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OFFICE OF THE ADMINISTRATOR  
STUDENT SUPPORT SERVICES DIVISION**

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**JON J. P. FERNANDEZ**  
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**CHRISTOPHER J. ANDERSON**  
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July 19, 2016

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**MEMORANDUM**

**To:** Superintendent of Education

**From:** Administrator, Student Support Services Division

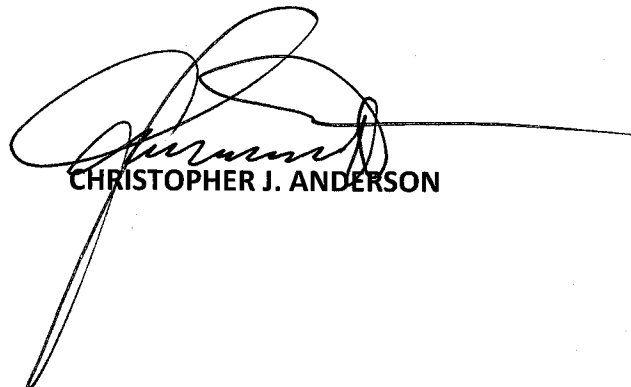
**Subject:** Standard Operating Procedure (SOP) 2011-001:  
Student Procedural Assistance Manual (SPAM) for Signature

**Buenas!** Attached herewith, please find two (2) copies of the above-referenced SOP 2011-001: SPAM for your review and signature. The first copy is the current SOP last revised in 2006. The second copy is the proposed version with changes/adjustments. The most notable change made is the overall format. The existing SPAM contains 16 sections. The proposed version includes fourteen (14) chapters. The changes/adjustments for each chapter are as follows:

1. The Assault Upon Students section has been changed to Chapter One: Alleged Assault or Harassment. The major changes include information on Title IX and the board policy regarding prohibition of sexual/romantic relations with students.
2. The Child Abuse and Neglect section is now Chapter Two: Child Abuse and Neglect. The chapter includes updated information based on language from 19 GCA and updated forms from Child Protective Services obtained during previous work sessions.
3. The Confidentiality Regarding Student Information Not Contained in Student Records section is Chapter Three of the manual. The chapter includes comprehensive information from 17 GCA, Code of Ethics of the American Counseling Association referred in SOP 1200-021, and the Guam Comprehensive School Counseling Program K-12.
4. The Drug/Alcohol Abuse section has been changed to Chapter Five: Alcohol and Substance Abuse. The chapter features language consistent with school-based behavioral health relative to prevention and therapeutic intervention.
5. The Guardians, Authorized Adults, and Caretakers section is Chapter Six. The chapter includes updated information from 17 GCA. Additionally, new language has been added to ensure that students are immediately enrolled in school and for schools to work closely with caretakers to provide adequate time to submit appropriate documentation.
6. The Off-Island Absences section has been changed to Chapter Seven: Pre-Arranged Absences. The chapter includes information referencing SOP 1200-018 relative to truancy.

7. The Out-of-District Request section has been changed to Chapter Eight: Out of Attendance Area Requests. The language in this chapter has been updated and forms revised.
8. The Placement of Students into Appropriate Grades section is now Chapter Nine. The language in this chapter has been updated to include references to 17 GCA and holding Child Study Team meetings to ensure best placement for students without documentation. Additionally, forms have been revised.
9. The Prohibiting Parents from Associating with Their Children section is now Chapter Ten. The changes in this chapter are minimal.
10. The Registration Procedures and Documents section is now, Chapter Eleven: Registration /Transfer/ Withdrawal. The new chapter is comprehensive and contains standardized forms. The proposed changes ensure students and families experience more efficient processes regarding transfer and withdrawal process. Additionally, the forms for all of the processes are standardized to enable schools to process students seamlessly.
11. The Registration by Persons who are Neither Parents Not Guardians section has been merged with proposed Chapter Eleven.
12. The Sudden Death, School-Wide Crisis, and the Suicide sections have been merged. The proposed chapter is titled, Chapter Twelve: Responding to Critical Incidents in Schools. The new chapter is comprehensive and contains information adapted from the NH Disaster Behavioral Health Response Team. The information contains a basic clinical approach that is consistent with school-based behavioral health and the concept of systems of care. The chapter features standardize forms and protocols meant to deliver services to student in critical situations that impact emotional and social health, growth, and development.
13. The Uncontrolled Aggression section is now titled, Chapter Thirteen: Responding to Challenging Behavior. This chapter is comprehensive and contains information that contains a basic clinical approach that is consistent with school-based behavioral health and the concept of systems of care. The chapter features standardize forms and protocols meant to assist school personnel in the management of student who demonstrate violent behaviors and self-injurious behaviors that impact emotional and social health, growth and development.
14. A new chapter has been proposed for the manual. The proposal is Chapter 4: Student Cumulative Record Management. The new chapter provides a standardized guide related to the contents, management, and transfer of Cumulative Records.

The entire staff at SSSD look forward to your review, input and approval. Should you need further clarification, please feel free to contact me at your convenience.



**CHRISTOPHER J. ANDERSON**

Attachments

CC: DSESCL  
File



# DEPARTMENT OF EDUCATION

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Jon J.P. Fernandez  
Superintendent of Education

## STANDARD OPERATING PROCEDURES

SOP #: \_\_\_\_\_

**SUBJECT:** Student Procedural Assistance Manual

**INQUIRIES:** Deputy Superintendent of Educational Support and Community Learning

**REFERENCES:** 19 GCA § 111, BP 810, SOP 1700-003, 19 GCA §13201, 13202, 13203, 13206, 13207, BP 825, SOP 1200-021, BP 825, 20 U.S.C.,1232g; 34 CFR Part 99, 5 GCA §20608, Federal Regulation 300.561 (3),§ 300.127, (Authority: 20 U.S.C. 1412 (a)(8), 1417 (c)), 17 GCA §6102, SOP 1200-018 Absences & Truancy- (1 GCA 715.12 (m)), BP 318,17 GCA §6102, 6105.1, 10 GCA §3322- BP 337- BP 330- BP 405- SOP 1200-020- 10 GCA §3329- (42 U.S.C. 11431 et seq.), <http://www.education.gov.sk.ca/Cumulative-Record-Guidelines>, <https://sites.google.com/a/gdoe.net/studentsupportservices/voluntary-involuntary-wd-form>, Title VII-B of the McKinney-Vento Homeless Assistance Act.

- I. **APPLICABILITY:** To all public schools within the Guam Department of Education
- II. **PURPOSE:** The purpose of this document is to provide uniform and consistent procedures when addressing students.
- III. **PROCEDURES AND RESPONSIBILITIES:** Procedures outlined in this document are uniform across the district; therefore, schools are obligated to ensure their school level procedures are consistent with this manual.
- IV. **INTERNAL CONTROLS:** Deputy Superintendent of Educational Support and Community Learning.
- V. **TRAINING:** School Deputy Superintendent of Educational Support and Community Learning will ensure all School Administrators are trained annually. School level administrators are expected to ensure faculty and staff are trained on the requirements of the SOP bi annually.
- VI. **PENALTY:** Failure to adhere to this SOP may result in disciplinary action in accordance with the DOE Personnel Rules & Regulations.
- VII. **EFFECTIVE DATE:** This SOP is effective upon date of approval and signature.
- VIII. **CHANGE(s):** This SOP will be reviewed annually for updates and amendments.

APPROVED

DISAPPROVED

\_\_\_\_\_  
JON J.P. FERNANDEZ

7/22/2016  
Date

7/22/16







Student Procedural  
Assistance Manual

# SPAM



STANDARD OPERATING PROCEDURES  
GUAM DEPARTMENT OF EDUCATION

## INTRODUCTION

The Guam Department of Education (GDOE) has developed and designed the Student Procedural Assistant Manual (SPAM) for schools to utilize in responding to events that have been identified in the manual before consultation with the department's Central Office.

The manual provides fourteen chapters with Standard Operating Procedures and standardized forms to be utilized by all schools. The forms can be adapted to include school letterhead, but the content of the forms should not be altered. Schools are responsible for further developing their own response systems consistent with this manual, Guam Code Annotated (GCA), DOE Board Policies (BP) and DOE Standard Operating Procedures (SOP) to ensure the procedures are properly implemented when any of the situations described herein occur.

The manual should not be dependent on the presence of a specific staff member on campus for successful execution. Every school is responsible for ensuring school staff and personnel are trained at least twice annually on the procedures and properly implemented regardless of whether the principal, health counselor or counselor(s) are on campus. Schools are responsible for developing contingency plans for implementing these procedures should any of these personnel be away from the campus.

Schools are responsible to be familiar with the procedures and design systems for implementing them as described above prior to when they are actually needed.

Historical Background: The GDOE and Student Support Services Division acknowledges Mr. Luis Martinez, former Administrator for the division, invaluable knowledge and contributions toward making this document what it is today. Below is the timeline beginning when the manual was first published and its subsequent revisions.

- First Printing – February, 1988
- Second Printing – November, 1988
- Third Printing – October, 1989
- Fourth Printing – July, 1992
- Fifth Printing – December, 1996
- Internet Transcription – November, 2005
- Sixth Printing – November, 2006
- Seventh Revision – December, 2014

The review and revision of the SPAM is facilitated by the Student Support Services Division (SSSD). The latest revision was in collaboration with Department of Public Health & Social Services (DPHSS) and Guam Behavioral Health & Wellness Center (GBHWC) as aligned with the concept of Systems of Care. The programs of these agencies that participated in the collaboration are: GBHWC - I Famagu'on-ta and DPHSS – Bureau of Social Services Administration, Child Protective Services. Additionally, the committee included input from the Deputy Superintendent, Educational Support and Community Learning; Deputy Superintendent, Assessment and Accountability; Deputy Superintendent, Finance and Administrative Services; SSSD Administrator, SSSD Program Coordinators, the District Psychologist, School Attendance Officers; School Counselors; Chief Health Nurse and Services Administrator, School Health Counselors; Special Education Division; Head Start Division; School-Level Administrators, School-Level Staff, Teachers, J.P. Torres Alternative Education program personnel, Social Workers, and Employee and Management Relations Officer.

The Student Support Services Division greatly appreciates the hard work and commitment that all committee members and other individuals have contributed to the successful revision and review to the manual.

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Student Procedural  
Assistance Manual

# CHAPTER ONE

ALLGEGED ASSAULT AND HARRASSMENT

STANDARD OPERATING PROCEDURES  
GUAM DEPARTMENT OF EDUCATION

**CHAPTER 1**  
**ALLEGED ASSAULT OR HARASSMENT**

**INTRODUCTION**

This chapter details the procedures of the Department of Education for responding to allegations of assault or harassment by non-custodial caretakers and other students or inappropriate sexual behavior which occur where the school has primary care of the student. Principals or designated school official are required to manage an allegation of student assault/harassment or report of inappropriate sexual behavior between students as well as between students and employees.

While school administrators have primary responsibility for managing the school response to allegations of student assault or harassment, they must establish a partnership with school health, counselor, and the Guam Police Department. In addition to the procedures outlined in this chapter, all allegations involving teachers, school employees, volunteers, contractors or vendors must be immediately reported to the Deputy Superintendent, Educational Support and Community Learning.

**TITLE IX PROHIBITS SEXUAL HARASSMENT AND SEXUAL VIOLENCE WHERE YOU GO TO SCHOOL**

GDOE is mandated to follow the notice provided by the Office of Civil Rights in regards to the prohibition of sexual harassment and sexual violence in all schools. All schools are responsible to ensure that students and families are aware of their rights. The district Title IX Coordinator will provide guidance and training to all schools.

*The following information was provided by the U.S. Department Office of Civil Rights regarding Title IX.*

Title IX of the Education Amendments of 1972 (“Title IX”), 20 U.S.C. §1681 et seq., is a Federal civil rights law that prohibits discrimination on the basis of sex in education programs and activities. All public and private elementary and secondary schools, school districts, colleges, and universities (hereinafter “schools”) receiving any Federal funds must comply with Title IX. Under Title IX, discrimination on the basis of sex can include sexual harassment or sexual violence, such as rape, sexual assault, sexual battery, and sexual coercion.

Under Title IX, the school’s responsibilities to address sexual harassment and sexual violence: “A school has a responsibility to respond promptly and effectively. If a school knows or reasonably should know about sexual harassment or sexual violence that creates a hostile environment, the school must take immediate action to eliminate the sexual harassment or sexual violence, prevent its recurrence, and address its effects. Even if a student or his or her parent does not want to file a complaint or does not request that the school take any action on the student’s behalf, if a school knows or reasonably should know about possible sexual harassment or sexual violence, it must promptly investigate to determine what occurred and then take appropriate steps to resolve the situation. A criminal investigation into allegations of sexual harassment or sexual violence does not relieve the school of its duty under Title IX to resolve complaints promptly and equitably.”

The following are the procedures deemed under Title IX that a school must have in place to prevent sexual harassment and sexual violence, and resolve complaints:

- A. Every school must have and distribute a policy against sex discrimination.
  - 1. Title IX requires that each school publish a policy that it does not discriminate on the basis of sex in its education programs and activities. This notice must be widely distributed and available on an on-going basis.
  - 2. The policy must state that inquiries concerning Title IX may be referred to the school’s Title IX coordinator or to OCR.
- B. Every school must have a Title IX Coordinator.
  - 3. Every school must designate at least one employee who is responsible for coordinating the school’s



compliance with Title IX. This person is sometimes referred to as the Title IX coordinator. Schools must notify all students and employees of the name or title and contact information of the Title IX coordinator.

