time.
- 503-583-5527



[Lines for Life](#)

- Suicide & Crisis Lifeline

[988](#)

- YouthLine
1-877-969-8491
Text “teen2teen” to 839863
Chat OregonYouthLine.org

[National Alliance on Mental Illness \(NAMI\) Family Support](#)

- 24 hour Crisis line: 1-844-842-8200