4. The coordinator's responsibilities include overseeing all complaints of sex discrimination and identifying and addressing any patterns or systemic problems that arise during the review of such complaints.
- C. Every school must have and make know procedures for students to file complaints of sex discrimination.
  1. Title IX requires schools to adopt and publish grievance procedures for students to file complaints of sex discrimination, including complaints of sexual harassment or sexual violence.
  2. Schools can use general disciplinary procedures to address complaints of sex discrimination. But all procedures must provide for prompt and equitable resolution of sex discrimination complaints.
  3. Every complainant has the right to present his or her case. This includes the right to adequate, reliable, and impartial investigation of complaints, the right to have an equal opportunity to present witnesses and other evidence, and the right to the same appeal processes, for both parties.
  4. Every complainant has the right to be notified of the time frame within which: (a) the school will conduct a full investigation of the complaint; (b) the parties will be notified of the outcome of the complaint; and (c) the parties may file an appeal, if applicable.
  5. Every complainant has the right for the complaint to be decided using a preponderance of the evidence standard (i.e., it is more likely than not that sexual harassment or violence occurred).
  6. Every complainant has the right to be notified, in writing, of the outcome of the complaint. Even though federal privacy laws limit disclosure of certain information in disciplinary proceedings:
    - a. Schools must disclose to the complainant information about the sanction imposed on the perpetrator when the sanction directly relates to the harassed student. This includes an order that the harasser stay away from the harassed student, or that the harasser is prohibited from attending school for a period of time, or transferred to other classes.
    - b. Additionally, the Clery Act (20 U.S.C. §1092(f)), which only applies to postsecondary institutions, requires that both parties be informed of the outcome, including sanction information, of any institutional proceeding alleging a sex offense. Therefore, colleges and universities may not require a complainant writing or otherwise.
  7. The grievance procedures may include voluntary informal methods (e.g., mediation) for resolving some types of sexual harassment complaints. However, the complainant must be notified of the right to end the informal process at any time and begin the formal stage of the complaint process. In cases involving allegations of sexual assault, mediation is not appropriate.

## **ALLEGED ASSAULT/HARASSMENT UPON STUDENTS BY NON-CUSTODIAL INDIVIDUALS AND OTHER STUDENTS**

The following procedures provides the steps in handling an alleged incident between a student victim and his or her alleged perpetrator who is not primarily responsible for a child's welfare, such as teachers, school aides, school administrators, bus drivers, and friends, who allegedly caused harm to a student. Because all alleged incidents must be reported to the Guam Police Department, procedures have been formulated to provide a guidance in handling the incident.

### **A. Procedures to be conducted for Involving Student Victim**

At the time of the incident:

1. Contact immediately the school health counselor and/or administrator to determine the severity of the injury, ensure first aid is administered, and provide emotional support to the student victim.
2. Should injury warrant medical examination or treatment, immediately DIAL 911 to ensure medical services and support is provided to the student victim.
3. Should there be suspected head injury or trauma, immediately DIAL 911 and DO NOT move the student. Be sure to clear the area of any persons who are not assigned to provide support and services

to the student victim.

4. Do not leave the student alone.

After the incident (once student victim is stabilized):

1. Have the student provide a verbal explanation about the incident or allegation to a school administrator and complete the Notice Allegation of Assault/Harassment Form (See Chapter 1 – 1) and Incident Form (Chapter 1 – 2). Inform the student that his or her parent or guardian will be informed of the incident or allegation before the end of the school day and the police would be contacted regarding the incident or allegation. The student and parent must be informed that an investigation will be conducted by school and incident will be reported to the Guam Police Department.
2. Should the alleged assault or harassment be sexual in nature, have the counselor or school health counselor (preferably of the same gender of the student) assist the administrator in the interview with the student. If identified school leaders are not able to assist, identify another school official in their absence. DO NOT pressure the student to provide details if he/she is reluctant to do so.
3. Contact and inform the parent or guardian of the student of the incident or allegation on the same day the school learns of the incident. Inform the parent or guardian that the school has made a report to the police department. Ask the parent or guardian, and student that they have the right to contact the police department regarding the alleged incident and provide a copy of the Notice of Allegation of Assault/Harassment Form (Chapter 1 – 1 Form).
4. Should the student victim need supportive counseling, be sure the counselor is made available and ensure referrals for further supports and services are made for the student.
5. Should investigation produce compelling evidence that the student has made a false accusation, the school administrator is responsible to take appropriate disciplinary and/or corrective action. The school administrator has the responsibility to inform all individuals, including school and non-school personnel involved in the incident that charges have been dropped and the accused should be treated as if the charges were never made.

#### B. Procedures Involving Alleged Perpetrator Who Are Students or Adults

1. If the alleged perpetrator is a student, the student must complete the Incident Form (See Chapter 1- Form A). Contact and notify the parent/guardian of the alleged incident involving their child as the alleged perpetrator.
2. If the alleged perpetrator is a school employee or any other non-custodial adults, the administrator must complete an Incident Form (See Chapter 1 – Form B) and submit to Deputy Superintendent of Educational Support and Community Learning of the incident on the same day of the alleged incident for appropriate guidance.
3. The administrator will interview the alleged perpetrator and witnesses to obtain statements about their version of the alleged incident. Advise the alleged perpetrator that:
  - a. The student's parent/guardian shall be informed of the incident or allegation.
  - b. The police shall be informed.
  - c. The alleged perpetrator should not have any contact with the student until the investigation is complete.

#### **GUIDANCE WITH GUAM POLICE DEPARTMENT REGARDING ALLEGED INCIDENT**

At the request of the police, school administrator must summon the student to the office so an interview could be conducted by the assigned police officers in private. The school must identify a room with a closed door. It is important to exercise prudent to minimize the disruption which might be caused by the process.

While in the presence of the Police Department, student in question must be guided as described in Board Policy 810, which provides the extent of an interview between police officers and students. If any time a student needs to be taken into custody, a parent or legal guardian must be present.

**A. Procedures To Question Employees/Adults by School Administrator or Guam Police Department**

1. A school administrator must first determine whether the police officer desires to:
  - a. Interview the employee, or
  - b. Take the employee into custody or arrest the employee before any attempt is made to contact the employee. The school administrator then implements one of the following procedures that is appropriate to the determination.
2. Ask the officer to interview the employee during non-duty hours if at all possible. Please note the following steps:
  - a. If the officer indicates this is not possible, inform the employee of the police request and give him/her the opportunity to decide whether to speak with the officer. Advise the employee that he/she is not required to meet with the officer during duty hours if the officer only requests to interview the employee. Arrange for the employee's duties to be handled by someone else if the employee decides to speak with the officer at the time of the request.
  - b. If the employee decides not to speak with the officer during duty hours, inform the officer of this and ask the officer to contact the employee after duty hours.
  - c. Also refer to the cautionary note below.

**B. Procedures to Take into Custody or to Arrest Employees/Adults**

Police officers do not have to provide schools with any type of paperwork to take employees into custody or to arrest them.

1. Make the employee available to the police officer. Whenever possible, summon the employee to the office so that the interaction with the police officer occurs behind closed doors. Exercise prudence to minimize the disruption which might be caused by an arrest.
2. Advise staff that they are not to discuss the incident with anyone else and that the alleged perpetrator is to be considered innocent unless proven guilty. Stress to staff that preservation of the reputation of the accused is of the utmost importance. Also, explain that any change of the employee's assignment is done only as a precautionary measure to protect students; such action GDOEs not mean guilt has been established.

**ZERO TOLERANCE FOR SEXUAL/ROMANTIC RELATIONSHIP WITH STUDENT**

All Guam Department of Education ("GDOE") employees whether full-time or limited-term, including but not limited to principals, assistant principals, teachers, teaching assistants, school aides, school health counselors, nurses, coaches, assistant coaches, secretaries, computer operators, custodians, other administrators, other instructors, other maintenance staff, other faculty members, and/or any other staff; or any person that represents or is otherwise affiliated with GDOE in any capacity, including but not limited to contractors and volunteers, shall NOT request or accept sexual favors from any student from any GDOE school whatsoever, or initiate or engage in a romantic or sexual relationship with any student from any GDOE school whatsoever.

1. The term "student" shall be defined as including any and all GDOE students, regardless of age, and regardless of part-time or full-time status, and is intended to encompass all students enrolled at GDOE schools.
2. Sexual favors, romantic relationships, and sexual relationships involving GDOE students, as described herein, are absolutely prohibited and shall NOT be tolerated.
3. Any employee with knowledge or suspicion of such relationship between student and employee, contractor or volunteer is highly encouraged to report the matter Deputy Superintendent of Education Support and Community Learning as soon as possible.

# **CHAPTER 1**

# **FORMS**





**INCIDENT REPORT**

(Page 2)

Administrators Disposition/ Action:

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Injury Involved:  Yes  No      Was an Ambulance Involved:  Yes  No  
Was GPD Involved:  Yes  No      Was the student referred to the School Health Counselor?  Yes  No

Date and Time that Parent(s) Informed: \_\_\_\_\_

Date and Time for Follow-Up Meeting with Parent(s): \_\_\_\_\_

Date and Time for Supportive Counseling with School Counselor: \_\_\_\_\_

Administrators are required to enter information contained in this report into PowerSchool under the Discipline Log or the Incident Reporting Log (IR). For incidences where the student is the victim the information can be entered into IR: File Incident or IR: File Complaint.

Follow-up interventions conducted by the School Counselor must also be entered into PowerSchool in the SGC Log, if applicable.

Follow-up interventions conducted by the School Health Counselor must also be entered into PowerSchool in the Health Profile and/or SNAP Health Profile, if applicable.

\_\_\_\_\_  
Administrator's Name (Print)

\_\_\_\_\_  
Signature and Date

# **CHAPTER 1**

# **APPENDIX**





DEPARTMENT OF EDUCATION  
OFFICE OF THE SUPERINTENDENT

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JON J. P. FERNANDEZ  
Superintendent of Education

March 18, 2015

MEMORANDUM

TO: Deputy Superintendent, Education Support and Community Learning  
Deputy Superintendent, Curriculum and Instructional Improvement, Acting  
Deputy Superintendent, Finance and Administrative Services  
Legal Counsel  
Administrator, Federal Programs  
Assistant Superintendent, Special Education  
School Principals

FROM: Superintendent of Education

SUBJECT: Reporting Requirements for Students Under The Age of Consent

*Buenas!* If you recall, guidance on reporting student pregnancies was provided on November 14, 2011 by Mr. Joseph Sanchez, who was the Acting Superintendent of Education at the time. This correspondence serves to confirm the guidance and to provide additional clarification.

A meeting between the Guam Police Department (GPD), the Attorney General's Office, Child Protective Services (CPS), and GDOE was held on Thursday, October 13, 2011. The purpose of the meeting was to discuss the concern that students under the age of consent engaging in sexual activity was not consistently being report. The incident at the time involved a pregnant student under the age of consent (15 years of age and younger) who was not reported by one of our high schools. Pregnancy was not the crime but a manifestation of the illegal act.

The Attorney General's Office and the Guam Police Department (GPD) further clarified that pregnant students 15 years of age and younger are considered Child Abuse cases regardless of the circumstance. Subsequently, the student's condition must be report to both CPS and the GPD by the person who was first made aware of the situation. *(Note: The law only requires either GPD or CPS be notified but my guidance is to send the referral to both of them).*

The Department of Education's Student Procedural Manual is not consistent with this guidance and will require a full review and revision. In the interim, all school officials are hereby directed to ensure that students under the age of consent who engage in sexual activity are reported to both the Guam Police Department and Child Protective Services.

Should you have any questions or need clarification, please contact me or Ms. Erika Cruz, Deputy Superintendent, Educational Support and Community Learning at your convenience.

Thank you for your immediate attention and compliance.

  
JON J.P. FERNANDEZ

Cc: Administrator, Student Support Services Division 

**APPENDIX 1-2**

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<b>Descriptor Term:</b>	<b>Descriptor Code:</b>	<b>Issued Date:</b>
<b>COOPERATION WITH LAW ENFORCEMENT AUTHORITIES</b>	810	08/06/08
	<b>Rescind:</b>	<b>Issued:</b>

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**Board Policy**

**Cooperation with Law Enforcement:**

The Guam Public School System will cooperate to the extent permitted by law all law and assist in their legal functions and mandates. In furtherance of this policy, care should be exercised to ensure that:

- The individual pupil and employee’s rights and feelings are respected.
- The pupil and employee are protected from unnecessary humiliation and damage to his reputation.
- The rights and responsibilities of parents or guardians of pupils and of employees are observed.
- GPSS is responsible to help each pupil and employee in the most constructive way possible.

**When Action is initiated by Law Enforcement:**

- a) The school may permit law enforcement officers to interview minor students at the school provided at least one (1) parent or legal guardian is present and consents in writing to the interview. Such consent to the interview at the school is independent of, and prior to, any warnings the officers may be required to give to the minor student prior to the interview. If at all possible, the interview should be conducted away from school.
- b) Law enforcement shall first report to the principal in the school’s main office and should indicate to the principal the reason they are on campus and why they want to talk to a student or employee.
- c) The officer is required to identify himself to the principal. If the principal is not satisfied with the identification, he should check with the agency in question.

**When Action is initiated by the School:**

The principal should call law enforcement when a case, in his/her judgment, warrants such assistance. If this occurs, the principal should immediately endeavor to notify the Office of the Superintendent, as well as the Public Information Officer.

**When Action is initiated by Law Enforcement or by the School,** the principal should provide a private room for questioning.

1. The Guam Education Policy Board wholeheartedly condemns any strategy, which would encourage the use of any student or employee as an undercover agent for law enforcement.
2. The Guam Education Policy Board is morally opposed to the concept that any other agency, department, business or organization is justified in suborning any student or employee of the Guam Public School System to bribery or promises of reward for performance of nefarious acts.
3. The Guam Education Policy Board unanimously endorses education for children in a healthy, mentally stimulating atmosphere and feels that education is its own reward.

ADOPTED: Board of Education 04/24/73; 10/04/77  
Revised: 08/06/08

Student Procedural  
Assistance Manual

# CHAPTER TWO

CHILD ABUSE AND NEGLECT

STANDARD OPERATING PROCEDURES  
GUAM DEPARTMENT OF EDUCATION

## **CHAPTER 2**

### **CHILD ABUSE AND NEGLECT**

#### **INTRODUCTION**

As defined by 19 GCA §13201 §13203 and §13207, child abuse and neglect occurs “*whenever a child’s physical or mental health or welfare is harmed or threatened with harm by the acts or omissions of the person(s) responsible for the child’s welfare.*” A person primarily responsible for a child’s welfare is defined as a parent, guardian, foster parent, or an employee of a residential home, institution, or agency. In other words, child abuse and neglect can only be committed (in the legal sense) by those individuals who are responsible for providing food, clothing, and shelter to a child.”

By this definition, school-level personnel personal must understand the distinction between *criminal assault* and child abuse and neglect. Criminal assault occurs when persons who are not primarily responsible for a child’s welfare, such as teachers, school aides, school administrators, bus drivers, friends, etc., who cause harm to a child do not commit child abuse; they commit criminal assault, and therefore are subject to criminal prosecution.

As defined by 19 GCA §13201: “any person, who in the course of his or her employment, occupation, or practice of his or her profession, comes into contact with children shall report when he or she has reason to suspect on the basis of his medical, professional, or other training and experience that a child is an abused or neglected child.”

Every person should treat information made known to them as first person reporting. Consequently, the requirement for employees to inform their supervisors about a suspected abuse/neglect situation exists simply to keep supervisors informed of what is happening in their school/division. It does not exist to circumvent the law. It is not LEGAL for employees to report suspected child abuse/neglect to their superiors with the expectation that the supervisor assumes the responsibility to report the suspicion to Child Protective Services (CPS) or the police.

THE PERSON TO WHOM THE ABUSE WAS DISCLOSED TO IS MANDATED BY LAW TO REPORT THE SITUATION TO CPS OR GPD. UNDER NO CIRCUMSTANCES WILL THIS RESPONSIBILITY BE TRANSFERRED TO SOMEONE ELSE.

#### **PROCEDURES FOR REPORTING CHILD ABUSE AND NEGLECT**

School personnel who become aware of a child whom they suspect have been abused or neglected shall:

- A. Report their suspicions immediately by telephone directly to the Department of Public Health and Social Services, Division of Public Welfare, Bureau of Social Services Administration-Child Protective Services (CPS) Section (475-2672 or 475-2653) or to the police;

*Persons making such reports are required to reveal their names to CPS or to the police. Their identity will be treated with utmost confidentiality and they shall have immunity from any liability, civil or criminal, that might arise from such action (19 GCA § 13206).*

- B. Inform their supervisor about the suspected abuse/neglect situation as soon as possible, but no later than the close of business the same day after the report has been made to CPS or the police;
- C. Send a written report using the required Child Abuse & Referral Form in Chapter 2 Forms within 48 hours to CPS; and
- D. Refrain from conducting any type of investigation for the purposes of determining if the suspected abuse/neglect has occurred.

**UNDER NO CIRCUMSTANCES ARE SCHOOL OFFICIALS ALLOWED TO TAKE PICTURES AS THIS MAY COMPROMISE THE INTEGRITY OF THE INVESTIGATORY PROCESS**

**METHODS OF REPORTING TO CHILD PROTECTIVE SERVICES (CPS)**

- A. Telephone reports shall provide CPS with all available information to investigate the suspected abuse or neglect. Persons making initial reports of abuse/neglect shall provide the CPS worker receiving the call with the name of the person in the school to whom all subsequent communications regarding the case is to be directed.
- B. Written reports shall be made on the Child Abuse & Referral Form in Chapter 2 Forms. Written reports should be accordance with 19 GCA §13203 and should include as much of the following information as is possible to obtain, provided the transmission of the written report to CPS is not delayed beyond 48 hours of the telephone report to obtain any of this information:
  - 1. The names and addresses of the child and the person responsible for the child's welfare;
  - 2. The child's age and gender;
  - 3. The nature and extent of the suspected child abuse or neglect including any evidence of prior abuse or neglect to the child or his siblings;
  - 4. The name of the person or persons responsible for causing the suspected abuse or neglect;
  - 5. Family composition;
  - 6. The source of the report;
  - 7. The person making the report and where he/she can be reached;
  - 8. Any other information which the department may, by regulation, require.
- C. Written referrals shall be placed in a sealed envelope marked CONFIDENTIAL and hand delivered to CPS; they should not be sent through the mail system. A copy of the redacted report should be inserted in the student's health folder.
- D. The copy of the report placed in the student's health record shall have the name of the referring person omitted to protect that person's confidentiality. As an alternative, schools may code the name of the referring person on this copy providing the key to the code is kept accessible to the school's administration but out of touch of parents/guardians. When CPS referrals are made, there is no obligation for school personnel to inform parents of the referral or the contents of the referral.

**PLACEMENT OF CHILD**

Upon occasion, school personnel may acquire information about child abuse/neglect where the circumstances of the case are so severe that it is considered dangerous for the student to return home at the end of the school day, or the student refuses to return home. Clearly communicate this to CPS or the police during the initial telephone report whenever such danger is suspected. It is strongly suggested that this type of abuse/neglect be referred to CPS only, as it will try to have a social worker meet with the student at school before the end of the school day to determine the placement of the student.

Should such a case arise and CPS is unable to have a worker meet with the student by the end of the school day, the school administrator shall make arrangements for the student to be transported to the CPS office before 5:00 pm as prescribed in SOP 1700-003. If CPS is not able to respond or does not direct otherwise, the school administrator shall transport the student to the nearest Guam Police Department precinct. This should be done only when the school has reasonable suspicion to believe the student would be in danger by returning home, or the student refuses to return home. However, every reasonable effort must be made to immediately inform parents/legal guardians of why their child is not returning home and the child is being taken, so as not to evoke unnecessary worry that their child is lost or has been harmed.

When communicating with parent/guardian, school administrator should convey the following information or something similar: ***“Your child is safe and is currently in the custody of the Child Protective Services or the Guam Police Department. Please contact them and they will direct you so that you may be reunited with your child.”*** Then provide either the telephone number or address of CPS, depending on which is requested. It is not necessary to tell the parents/guardians what the child specifically said. Do not tell them who the child initially spoke to about the alleged abuse; that information is confidential.

### **REMOVAL OF STUDENTS FROM SCHOOL BY SCHOOL PERSONNEL**

As prescribed by SOP 1700-003: Transporting Students in Privately Owned Vehicles and Government Owned Vehicles:

1. Privately Owned Vehicles: The transportation of students in privately owned vehicles is strictly prohibited.
2. Government Vehicles: Transporting students using a government vehicle is authorized provided the employee has a valid Guam driver's license, is doing so in an official capacity, and has permission from their supervisor prior to transporting students.
3. For schools requesting to use an official vehicle to transport a student, they must confirm that the employee using the vehicle meets the requirements, make coordination with the division responsible for the vehicle, and has secured approval by their school principal or designee and the Deputy Superintendent, Educational Support and Community Learning.

### **CONSIDERATIONS FOR SUICIDAL BEHAVIORS**

If the student expresses a suicide ideation or plan, or if the student has recently attempted suicide, an emergency referral is indicated as per the provisions of this section, implement the procedures described in the chapter on Suicide.

### **CPS IN-SCHOOL INVESTIGATION PRIVILEGES**

CPS workers shall be allowed to interview students at school to conduct an investigation of child abuse or neglect. It is not necessary for the school or CPS to obtain permission from the parent or guardian of the child or children for this investigation to occur. CPS workers shall be provided a quiet place to conduct this investigation that is free from interruptions or intrusions by persons not involved with the investigation. CPS workers shall be provided access to student records without written permission from students' parents/guardians to conduct an investigation of child abuse or neglect only when all of the following specific conditions exist:

1. a serious threat exists to the health or safety of the student;
2. the information contained in the records is necessary to meet the emergency;
3. the party to whom the information will be disclosed is in a position to address the emergency;
4. time is of the essence in dealing with the emergency.

Should any of these four conditions not exist, schools shall provide CPS workers with access to student records only after the school is presented with *either* written authorization from the parents/legal guardians, *or* a court order specifying that access to students' records is to be granted to CPS.

### **REMOVAL OF STUDENTS FROM SCHOOL BY CPS/GPD**

CPS workers and police officers are permitted to take a student into custody without a court order and without the consent of the child's parent/guardian if, at the discretion of a CPS worker or police officer, the child is in such circumstances or condition that the child's welfare presents a situation of harm or threatened harm to the child.

1. Schools shall require the CPS worker or police officer who takes a student into custody under these conditions to sign out using whatever log the school maintains for recording student removals by parent/guardians.
2. Schools shall notify parents/guardians of such removal whenever it occurs, inclusive of advising them to check with CPS regarding the location of their children. However, they shall not provide parents/guardians with any information regarding the referring source.

#### **CHANGE OF CUSTODY OR GUARDIANSHIP**

Students who are under CPS' custody shall be immediately transferred to any other school at the request of CPS for the purpose of allowing the students to go to schools which are in the same districts as foster or temporary care homes in which they have been placed. Schools shall not delay or impede such a transfer because of lost book fees, property damage repayment, etc. owed by students.

1. Parents shall be restricted from associating with or removing a student from campus whenever a school has in its possession a court order or CPS Power-of-Attorney/ Legal Guardian which indicates such a restriction. A telephone call from CPS informing a school of such a restriction is not sufficient for it to occur. Should a parent who is under such a restriction associate with a student before a court order or CPS Power-of-Attorney/ Legal Guardian regarding the restriction is made available to a school, the school shall immediately inform CPS or GPD of said association.
2. When dealing with parents going through custody issues: Do not take sides, listen, be calm, and explain that you are going to follow the orders of the court in relation to minors under their jurisdiction.

#### **DUTY OF SCHOOL ADMINISTRATORS TO TRAIN AND INFORM STAFF**

All school administrators shall inform their staff that they are legally required to report any suspicions of child abuse or neglect directly to CPS or the police as described by these procedures. They must also emphasize to their staff that all school personnel are prohibited from conducting any type of investigation to determine whether or not their suspicions are based on fact. (Suspicion alone triggers the legal requirement to report, and school based investigations can compromise the ability of CPS to conduct proper investigations into allegations).

#### **COLLATERAL REPORTING**

Situations may occur where CPS requests school personnel making the report to also contact the Guam Police Department regarding the incident. This will occur when the circumstances of the incident suggest laws other than those pertaining to child abuse may have been violated. Refer to the chapter on *Confidentiality* (and if applicable, to the chapter on *Assault Upon Students*) when considering how to deal with such requests.

# CHAPTER 2

# FORMS





**DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES**  
**DIVISION OF PUBLIC WELFARE**  
**BUREAU OF SOCIAL SERVICES ADMINISTRATION**  
**CHILD PROTECTIVE SERVICES SECTION**  
**CHILD ABUSE AND NEGLECT REFERRAL (PART I)\***  
 (P.L. 20-209:5, Child Protective Act)



Referral Date		Referral Time	
Initial Referral			
Follow-up Written Referral			
GPD Report			
Court Order			
If available, please indicate the GPD report no. or the court case no.: _____			

For Office Use Only			
Date Received		Time	
CWS No.			
Intake Worker			
How was referral received? (Check Box)			
<input type="checkbox"/>	Phone Contact	<input type="checkbox"/>	Office Visit
<input type="checkbox"/>	Mail	<input type="checkbox"/>	FAX (Facsimile)
<input type="checkbox"/> New			
<input type="checkbox"/> Active			
<input type="checkbox"/> Prior (See attached case cross reference check)			

**I. REPORTING PERSON (RP)**

Name/Title and Relationship to Child	Address
Home Phone No. ( )	Work Phone No. ( )
	Other Contact No. ( )

**II. REASON FOR SUSPECTING ABUSE/NEGLECT**

Observed Abuse (specify) :	(Refer To Diagram on Reverse Side)
Observed Neglected Condition of Child (specify):	
Incident of Abuse / Neglect Related To Referring Party By Victim(s)	
Incident Related To Referring Party By Witness	

**III. ALLEGED VICTIM(S)/OTHER CHILDREN**  
 List all children in the home and indicate with an "X" if the child is the alleged VICTIM. (Use Section X if more space is necessary)

Name(s) of Minor(s)	Victim	DOB	Age	Sex	Ethnicity	SS#	School	Grade	Residential Address

Present location of alleged victim(s):

**IV. INCIDENT INFORMATION (TYPE OF REFERRAL)**  
 Check one or more where you suspect abuse or neglect

<input type="checkbox"/> Physical Abuse	<input type="checkbox"/> Physical Neglect:	<input type="checkbox"/> Family Violence (Specify)
<input type="checkbox"/> Sexual Abuse	<input type="checkbox"/> Medical	Involved Parties
<input type="checkbox"/> Emotional Abuse	<input type="checkbox"/> Lack of Adult Supervision	
<input type="checkbox"/> Alcohol Abuse	<input type="checkbox"/> Abandonment	Other (Specify)
<input type="checkbox"/> Drug Abuse	<input type="checkbox"/> Other Neglect (Specify)	
(Specify)	<input type="checkbox"/> Emotional Neglect	
	<input type="checkbox"/> Educational Neglect	

**V. EXPLAIN WHY YOU SUSPECT ABUSE AND/OR NEGLECT**  
 Use additional sheets if necessary


**VI. PARENT(S)/GUARDIAN(S)**

Complete as much information as possible. If you suspect the Parent /Guardian to be the Alleged Abuser, put an "X" in the box marked "Abuser" below.

Name	SS#	Abuser	DOB	Sex	Ethnicity
Address (Residential)	Place of Employment	Home No.	Work No.	Relationship to Victim(s)	
Name	SS#	Abuser	DOB	Sex	Ethnicity
Address (Residential)	Place of Employment	Home No.	Work No.	Relationship to Victim(s)	
Name	SS#	Abuser	DOB	Sex	Ethnicity
Address (Residential)	Place of Employment	Home No.	Work No.	Relationship to Victim(s)	

**VII. ALLEGED ABUSER(S)**

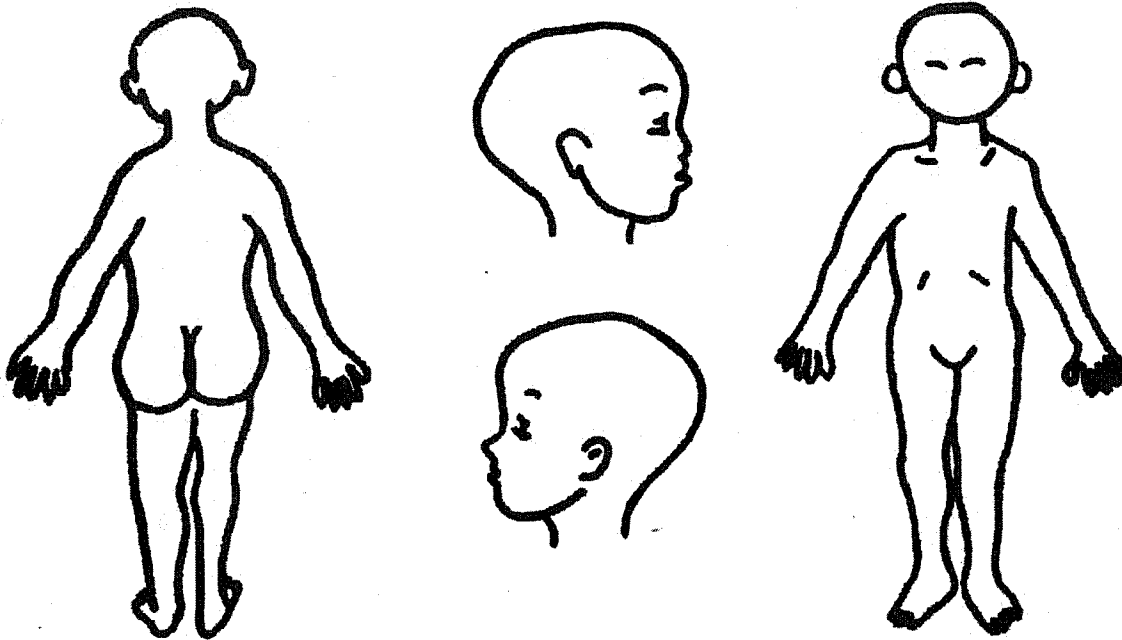
(Other than the Parent / Guardian)

Name	SS#	Abuser	DOB	Sex	Ethnicity
Address (Residential)	Place of Employment	Home No.	Work No.	Relationship to Victim(s)	
Name	SS#	Abuser	DOB	Sex	Ethnicity
Address (Residential)	Place of Employment	Home No.	Work No.	Relationship to Victim(s)	

**VIII. BODY DRAWINGS**

Show where bruises / injuries are located.

INDICATE SIZE & LOCATION OF WOUND/LACERATION WITH "X" FOR SUPERFICIAL AND "O" FOR DEEP. SHADE FOR BRUISES AND BURNS. BESIDE EACH INJURY, INDICATE COLOR, SHAPE, PATTERN AND TEXTURE.



EXAMINED BY MEDICAL DOCTOR:    ( ) Yes    ( ) No    \_\_\_\_\_ (PRINT NAME)    \_\_\_\_\_ (SIGNATURE)

EXAMINED BY SOMEONE OTHER THAN MEDICAL DOCTOR:    \_\_\_\_\_ (PRINT NAME)    \_\_\_\_\_ (SIGNATURE)

**IX. ACTION TAKEN**

Explain action taken in this matter. (Use additional sheets if necessary)

<b>X. OTHER INFORMATION</b> (Use additional sheets if necessary)	
<b>XI. SIGNATURE OF REPORTING PERSON (if completed by Reporting Person)</b>	
Signature _____	Date _____

## CHILDREN EXPOSED TO DOMESTIC VIOLENCE: TIPS FOR CHILD PROTECTION WORKERS

This is not an exhaustive list of everything you need to know about how to manage a DV case—it simply provides some tips for getting started safely.

1. Meet with the adults in the relationship separately to ask about domestic violence. **DO NOT** ask about domestic violence with both partners present.
2. Screen all child protection cases for domestic violence by asking both open-ended and focused questions about the person’s relationship. **DO NOT ASK** “Is there domestic violence in your relationship?”  
Examples:
  - Open ended: All couple fight at times—tell me about how it goes when you and your partner fight.
  - Focused: Sometimes in a relationship one person is extremely jealous or controlling, for example: accusing the other person of cheating; keeping them from going to work, school, church or other places; cutting them off from friends or family; constantly calling or texting them to check up on them; etc. Does anything like this happen in your relationship?
3. When interviewing the non-offending parent (NOP):
  - Interview the non-offending parent first and privately.
  - Acknowledge that child protection intervention can make things worse for her other children, and ask that she help you avoid that by working with you to plan for safety at every step.
  - Ask her about her past efforts to keep herself and her children safe. What worked and what didn’t work? What helped her the most? What does she need NOW?
  - Find out whether she has support from family and friends. Are they aware of the situation? Will they help her, and in what ways? Are they afraid of her partner? Are family members aligned with him? To what extent?
  - Conduct short-term safety planning with her, or get her connected to a DV advocate to get some help with safety planning. Safety planning is dynamic and occurs over time as circumstances change.
4. When interviewing the DV offender:
  - Find and use third-party information to use in interviewing the DV Offender. **DO NOT** share disclosures of the children or the non-offending parent. Check criminal records and police reports, ask service providers for information about him, and so on.
  - Try to engage him as a father or father-figure. Ask him about what it means to be a good father, what he thinks his children would say about that, and how he wants to be remembered as a father.

- DO NOT expect full disclosure, and AVOID getting into a power struggle with him.
  - Have a goal for the interview, plan in advance, be prepared to set limits, and document his responses. (See Accountability and Connection for more information and guidance.)
5. When interviewing the children:
    - Ask what they really like about their family/home, and what worries they have about their family/home. Ask them what would help them feel safe.
    - Validate their feelings about their parents and their experiences, whatever those are.
    - Assess the harm or impact on individual children through interviews, observations, and reports from collaterals and family members. DO NOT assume all children exposed to domestic violence are equally harmed or impacted.
  6. Provide information to both parents about the potential impact of exposure to domestic violence on children. It can be very helpful to have a handout to use and offer to the parent (CAUTION: Check to be sure it is safe to leave written information with the non-offending parent.)
  7. Document specific behaviors and statements. For example: “In the interview, Mr. Mata asked repeatedly what his wife had said about him, and attributed his arrest to her “being hysterical and a bad wife.” He also stated that she does not cook his food right and he’s “tired of her working instead of taking care of the house and the children.”
  8. When talking with extended family and friends:
    - Plan carefully--DO NOT assume they will support the non-offending parent or children.
  9. Some family members actively encourage or participate in the abuse. Others will be very supportive of the non-offending parent and children, even when their relative is the DV offender. Each situation must be assessed individually.
    - Assess whether and how they can help to provide safety for the children and the non-offending parent. How do they see the relationship? How do they think the children are doing? Do they think their son/daughter is a good parent? What about the other parent?
  10. Provide concrete resources to help the family and to help them trust you.
  11. Develop meaningful relationships with DV advocates and other partners. Partnerships can increase the safety and well-being of victims of abuse and their children.

# **CHAPTER 2**

# **APPENDIX**

## **APPENDIX 2-1**

### **19 GUAM CODE ANNOTATED § 13202. Any Person Permitted to Report.**

In addition to those persons and officials required to report suspected child abuse or neglect, any person may make such report if that person has reasonable cause to suspect that a child is an abused or neglected child.

### **§ 13203. Reporting Responsibilities.**

- (a) Reporting procedures. Reports suspected child abuse or neglect from persons required to report under § 13201 shall be made immediately by telephone and followed up in writing within 48 hours after the oral report. Oral reports shall be made to Child Protective Services or to the Guam Police Department.
- (b) Cross reporting among agencies.
  - (1) Child Protective Services shall immediately or as soon as practically possible report by telephone to the Guam Police Department and to the Attorney General's Office every known or suspected instance of child abuse as defined in § 13101, except acts or omissions coming within subsection (t)(4) of § 13101. Child Protective Services shall also send a written report thereof within 48 hours of receiving the information concerning the incident to any agency to which it is required to make a telephone report under this subsection.
  - (2) The Guam Police Department shall immediately or as soon as practically possible report by telephone Child Protective Services and to the Attorney General's Office every known or suspected instance of child abuse reported to it, except acts or omissions coming within subsection (t)(4) of § 13101, which shall only be reported to Child Protective Services. However, the Guam Police Department shall report to Child Protective Services every known or suspected instance of child abuse reported to it which is alleged to have occurred as a result of inaction of a person responsible for the child's welfare to adequately protect the minor from abuse when such person knew or reasonably should have known that the minor was in danger of abuse. The Guam Police Department shall also send a written report thereof within 48 hours of receiving the information concerning the incident to any agency to which it is required to make a telephone report under this subsection.
  - (3) Child Protective Services and the Guam Police Department shall immediately, or as soon as practically possible, report by telephone to the appropriate Department of Defense Family Advocacy Program every known or suspected instance of child abuse reported to them when such report involves active duty military personnel or their dependents.
- (c) Contents of report. Reports of child abuse or neglect should contain the following information:
  - (1) Every report of a known or suspected instance of child abuse should include the name of the person making the report, the name, age and sex of the child, the present location of the child, the nature and extent of injury, and any other information, including information that led that person to suspect child abuse, that may be requested by the child protective agency receiving the report. Persons who report pursuant to § 13202 shall be required to reveal their names;
  - (2) Other information relevant to the incident of child abuse may also be given to an investigator from a child protective agency who is investigating the known or suspected case of child abuse;
  - (3) The name of the person or persons responsible for causing the suspected abuse or neglect;
  - (4) Family composition;
  - (5) The actions taken by the reporting source, including the taking of photographs and x-rays, removal or keeping of the child or notification of the medical examiner; and
  - (6) Any other information which the child protective agency may, by regulation, require.
- (d) Identity of person reporting. The identity of all persons who report under this Article shall be confidential and disclosed only among child protective agencies, to counsel representing a child protective agency, to the Attorney General's Office in a criminal prosecution or Family Court action, to a licensing agency when abuse in licensed out-of-home care is reasonably suspected, when those persons who report waive confidentiality, or by court order.

## APPENDIX 2-2

### 19 GUAM CODE ANNOTATED § 13207. Penalty for Failure to Report.

Any person required to report pursuant to § 13201 who fails to report an instance of child abuse which he or she knows to exist or reasonably should know to exist is guilty of a misdemeanor and is punishable by confinement for a term not to exceed six months, by a fine of not more than \$1,000 or by both. A second or subsequent conviction shall be a felony in the third degree. Fines imposed for violations of this Chapter shall be deposited in the Victims Compensation Fund.

## APPENDIX 2-3

### 19 GUAM CODE ANNOTATED

#### § 13201. Persons Required to Report Suspected Child Abuse or Neglect.

- (a) Any person who, in the course of his or her employment, occupation or practice of his or her profession, comes into contact with children shall report when he or she has reason to suspect on the basis of his medical, professional or other training and experience that a child is an abused or neglected child. No person may claim "privileged communications" as a basis for his or her refusal or failure to report suspected child abuse or neglect or to provide Child Protective Services or the Guam Police Department with required information. Such privileges are specifically abrogated with respect to reporting suspected child abuse or neglect or of providing information to the agency.
- (b) Persons required to report suspected child abuse under Subsection include, but are not limited to, any licensed physician, medical examiner, dentist, osteopath, optometrist, chiropractor, podiatrist, intern, registered nurse, licensed practical nurse, hospital personnel engaged in the admission, examination, care or treatment of persons, Christian Science practitioner, clergy member of any religious faith, or other similar functionary or employee of any church, place of worship, or other religious organization whose primary duties consist of teaching, spreading the faith, church governance, supervision of a religious order, or supervision or participation in religious ritual and worship, school administrator, school teacher, school nurse, school counselor, social services worker, day care center worker, or any other child care or foster care worker, mental health professional, peace officer or law enforcement official.
- (c) Any commercial film and photographic print processor who has knowledge of or observes, within the scope of his or her professional capacity or employment, any film, photograph, video tape, negative or slide depicting a child under the age of 18 engaged in an act of sexual conduct shall report such instances of suspected child abuse to Child Protective Services immediately or as soon as practically possible by telephone and shall prepare and send a written report of it with a copy of the film, photograph, video tape, negative or slide attached within 48 hours of receiving the information concerning the incident. As used in this section, sexual conduct means any of the following:
- (1) Sexual intercourse, including genital-genital, oral-genital, anal-genital or oral-anal, whether between persons of the same or opposite sex or between humans and animals;
  - (2) Penetration of the vagina or rectum by any object;
  - (3) Masturbation, for the purpose of sexual stimulation or the viewer;
  - (4) Sadoomasochistic abuse for the purpose of sexual stimulation of the viewer; or
  - (5) Exhibition of the genitals, pubic or rectal areas of any person for the purpose of sexual stimulation to the viewer.





Student Procedural  
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# CHAPTER THREE

**CONFIDENTIALITY REGARDING STUDENT  
INFORMATION NOT CONTAINED IN  
STUDENT RECORDS**

STANDARD OPERATING PROCEDURES  
GUAM DEPARTMENT OF EDUCATION

**CHAPTER 3**  
**CONFIDENTIALITY REGARDING STUDENT INFORMATION**  
**NOT CONTAINED IN STUDENT RECORDS**

**INTRODUCTION**

This chapter provides information to address concerns regarding the confidentiality of student information not contained in students' cumulative records.

For the purposes of this chapter, professionals are defined as administrators, school counselors, teachers, school health counselors, librarians, Consulting Resource Teachers (CRTs), and any other degreed personnel, who directly works with the students/clients.

Professionals are involved in a counseling interaction whenever:

- They provide counseling to persons in the performance of their duties as a guidance or school health counselor, social worker, psychologist, or equivalent professional endeavor.
- Or regardless of their job description, they lead another person (student, parent, staff member, etc.) with whom they are having a private conversation to believe that they are providing counseling, thereby stating or suggesting to the other person that what is disclosed will be held in confidence.

*For all concerns pertaining to the release of information contained in students' cumulative records or other source, reference Board Policy 825.*

**DEFINITION OF CONFIDENTIAL INFORMATION**

When dealing with the confidentiality regarding student information, there are a few items to consider germane to what the situation is and who is involved and in what context. The following definitions are to be considered:

- A. American School Counselor Association (ASCA Code of Ethics, 2010), defines confidential information "as School counselors recognize their primary obligation for confidentiality is to the student but balance that obligation with an understanding of the family or guardians' legal and inherent rights to be the guiding voice in their children's lives. Confidentiality is an ethical term denoting a counseling practice relevant to privacy. A student who has a counseling relationship with a school counselor has the right to privacy and the promise of confidentiality. Exceptions to confidentiality exist, and students should be informed that situations arise in which school counselors must inform others of information obtained in counseling relationships in order to protect students themselves or others. Privileged communication between a school counselor and a student is a legal term granting privilege to a counseling relationship only if said "privilege" is granted by federal or state statute."

Only limited or general information should be revealed to other professionals in the best interest of the student as it relates to school matters in the following areas: academic, social, emotional, behavioral and physical.

- B. The National Association of Social Workers Code of Ethics, 2008, defines confidentiality as, information shared within a relationship will not be shared outside that relationship. The expectation is that what a client tells a social worker, the social worker will not reveal to others. The purpose of client confidentiality is to encourage clients to share information that may be embarrassing, or even self-incriminating. Through the sharing of such information, the social worker can help the client address an issue, concern, or problem the client may be experiencing. The social worker's obligation to keep client information confidential is supported through state and federal law, but most often is discussed in).
- C. Legal privilege is different. While confidentiality in school counseling is an ethical term, legal privilege is (obviously) a legal term. Whenever there's a struggle between ethics and the law, the law always prevails. Legal privilege is given to attorneys, doctors, and licensed professional counselors, among

others. But in many states, school counselors are certified rather than licensed, so legal privilege doesn't apply. (Hansen, S., 2009).

## DEALING WITH CONFIDENTIAL STUDENT INFORMATION

Parents are the holder of privilege. "The legal concept of the age of majority has implications for minor clients' rights to make choices about entering into counseling as well as their rights to privacy and confidentiality. Overall, **although minor clients have 'an ethical right to privacy and confidentiality in the counseling relationship ... [the] privacy rights of minors legally belong to their parents or guardians'** (Remley & Herlihy, 2001, p. 184). "Isaacs and Stone (1999) noted that the Supreme Court has upheld parents' legal right to make critical decisions about their children. (The term parents refers to all who function in the parental role and have the legal rights of parents.) Many people consider the decision to enter into counseling to be an example of a critical decision. Further, because counseling is considered to be a contractual relationship, "minors cannot legally agree to be counseled on their own" (Remley & Herlihy, pg. 179)."

However, the same article goes on to say: "Informed consent is both a legal and ethical principle requiring school counselors to adequately disclose to clients potential risks, benefits, and alternatives to proposed counseling. Minor clients, however, cannot legally give informed consent, only their parents can. Although the majority of clients served by school counselors cannot legally give informed consent, they can assent to counseling without parental consent.

- A. The following confidentiality principles stem from 17 GCA §4113. Curriculum, Test, Pupil Records, Rights of Parent and Guardians, Code of Ethics of the American Counseling Association referred in SOP 1200-021 the Guam Comprehensive School counseling Program K-12, and regulations adopted by the Department of Education:

Whenever the term *parent* is used, it includes guardians, authorized adults, and caretakers as prescribed in Chapter 6.

1. Parents shall be informed whenever students are referred for counseling, except when the students seek assistance by themselves.
2. All information disclosed during counseling interactions shall be treated as confidential, which means that it cannot be released to anyone without the consent of the parent/student, except when:
  - a. have knowledge that the person intends to harm themselves or others;
  - b. information is obtained regarding something which poses a serious danger to the student or others;
  - c. have knowledge or suspect of abuse or neglect;
  - d. court or legal proceedings (subpoena); or
  - e. based on disclosure a crime or suspected crime has occurred or you have direct knowledge that a crime has been committed by student or others;
  - f. Department regulations or Guam law require the release of the information to another person or agency.
3. Whenever information is obtained regarding something which poses a serious danger to the student or others, the professional involved in the counseling interaction is required to take appropriate action to ensure the safety of the student or others. This responsibility cannot be delegated to another person.
4. Whenever information is obtained that Department regulations or Guam laws require to be reported to certain persons or agencies, such information shall be reported to the required parties.

5. Counseling notes, also known as SOAP or SORIP, are not part of the educational records. Therefore, parents can only request to review progress notes that summarize (SOAP, SORIP) the counseling sessions.
6. The best way to prevent problems is to provide the student and the parents with information about confidentiality before the school year begins, and keep the information visible and available at all times. The following changes are:
  - a. First, include a statement in the student handbook about school counseling services and confidentiality. If possible, include a form that students and parents must sign and return at the beginning of the school year (or when they register) that says they have read and understood the handbook and all information contained in it. (*Refer to Appendix 3-3*).
  - b. Second, post flyers in the counseling office and in individual offices of the school counselors about confidentiality and the exceptions. (*Refer to Appendix 3-4*).
  - c. Third, post the confidentiality guidelines and limitations on the school website or counseling section or other prominent areas.
  - d. Fourth, when you first meet a student for anything other than scheduling issues, explain confidentiality guidelines and exceptions and have the student sign and date a form indicating that he/she has been informed and understands the limits of confidentiality. (*Refer to Appendix 3-3*).
  - e. Keep the signed form in the student's file, or in a separate file just for these forms.

B. Key Points on Confidentiality Regarding Student Information:

1. Parents do not have to give permission for counseling to occur; they only have to be notified when students are referred for counseling. Practically speaking, notification can be given after an initial counseling interaction has occurred.
2. The obligation to inform parents that a student has been referred for counseling does not apply to students who request counseling services on their own (unless such notification is necessary to ensure the safety of the student or is required by Department regulation or Guam law).
3. Counseling interactions occur whenever any professional, regardless of job description, leads another person with whom they have having a private conversation to believe that the professional is providing counseling, thereby stating or suggesting to the other person that what is disclosed will be held in confidence. (***Refer to Appendix 3-2 of this chapter: Special Considerations for Professional Staff Who Are Not Counselors Who Are Involved in Counseling Interactions.***)
4. Taking action to ensure the safety of students or others does not always mean that students' parents must be notified. (***Refer to Appendix 3-1 of this chapter: 19 GCA §1111 Legal Capacity of Minor Regarding Medical Care.***) However, such notification must be made if it is the only way to ensure the safety of students or others, or if the Department's regulations require such notification.
5. The SPAM outlines the situations in which Department regulations and Guam laws require the notification of certain persons or agencies, even when disclosers request confidentiality.

C. Consider these hypothetical illustrations of these principles:

1. A 16-year-old student tells a counselor that she is having consensual sex with her boyfriend, and leads the counselor to believe that she could become pregnant but is neither using nor plans to use some type of birth control. The counselor is not obligated to inform the girl's parents.

**Rationale:** The age of the girl precludes a consideration of statutory rape. It is not certain that

she may become pregnant. And, even if she did, pregnancy does not, by itself, constitute a serious enough threat to the health of the girl for the *sanctity* of the confidential relationship to be broken. Instead, the counselor is obliged to encourage the girl to abstain from sex or to take measures to avoid pregnancy and sexually transmitted diseases.

*Different circumstances, such as the girl being younger, the sex being non-consensual, or the girl's refusal to take advantage of **19 GCA §1111 Legal Capacity Of Minor Regarding Medical Care** if needed, could result in the counselor being obligated to break confidentiality.*

2. A 14 year old girl reports to a school aide that she is pregnant but does not want anyone to know. She told the school aide that she has been sexually active for the last year with her boyfriend who is also 14 years of age. She said that they took a pregnancy test that she bought at a mom and pop store.

**Rational:** The November 14, 2011, memorandum issued by the Superintendent states: "The Attorney General's Office and the Guam Police Department further clarified that pregnant students 15 years of age and younger are considered Child Abuse cases regardless of the circumstance. Subsequently, the student's condition must be reported to both CPS and the GPD by the person who was first made aware of the situation."

3. A student discloses during counseling that he is considering suicide and says he will kill himself if his parents are told. The student's parents must be told about the suicide ideation.

**Rationale:** Such notification is required by the chapter on *Suicide* contained in this manual. The student's threat of committing suicide if a parent is told about the threat does not change the Department's procedural requirement to inform a parent about it.

4. A student indicates that he is planning "to get John because he stole my girlfriend" but does not want the counselor to tell anyone. The counselor must clarify what the student means by the term "get". Should the counselor subsequently learn that the student intends to physically harm John, the counselor will assess the "intent" of harm. If the counselor assesses that the student poses no threat (no intent), the counselor does not have an obligation to disclose the information shared in the counseling session with others about the incident. If the counselor, however, assesses the seriousness of the threat that the student still intends to hurt John, the counselor must then: inform the student that John and his parents will be told of the threat and who has made it, inform John and his parents of the threat, including the name of the student making the threat, and inform the school administrator about the situation so that he/she can take steps to prevent the student from harming John, and call to inform Guam Police Department of the threat.

# CHAPTER 3

# APPENDIX

SCHOOL COUNSELORS CONFIDENTIALITY GUIDELINES  
MUST BE POSTED IN SCHOOL COUNSELORS OFFICE

## CONFIDENTIALITY GUIDELINES

Your confidentiality as a student is important to us! In our school counseling office, what is said here, stays here, with the following exceptions, as required by law and/or ethical standards:

1. Harm to self or others

2. Abuse or neglect

3. Court or other legal proceedings

If there is ever a need to reveal information, we will let you know in advance, and work with you to handle the situation in a way that respects you, your feelings, and your needs.

**APPENDIX 3-2**

**SCHOOL COUNSELORS CONFIDENTIAL GUIDELINES ACKOWLEGEMENT**

Your confidentiality as a student is important to us! In our school counseling office, what is said here, stays here, with the following exceptions, as required by law and/or ethical standards:

**1. Harm to self or others**

This could include things like a suicide attempt or plan, cutting or other self-injury, eating disorders, addictions, fighting or other physical violence, illegal behaviors, threats, etc. -- anything that puts your health or safety, or someone else's health and safety, at risk.

**2. Abuse or neglect**

If you talk with one of us about abuse (physical, emotional, verbal, sexual, or other abuse), whether to yourself or to another minor, we are required by law to report it to Child Protective Services, and possibly the police. If you tell us about an abuse case that's already been addressed by CPS or the police, we still may need to make a call to double check.

**3. Court or other legal proceedings**

By law, if we are subpoenaed (required by law to attend a hearing or other court proceeding), we cannot guarantee that your information will be kept confidential. We will always do our best to reveal as little as possible in a legal setting, but we must cooperate with the police, CPS, and the courts.

If there is ever a need to reveal information, we will let you know in advance, and work with you to handle the situation in a way that respects you, your feelings, and your needs.

I have read and I understand the guidance department's confidentiality guidelines and exceptions.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature, if applicable

\_\_\_\_\_  
Date



### **APPENDIX 3-3**

#### **SPECIAL CONSIDERATIONS FOR PROFESSIONAL STAFF WHO ARE NOT COUNSELORS THAT ARE INVOLVED IN COUNSELING INTERACTIONS**

Professional staff who are not counselors, social workers, psychologists or other related fields without an established code of ethics are required to adhere to the following counseling related precepts whenever they are involved in a counseling interaction.

1. Clearly inform the person to whom you are providing supportive counseling services of the:
  - extent to which you can keep certain information confidential in consideration of your job functions (this is usually best done at the beginning of the interaction); and
  - limits of what can be discussed, given your expertise or degree of comfort with the subject matter.
2. Avoid dealing with issues beyond your level of expertise or degree of personal comfort. (Also, refer to Item 4 below)
3. It is usually preferable to explore issues, possible options for dealing with them, and the pros and cons of each of the options instead of telling persons to whom you are providing a counseling-like service.
4. Do what is necessary to obtain help for persons who bring concerns to your attention which are beyond your abilities to handle. In most situations this involves informing the other person of where he/she can turn to get help. In situations where what the other person discloses poses a serious danger to that person or others, take appropriate action to resolve the danger.
5. Do not use information which is disclosed under the cover of confidentiality to accomplish other job functions which are not part of the provision of the counseling-like service.

## **APPENDIX 3-4**

### **19 GCA §1111: LEGAL CAPACITY OF MINOR REGARDING MEDICAL CARE**

The following terms are defined by this law:

1. Minor shall be any person under the age of eighteen (18).
2. Parent means the natural and the legal parent and any guardian, custodian or step-parent acting in loco parentis.
3. Medical care and services mean the diagnostic examination, prescription and administration of medication and other items in the treatment of sexually transmitted diseases, the HIV virus, or AIDS, pregnancy and substance abuse. It shall not include surgery or any treatment to induce abortion.
4. Substance abuse means any excessive use or misuse of substances that lead to intoxication, psychiatric disorder, and physical disease, social dysfunction associated with dependency and damage to health, social or vocational adjustment.
5. Sexually transmitted disease means any disease that is transmitted through sexual contact.

19 GCA §1111 allows minors to obtain medical treatment without parental consent for:

- sexually transmitted disease
- pregnancy, and
- substance abuse

Consequently, a professional who learns during counseling-like interactions that a student is experiencing one of these problems to the extent that the student is in serious danger does not have to necessarily contact the student's parents to deal with the danger posed to the student by the problem. Rather, the professional can inform the student of the law and determine whether the student has taken advantage of it to address the problem.

If it is determined that the student has taken advantage of the law to address the problem, the professional has discharged his/her responsibility to deal with the danger posed to the student. If it is determined that the student has not taken advantage of the law and a serious danger still exists for the student, then the professional is obligated to take other measures to remove the danger posed to the student. In that case, the professional would be obligated to inform the student's parents of the problem so that they could make arrangements for the student to receive needed treatment.



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# CHAPTER FOUR

## STUDENT CUMULATIVE RECORD MANAGEMENT



STANDARD OPERATING PROCEDURES  
GUAM DEPARTMENT OF EDUCATION

## CHAPTER 4

### STUDENT CUMULATIVE RECORD MANAGEMENT

#### INTRODUCTION

Cumulative Records are a key tool in promoting student achievement and well-being for all students. A student's Cumulative Record shall be located in the school that the student is currently attending. Consistency in the contents and procedures for transfer of Cumulative Records contributes to smooth transitions for students. The information in students Cumulative Records is valuable to professionals in planning and delivering appropriate educational programs and supports for individual students, and assisting teachers to better understand students' strengths. This chapter provides a standardized guide related to the contents, management and transfer of Cumulative Records. More information can be found at:

<http://www.education.gov.sk.ca/Cumulative-Record-Guidelines>

The student's Cumulative Record is the compilation of information maintained in the school for the student. It contains factual, objective and professional information regarding a student's academic progress, mid-term and final marks, adaptations and attendance. The information is valuable for professionals in planning and delivering appropriate education programs and supports for the student from year to year, and for enabling teachers to better understand the student's strengths. The Cumulative Record is also valuable for assisting in the successful transition of students to another school.

#### STUDENT CUMULATIVE RECORD CONTENTS

Student Cumulative records consist of all of the following records: 1) academic 2) health, and 3) student conduct (discipline and truancy). Health records may be maintained in the school health office or together with the academic record at the discretion of the school administrator. A student cumulative record is incomplete if any of the three types of records specified above are not included when it is transferred to another school.

##### A. Academic Record

A student's Academic Record shall include to following. (Any additional requirements that the school may want to impose shall be approved by the Deputy Superintendent, Educational Support and Community Learning.):

1. A transcript of all of the classes taken and grades earned while attending school.
  - a. For elementary - all final grades for each school year including the student's latest report card, full name of teachers and grade level
  - b. For secondary - first and second semester grades for each subject, listed by school year, name of teacher, grade level, and specific subject area.
2. An indication each year if the child has been promoted or official notification of retention (elementary and middle schools only).
3. A notice that another folder exists at Central Office within the Division of Special Education (SPED) and the Section 504 District Coordinator, for students receiving services from Special Education (including GATE), or receiving accommodations from Section 504 plan, respectively.
  - a. The SPED and Section 504 folder shall have copies of formal educational or psychological reports, evaluation or recommendations.
4. All standardized test results to include reading and math placement results.
5. Withdrawal or transfer forms for each time the student had transferred or withdrew.
6. A detailed explanation of all double promotions or retentions.
7. A copy of the Home Language Survey and the Student Language Profile.
8. Any other data considered of educational value by the teacher, counselors, principal, parents, or students.

## B. Health Record

A student's Health Record shall include to following:

1. Required records:
  - a. Student Emergency Information Form
  - b. Immunization Records
  - c. TB Skin Test Results/TB Clearance
  - d. Physical Examination
  - e. Records of Medical Concerns/Diagnosis (if required/requested)
2. If Applicable:
  - a. Health Requirement Form
  - b. Sports Physical Form
  - c. Food Allergy Action Plan
  - d. Allergy Action Plan (non-food allergies, bee stings)
  - e. Asthma Action Plan
  - f. Diabetic Individualized Health Care
  - g. Individualized Health Plan (IHP) Seizures Action Plan
  - h. Seizure Observation Record
  - i. Seizure Report Flow Chart
  - j. Injury Report and Illness Form
  - k. Lice Notification Form
  - l. Chicken Pox Notification Form
  - m. Scabies Notification Form
  - n. Medication Administration Log
  - o. Medication Consent Form
  - p. Section 504 Educational Plans (EAP)
  - q. Exemptions from Physical Education
  - r. Anecdotal records where pertinent or appropriate (This is not necessary for *every* student.)
  - s. When applicable, a copy of any reports filed on alleged child abuse or neglect; *the copy of the child abuse or neglect report filed in the cumulative folder does not have to be signed if the reporting party fears that subsequent parental inspection of the cumulative records may reveal who initiated such a report to cps. However the original copy sent to CPS must be signed.*

## C. Student Conduct Record

The Student Conduct Records shall be placed in the student cumulative when a student transfers to another school or matriculates to middle and high school. The documents are as follows:

1. All Office Discipline Referral forms (ODRs)/Office Truancy Referral Forms (OTRF) that have been adjudicated by the school administrator and have been inputted into PowerSchool.
2. All Discipline Advisory Council hearing records that have been completed and inputted into PowerSchool.
3. School behavior/attendance monitor form or other written contract as determined by school administrator.
4. Any record of interventions/actions made by the school in connection with student discipline or truancy.
5. All Student Attendance Referral Form (SARF) and all supporting documents, including related judge's orders/dispositions.

## ACCESS/INSPECTION OF CUMULATIVE RECORDS

The school administrator is responsible for the collection, maintenance and release of any information from the Cumulative Record. Under the supervision of the administrator, the classroom teacher is responsible for entering information in the Cumulative Record. When the Cumulative Record is transferred, responsibility for the record is also transferred. Once a student is no longer enrolled in the Department of Education, the record becomes inactive.

- A. The following person(s) have the rights to fully access a Cumulative Record.
  1. Parents, legal guardians, or those in possession of a custody order in the presence of the school administrator, school counselor, health counselor or other designated school official.
  2. Students who are eighteen (18) years or older in the presence of the school administrator, school counselor, health counselor or other designated school official.
  3. Minor students together with their parents or legal guardians in the presence of the school administrator, school counselor, health counselor or other designated school official.
  4. Education officials with a legitimate educational need for the information as stated in Board Policy 825, section I. d. "Legitimate educational interest; the need of a school official to know the contents of a student educational records in order to perform a function required by his/her duties and responsibility as a school official."
  5. Those with a court order which specifically states information contained in the student's cumulative record is required about the student in question.
  6. Appropriate parties in an emergency as stated in the Board Policy 825, section II. A. 10.
- B. Release of Information
  1. Federal Education Rights and Privacy Act (FERPA) gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have transferred are "eligible students."
  2. Parents or eligible students have the right to inspect and review the student's education records maintained by the school. Schools are not required to provide copies of records unless, for reasons such as great distance, it is impossible for parents or eligible students to review the records. Schools may charge a fee for copies.
  3. Parents or eligible students have the right to request that a school correct records which they believe to be inaccurate or misleading. If the school decides not to amend the record, the parent or eligible student then has the right to a formal hearing. After the hearing, if the school still decides not to amend the record, the parent or eligible student has the right to place a statement with the record setting forth his or her view about the contested information.
  4. Generally, schools must have written permission from the parent or eligible student in order to release any information from a student's education record. However, FERPA allows schools to disclose those records, without consent, to the following parties or under the following conditions (34 CFR § 99.31):
    - a. School officials with legitimate educational interest;
    - b. Other schools to which a student is transferring;
    - c. Specified officials for audit or evaluation purposes;
    - d. Appropriate parties in connection with financial aid to a student;
    - e. Organizations conducting certain studies for or on behalf of the school;
    - f. Accrediting organizations;
    - g. To comply with a judicial order or lawfully issued subpoena;
    - h. Appropriate officials in cases of health and safety emergencies;
    - i. Local authorities, within a juvenile justice system, pursuant to specific local law.

5. Schools may disclose, without consent, "directory" information such as a student's name, address, telephone number, date and place of birth, honors and awards, and dates of attendance. However, schools must tell parents and eligible students about directory information and allow parents and eligible students a reasonable amount of time to request that the school not disclose directory information about them. Schools must notify parents and eligible students annually of their rights under FERPA. The actual means of notification (special letter, inclusion in a PTA bulletin, student handbook, or newspaper article) is left to the discretion of each school.

**For additional information, you may call 1-800-USA-LEARN (1-800-872-5327) (voice). Individuals who use TDD may use the Federal Relay Service.**

**Or you may contact us at the following address:**

**Family Policy Compliance Office**

**U.S. Department of Education**

**400 Maryland Avenue, SW Washington, D.C. 20202-8520**

## **LOCATION**

The student's Cumulative Record should be maintained within the school that the student is currently enrolled and kept in lockable files at specified areas as designated by the school administrator. Typically, schools separate academic records from health records primarily to ensure confidentiality of students with medical conditions which are protected by FERPA. Nonetheless, when a student moves from one school to another, it is expected that the Cumulative Record (inclusive of the academic, health and discipline records) will follow the student. It is important to remember that a key tool in supporting student progress/transitions is in a well maintained Cumulative Record.

## **PROCEDURES FOR PARENTS/LEGAL GUARDIAN OR STUDENTS REQUEST TO REMOVE AN ITEM FROM CUMULATIVE RECORDS**

The parent/guardian of a student who believes that information contained in education records of the student is inaccurate or misleading or violates the rights of the student may request that the educational agency of institution which, maintains the records amend them. The educational agency decides to refuse to amend the education records in accordance with the request, it must inform the parent/guardian of the student of the refusal, and advise them of their right to a hearing.

## **INACTIVE RECORDS**

Inactive records are defined as records belonging to students who have: withdrawn from a school and the receiving school has not requested the student's cumulative records or graduated.

## **CUMMULATIVE RECORD FOR GRADUATING STUDENTS ONLY**

- A. The school must permanently maintain in hard copy and electronic copy of the following:
  1. A copy of official transcripts;
  2. Special Education and Section 504 and English as a Second Language documents as applicable;
  3. Court or Legal Documents; and
  4. Health Records.
- B. All graduating student shall be given their cumulative files upon graduation.

## **TRANSFER PROCEDURE**

Parents, legal guardians, or students over the age of eighteen (18) should be provided with a completed copy of the student Withdrawal/Transfer Form within two (2) school days after the request. The following records shall be included:

1. Student's most recent report card or transcript.
2. Test results (Official adopted District-Wide Assessment, Placement, or other test results as prescribed by the school/district for all subjects).
3. Health records.
4. Pertinent discipline and/or truancy records.
5. Special Education documents or Section 504 documents.
6. A copy of these records are to enclosed in a sealed envelope marked CONFIDENTIAL RECORDS before release to Parents, legal guardians, or students over the age of eighteen (18).
7. Parents, legal guardians, or students not to assume custody of any of the original cumulative records being processed for off island transfer.
  - a. The releasing school must first obtain an official request from the receiving school.
  - b. Upon receipt of an official request form from the receiving school, the original records will be sent directly to the school.
  - c. Copies of the transcript, curriculum records or report cards may be retained at the releasing school at the discretion of the school administrator.
  - d. It is the responsibility of the releasing school to ensure that the records in PowerSchool are updated accordingly. A log or other suitable method of maintain a record of off-island cumulative record transfer shall be maintained at each school showing.
    - Name and grade of student
    - Name and address of requesting school
    - Date of withdrawal
    - Date originals records were transmitted

#### **TRANSFER RECORDS FOR STUDENTS ARRIVING ON GUAM**

The on-island school at which the student has enrolled is responsible ~~for~~ to request in writing to the off-island school for the release of student's cumulative records.

For all students receiving special education, the written request must also clearly indicate the request to release of student's special education records. There are certain off-island schools who will not release special education records along with cumulative records without a written authorization from the student's parent or legal guardian. Consequently, all parents/legal guardians should be asked the time they register their children if they were receiving special education services from their previous school. If they answer yes, a note of this should be made in the cumulative record. If the records subsequently received from the off-island school do not contain the student's special education records, the school should then ask the parent/legal guardian to sign an authorization for release of the special education records and forward it to the off-island school.

#### **SUMMERTIME ON-ISLAND STUDENT CUMULATIVE RECORD TRANSFER PROCEDURES**

All student cumulative records going from elementary to on-island middle schools (grade 5 to 6) and from middle to on-island schools (grade 8 to 9) during the summer should be transferred no later than three weeks before the start of academic school year. The school-level administrator shall designate personnel to ensure that the records are managed/transferred accordingly.

##### **A. Releasing Schools' Responsibilities:**

1. Elementary schools are responsible to hand carry student cumulative records of out-going 5<sup>th</sup> grade students to public middle schools.
2. Middle schools are responsible for hand carrying out-going 8<sup>th</sup> grade records to public high schools.
3. Delivery must include academic, health, discipline, and reading records if applicable.
4. The following are the transfer procedures:



- a. Make an appointment with receiving schools for delivery
- b. Must be hand carried to the receiving school's principal, assistant principal, or records clerk.
- c. If the students indicate they will be transferring to an "out of district public school" (a district in which the student is not presently residing in or a private school during the summer), their records are held until the out of district public school or private school request is completed and approved.
5. Releasing schools are responsible for attaching a manifestation on each set of records being transferred as described in it. List the names of students and the types of records (academic, reading, health, and discipline) contained in the set.
6. Releasing schools are also responsible for retaining the original copies of the manifest they receive from the receiving school refer to items 1 and 2 below.

**B. Receiving Schools' Responsibilities**

1. Ensure the actual records received against the attached manifest are matching to include documenting any shortages or other issues with the delivery
2. Ensure that an authorized staff member of the receiving school signs the manifest and provide a copy of it as a receipt to the person from the sending school that made the delivery
3. Retain the copy of the manifest for at least a year
4. Establish procedures to determine whether:
  - a. All students who records are transferred to them during the summer are actually in their schools at the beginning of the year.
  - b. All of the new students who arrive at the school at the beginning of the school year have records in the school.

C. Assessment of all cumulative records should be completed within three (3) weeks of the beginning of each school year.

D. If the records of a student who moved to the school during the summer are not at the school at the beginning of the school year, the following procedures shall be followed:

1. The receiving school shall ask the student which school he/she last attended.
2. Receiving school should contact the school named by the student to determine if the school still has the records or if it forwarded them to another school.
3. Upon determination of the location of the records, the school the student is presently attending shall request that the student's records be forwarded to it as soon as possible.

**DESTRUCTION OF INFORMATION**

5 GCA § 20608. Disposal of Records, states records may be destroyed or disposed of in accordance with the provisions of this Article if it is determined by the Director, the Attorney General and the agency head concerned that such records have no further legal, administrative, fiscal, research, or historical value. Additionally, the Code of Federal Regulations 300.561 (3) states that SEA must give notice that is adequate to fully inform parents about requirements including a summary of the policies and procedures that participating agencies must follow regarding storage, disclosure to third parties, retention, and destruction of personally identifiable information.



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# CHAPTER FIVE

ALCOHOL AND SUBSTANCE ABUSE

STANDARD OPERATING PROCEDURES  
GUAM DEPARTMENT OF EDUCATION

**CHAPTER 5**  
**ALCOHOL AND SUBSTAND ABUSE**

**INTRODUCTION**

The Guam Department of Education district recognizes that inappropriate use or abuse of alcohol, drugs and other substances by students has a damaging effect on the normal development, well-being and academic performance of students. The use or abuse of substances often leads to chemical dependency requiring intervention and treatment. To ensure the highest possible standard of education, as well as the safety, health, and well-being of students, this chapter serves as a comprehensive substance abuse policy. The district considers prevention, which includes education, support of aftercare programs, and disciplinary procedures, as essential elements of a comprehensive policy.

**CONFIDENTIALITY**

Whenever a student seeks help from the administration or faculty for substance abuse, the student will be assured confidentiality and assistance.

**SUBSTANCE ABUSE PREVENTIVE CARE**

**A. Prevention**

The prevention program(s) that are adopted by the Department should focus on classroom instruction, guidance and counseling services, and a supportive community environment. Since consumption of alcohol, drugs and other abusable substances are problems that affect the home, the school and the community, the program(s) provide for a partnership among the schools, parents and community resources to ensure the success of the district prevention activities.

**B. Instructional Program**

All schools – elementary and secondary - will have instructional programs which assist students in help-seeking behaviors and in making responsible decisions about the inappropriate use, misuse, and abuse of alcohol, drugs, and other substances. Current and accurate information about alcohol, drugs and other substances and their effects on the body is only one component of an instructional prevention program. Other components include instruction and skill development related to self-esteem, self-discipline, communication skills, personal assessment, decision-making, interpersonal skills, coping skills, and problem solving facilitated by school counselors.

1. The school counselors shall be responsible for providing instruction about the inappropriate use, misuse, and abuse of alcohol, drugs and other substances. The school counselors will follow specific objectives to be covered in grades K-12. The school counselors will utilize a selected substance abuse that will be periodically reviewed, evaluated and updated by the Student Support Services.
2. The school counselor shall will be trained in selected curriculum and prevention strategies. The opportunity for training in prevention strategies will be available to the entire school counselor cohort at least once annually. Instructional materials will be available for each school to implement the program.
  - a. **Guidance and Counseling Service**  
Guidance activities may include individual counseling, group counseling and consultation with parent/guardian and District Psychologist regarding drug and alcohol abuse. Presentations which focus on developing positive personal and interpersonal skills will be addressed in group counseling sessions.
  - b. Students that have been referred to the office for substance abuse should be referred to the small group counseling sessions for skill building purposes. This would serve the

purpose for education and processing specifically for substance abuse instead of students being suspended.

- c. Students must attend small group counseling sessions facilitated by school counselors in lieu of school suspension. If the student is not receiving counseling sessions at Judiciary of Guam it is highly recommended they attend group counseling sessions at the school.

### C. Community

A successful prevention program must ensure that parents and the community are aware of and are knowledgeable about programs and services available to them and their children. The GDOE district-level personnel will work with school-level administrators, school counselors and school health counselors to form committees to review current policies and procedures.

1. This committee shall be responsible for re-evaluating policies concerning high-risk behaviors and substance abuse that will be reviewed and presented to Superintendent and Guam Department of Education Board.
2. Programs which foster student advocacy for prevention of drug, alcohol and other substance use/abuse will be available in all schools.
3. The district will work closely with the Judiciary of Guam, specifically the juvenile probation office, Sanctuary Inc., and other agencies. These programs may include, but are not limited to, participation and development of the Youth for Youth, the Student Peer Helper Groups, and a district-wide Drug Prevention Week.
4. Parents and community members will be actively involved in the community/school partnership.

### D. Intervention and Discipline

The intervention and discipline policy has been developed with an overall objective of requiring therapeutic intervention when a student is found to be involved with drugs. It is believed that drug and alcohol treatment professionals, and not for school personnel, should evaluate the seriousness of the problem and make recommendations to treat it. Suspensions for drug-related offenses are to be cumulative and, therefore, be carried over from one school year to the next school year. The possibility of an overdose is much too real to allow students to violate the drug policy only on a yearly basis.

#### 1. Suspicion Of Use

Any faculty/staff member who suspects that a student is under the influence of drugs/alcohol is to refer the student to the school health counselor and/or school-level administrator. The nurse and/or administrator will evaluate the student in an attempt to determine whether or not the student is under the influence.

- a. Should the student be found to be under the influence, it would be necessary to determine if the student is at risk medically. Appropriate action is to be taken if that is found to be the case. The use policy would then come into effect.
- b. Should the suspicion prove to be unfounded, the student is to be returned to class.
- c. Should the evaluation result in continued suspicion, without proof or admission, the parents are to be contacted, apprised of the situation, and informed of available community support services.
- d. The student will be monitored periodically by the school counselor upon the return to school.

#### 2. Use/Possession/Distribution

Any student who is found to be under the influence; to distribute, share and/or sell; be in possession of alcohol, unlawful drugs, controlled substances, hallucinogens, abusable substances, paraphernalia, or while on school property or during any school-sponsored activity, will be

subject to discipline as detailed SOP 1200-018: Student Conduct Manual.

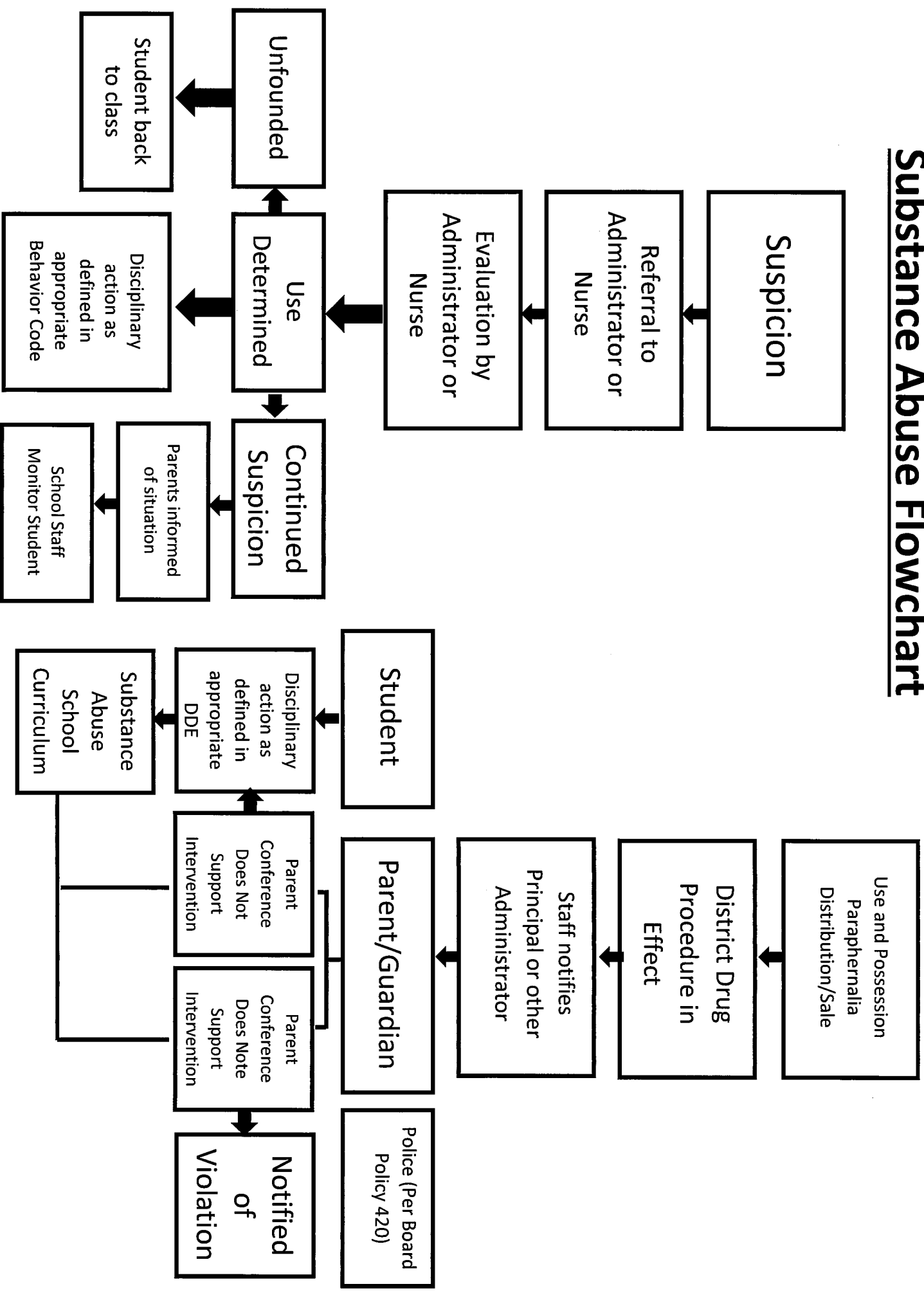
E. Aftercare

Students returning from a community inpatient or outpatient treatment program will be supported by the school. The primary aftercare responsibility for students returning from a community treatment program rests with the student, parent(s)/guardian and community treatment personnel. School staff will work cooperatively with the student, parent(s)/ guardian and community to facilitate the aftercare plan. Should the aftercare plan entail designated support from the school-level professional, such as a social worker, psychologist, school counselor, or nurse, the school staff is expected. All aftercare plans shall be implemented, documented and reviewed periodically to ensure that the school is providing the appropriate support and services.

**SUBSTANCE ABUSE FLOWCHART**

The following flow chart illustrates a guide meant to assist school-level personnel in addressing Suspicion and Use and Possession Distribution/Sale of alcohol and illegal substances. The guide is to be used in alignment with GDOE policies, Guam law and federal law.

# Substance Abuse Flowchart









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# CHAPTER SIX

GUARDIANS, AUTHORIZED ADULTS,  
AND CARETAKERS



STANDARD OPERATING PROCEDURES  
GUAM DEPARTMENT OF EDUCATION

**CHAPTER 6**  
**GUARDIANS, AUTHORIZED ADULTS, AND CARETAKERS**

**INTRODUCTION**

This chapter describes the various legal relationships persons may have with children for whom they care who are not their biological offspring. It also outlines how these relationships affect the extent to which schools may interact with these persons.

The following definitions shall be used for the purposes of executing all procedures contained in this manual.

1. **Legal Guardian:** An adult other than a parent who has been lawfully invested with the power, and charged with the duty, of taking care of a child, as evidenced by a court order. A Legal Guardian shall be afforded all of the rights and privileges afforded to parents.
2. **Authorized Adult:** An adult other than a parent or guardian who has a power-of-attorney\* from the parent/guardian which authorizes the adult to care for a child. For the purposes of the Department of Education relative to an Authorized Adult, a notarized and current Power-of-Attorney is defined as a notarized document signed by the child's parent/guardian which authorizes the adult to act on the parent's/guardian's behalf in the interests of the child. The current Power-of-Attorney must include education and medical care. Authorized adults are afforded those rights and privileges afforded to parents which a power-of-attorney specifies they have been granted.
3. **Caretaker:** Based on an excerpt from 17 GCA §6102, "A person without a current Power-of-Attorney having control or charge of any child" who is neither a guardian nor an authorized adult who provides care for a child because:
  - a. The child's parents/guardians are off-island; (In situations where an adult is a caretaker because the student's parents/guardians are off-island, allow the caretaker the rights and privileges of a parent. However, discontinue doing so if someone else is either appointed as a guardian or becomes an authorized adult); or
  - b. The child's parents/guardians are physically or emotionally incapable of caring for the child (In situations where an adult is a caretaker because a child's parents or guardians are incapable of caring for the child or refuse to do so, inform the caretaker that they need to get a parent/guardian to provide them with a power-of-attorney in order for the school to interact with them. Exception: Adult caretakers may register students in some situations. Refer to the chapter in this manual entitled: *Registration by Adults Who Are Not Guardians*); or
  - c. The child's parents/guardians refuse to care for the child.

**SCHOOL'S RESPONSIBILITY WHEN DEALING WITH CARETAKERS**

- A. Caretakers can be afforded some of the rights and privileges afforded to parents and guardians, depending on the circumstances (listed above) which make them caretakers. Be careful in determining which of the following circumstances apply to the persons who are acting as caretakers.
- B. School personnel should inform the Caretaker that he or she has the responsibility to obtain a power of attorney from the parent/guardian within 30 days from the date the school is made aware of the caretaker's status. If the proper documentation is not received within 30 days, school personnel should file a referral with Child Protective Services.

## **CAUTIONS REGARDING POWERS-OF-ATTORNEY**

- A. Although General Powers-of-Attorney often grant authorized adults broader authority, Special Powers of Attorney limit what the authorized adult can do to less than those possessed by a child's parent or guardian. Exercise caution in examining powers-of-attorney to determine specifically what an authorized adult is actually authorized to do. Also keep track of expiration dates of these documents.
- B. A parent or guardian who grants a power-of-attorney to another adult to care for a child can revoke all or part of the power-of-attorney at any time. However, such revocations need to be made in writing and signed to be considered valid. Use caution in determining that such statements were in fact signed by the person who granted the power-of-attorney. Upon receipt of a written statement from a parent/guardian directing that some or all of the powers which they had granted to an authorized adult have been revoked, refrain from allowing the formerly authorized adult from exercising those powers.





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# CHAPTER SEVEN

## PRE-ARRANGED ABSENCES



STANDARD OPERATING PROCEDURES  
GUAM DEPARTMENT OF EDUCATION

**CHAPTER 7**  
**PRE-ARRANGED ABSENCES**

**INTRODUCTION**

Pre-arranged absences are only initiated by the parent/guardian. When a parent/guardian is aware that their child will be absent from school for a period of time, it is their responsibility to make arrangements and seek approval with the school administrator. School administrators are under no obligation to excuse absences, if such approval is sought after the absence occurred whether on or off island. Administrators may, however, excuse such absences, if circumstances warrant doing so. The duration of these absences are at the discretion of the school administrator provided they are consistent with Board Policy 411.

**REQUEST AND APPROVAL**

Only parent/guardian or student 18 years or older can initiate requests for pre-arranged absences. The school-level administrator is responsible for reviewing the request and either approving or disapproving the request. When pre-arranged absences are approved by the administrator, the school shall provide the student's school work or allow the student time for make-up work upon return.

**CONSIDERATIONS**

For students with serious medical issues, please reference Standard Operating Procedures 1200- 018: Chapter Two – Absences and Truancy:

- A. "However, student absent for three or more consecutive days due to illness are required to present written certification from a physician attesting to the nature of the illness and the duration for which the student should be excused from school. In addition, school administrators may require written certification from a physician for any number of days of absences due to illness if a student's past attendance records show patterns of illness or reasons for the absences due to illness which the administrator finds questionable."
  
- B. "Off-island travel, which has the prior approval of the school administrator. Off-island travel where the absences of the child exceed 25 or more days, the parents shall withdraw their child from school. (1 GCA 715.12 (m))"

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# CHAPTER EIGHT

## OUT OF ATTENDANCE AREA REQUESTS

STANDARD OPERATING PROCEDURES  
GUAM DEPARTMENT OF EDUCATION

## CHAPTER 8

### OUT OF ATTENDANCE AREA REQUESTS

#### INTRODUCTION

The Department of Education can make accommodations for students in an out-of-attendance area. Board Policy 318 defines students' attendance areas as being where their parents reside, guardians reside (if guardians are not the parents), or the adults who are caring for them while parents or guardians are not on-island. This chapter applies only to students who seek enrollment in schools which are outside of the attendance areas in which their parents/guardians/caretakers live.

#### PROCEDURES

**Step 1:** The parent/guardian of the student completes Part I of the district-wide standard *Out-Of-Attendance Area Request* form. (See Chapter 8 forms).

**Step 2:** The parent/guardian of the student submits the completed form to the principal of the out-of-attendance area school. The principal may require a meeting with the parent/guardian to discuss the reason(s) for the request as a condition for approval.

**Step 3:** The out-of-attendance area request is submitted to the receiving school principal to complete Part II of the request and returns it to the parent/guardian. Approval/disapproval of the request is solely at the principal's discretion and is dependent upon availability of space and parent/guardians commitment to fulfilling school expectations.

**Step 4:** If the request is approved by the principal of the out-of-attendance area school, the student is allowed to transfer to the out-of-district school only for the remainder of the school year in which the approval was given. Attendance in out-of-attendance area schools during subsequent school years is dependent on receipt of subsequent approvals. Students authorized to transfer, who incur serious behavioral issues or poor academic performance, may be required to return to their district school.



# CHAPTER 8

# FORMS



**Part II: Conditions for Acceptance and Continued Enrollment:**

The items below are conditions that the parent/guardian and student(s) must adhere to as an out-of-attendance area enrollment status. Parent/Guardian must initial each item below to verify they have read, understand, and agree to the following items. The principal may revoke the out of district authorization upon non-compliance of these expectations.

1. \_\_\_\_\_ I will provide transportation for my child to and from the school. The school will not assume any responsibility for transporting my child.
2. \_\_\_\_\_ Academic standing: Student must pass all classes.
3. \_\_\_\_\_ Attendance: Student must maintain no less than a 90% attendance rate to include excused and unexcused absences.
4. \_\_\_\_\_ Student conduct: Student must not receive any level 2 or 3 offenses pursuant to the Office Discipline Referral (ODR) guidelines.
5. \_\_\_\_\_ Parent/legal guardian must attend all Parent-Teacher Conferences (PTC) for first and third quarter and any other meeting called by a teacher or School Administrator.
6. \_\_\_\_\_ Parent/legal guardian must attend all monthly parent organization meetings.
7. \_\_\_\_\_ Parent/legal guardian must participate in a school function at least once per quarter, e.g., chaperone dances, school clean up, school presentation, etc.
8. \_\_\_\_\_ A request for out-of-attendance area enrollment must be made each year.
9. \_\_\_\_\_ Withdrawals: Violation of conditions for acceptance are grounds for withdrawal that will be effective at the ending of the current quarter. Students may not be withdrawn from a school as a result of reaching capacity, based on its in-district needs, until the end of the school year. Appeal of the withdrawal may be made to the Superintendent.

**Part III: Assurances**

I certify that I have read and agree to the above conditions, and I will support the decisions of the (*name of school*) administrative team throughout the school year that my child is enrolled as an out-of-district student. Additionally, I will ensure that my child and I will comply with all school rules and policies as it applies to my child’s educational experience here at (*name of school*).

Parent/Legal Guardian’s Name (print)	Signature	Date
--------------------------------------	-----------	------

Parent/Legal Guardian’s Daytime Phone Number: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

Received by school personnel: \_\_\_\_\_

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

**Part IV: Administrative Decision (To be completed by the Principal)**

\_\_\_\_\_ Approved for School Year: \_\_\_\_\_

\_\_\_\_\_ Disapproved and reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Date



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# CHAPTER NINE

PLACEMENT OF STUDENTS INTO  
APPROPRIATE GRADES

Standard Operating Procedures  
GUAM DEPARTMENT OF EDUCATION

**CHAPTER 9**  
**PLACEMENT OF STUDENTS INTO APPROPRIATE GRADES**

**INTRODUCTION**

Two principles govern the placement of students into their proper grades.

1. 17GCA § 6102 requires students who are *at least* five (5) years of age and have *not* reached the age of sixteen (16) to attend school. However, students who turn five after 31 July cannot be enrolled in Kindergarten for that school year (17GCA § 6105.1).
2. The Office of Civil Rights has established criteria for determining the proper placement of all students. [17GCA § 6102].

**PROCEDURES**

The following procedures are aligned with the two principles above:

A. Place into kindergarten students if they are:

1. Five years of age by July 31; or
2. Transferring from another school in which they were in Kindergarten, providing they were five on or before July 31.

*Children who do not meet the above criteria will not be able to register for kindergarten until the subsequent school year.*

B. Place into first grade any student who has been promoted from kindergarten during the prior school year.

C. Students Aged Six and Older

1. If the student has attended school within one year prior to the date of registration, place the student in the grade which continues his or her enrollment.
2. If the student has not attended school within one year prior to the date of registration, place the student in the age appropriate grade.

D. Placing Student in Grades Which Continue Their Enrollment

A student who has attended school within a year prior to their entrance into a GDOE school must be placed into the grades that they were last enrolled in their previous school, regardless of whether such placement is age appropriate.

1. For students who transfer into schools during the summer, they must be placed into the grades into which they were either promoted or retained by their last schools of attendance.
2. For students who transfer into schools during the school year, they must be placed into the grades in which they were enrolled at their last schools of attendance.
3. If transcripts are not available, schools shall work with parent/guardian shall complete the Course Assessment form (See Chapter 11 Forms).

E. Placing Students in Age Appropriate Grades

This procedure addresses the placement of students who are six (6) years of age or older and who have never attended school for one year or longer into the grades in which they would be enrolled if they had started attending school as Kindergarteners—when they could or should have according to Guam law—and had continuously attended school without having been retained.

1. Determining when students could or should have attended Kindergarten requires application of the first two principles provided in the introduction to this chapter. The practical application of these two aspects of Guam law to the task of determining age appropriate placement results in children who turn five (5) after July 31 having a Kindergarten starting age of six (6) from which

their age appropriate grade is calculated.

2. Students who do not have documentation of ever having attended school will be placed in the grades or classes which the school's Child Study Team (CST) determines is most appropriate. The CST must consist of the parent, guardian, or caretaker and key school-level personnel to determine the most appropriate placement. The CST shall develop a plan to monitor the progress and identify services needed for the student in order to ensure that if adjustments are needed that they be made in a timely manner. The school may change such placements if later receipt of documents from the students' previous schools indicates that the initial placements do not conform to the procedures found above.
3. The duplication of high school courses will not be counted towards graduation credits. Parents, guardians, or caregivers are ultimately responsible for providing the necessary documents showing proof of earned credits.





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# CHAPTER TEN

**PROHIBITING PARENTS FROM  
ASSOCIATING WITH THEIR CHILDREN**

STANDARD OPERATING PROCEDURES  
GUAM DEPARTMENT OF EDUCATION

**CHAPTER 10**  
**PROHIBITING PARENTS FROM ASSOCIATING WITH THEIR CHILDREN**

**INTRODUCTION**

For the safety and well-being of all students and employees of the school, this chapter provides guidelines for instances when parents are officially identified as being prohibited to associate with their child(ren).

**PROCEDURES**

Schools are required to prohibit parents from associating with their children whenever:

- A. The school is presented with a court order which specifies that such an association is prohibited; or
- B. The school is presented with a divorce decree which specifies that the parent who desires to associate with the student either:
  - 1. Does not have custody of the student; or
  - 2. Is not authorized to associate with the student at the time the parent desires such association;or
- C. Child Protective Services or the police takes a student into custody and instructs the school to prohibit the student from associating with a parent. This only applies for three working days after a student is taken into custody, after which the school must be presented with a court order.

Consequently, schools cannot prohibit parents from associating with their children in any circumstance where one of the three criteria described above does not apply. The following are examples, but not a complete listing of situations where schools must disregard requests for a parent to be prohibited from associating with a child:

- a. The parent states he/she is in the process of leaving, legally separating from, or divorcing the other parent, but cannot produce any child custody documents;
- b. A parent who is the sole caregiver of a child, who was never married to the other parent of the child, wants the non-caregiver parent to stay away from the child but cannot produce any of the above described documents;
- c. A government agency wants a parent kept away from a child but cannot provide a court order as described above.

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# CHAPTER ELEVEN

REGISTRATION/TRANSFER/  
WITHDRAWAL

STANDARD OPERATING PROCEDURES  
GUAM DEPARTMENT OF EDUCATION

**CHAPTER 11**  
**REGISTRATION/TRANSFER/WITHDRAWAL**

**INTRODUCTION**

The Guam Department of Education complies strictly with 17 GCA §6102 which states “...Any parent, guardian or other person having control or charge of any child who is at least five (5) years of age and has not reached the age of sixteen (16) years, not exempted under the provisions of this Article, shall send the child to a public or private full-time day school for the full-time of which such schools are in session....”

Students are allowed to register for school and attend classes regardless of whether the following documents or information are presented with the exception of specific health requirements (10 GCA §3322 and GDOE Board Policy 337). All registration procedures are to be implemented during daily, regular hours of operation to include the first day of school and the last day of school. **All incomplete transactions regarding student registration, transfer, or withdrawal procedures must be recorded as a PowerSchool Alert.**

**WHO CAN REGISTER A STUDENT FOR SCHOOL**

**A. PARENTS/GUARDIANS ARE ON-ISLAND**

Children must be registered by their parents or guardians. A guardian is defined as an adult other than a parent who has been lawfully vested with the power, and charged with the duty, of taking care of a child, as evidenced by a court order indicating “Letters of Guardianship”.

**B. For Children Whose Parents/Guardians Are Off-Island**

Children whose parents or guardians are off-island may be registered by caretaker. The school must explain to the caretaker that a meeting or communication must be made with the school administrator and the parent or guardian shall be completed within 30 business days from date of enrollment. Schools shall follow-up or provide support and assistance as needed and should be recorded in PowerSchool using the ALERT feature.

Regardless of whether the child’s parents or guardians have made contact with the administrator, within the 30 day timeframe, the administrator shall not exclude the student from attending school. School personnel should continue to follow up with the caretaker on the status of contacting the parent/guardian. A referral to Child Protective Services (CPS) may be initiated if the parent or guardian has not made contact with the school administrator or, if the caretaker does not know where to contact the child’s parents or guardians or if the caretaker refuses to sign the Student Registration by Caretaker form. File the Student Registration by an Adult Who Is Not a Guardian form in the student’s cumulative record. Attach whatever other notes are deemed appropriate to keep track of the situation.

**C. Registration By Caretaker**

Children may be registered by Caretaker, if school administrators determine that the parents or guardians are physically or emotionally incapable of doing so. The student will be allowed to attend school but a notarized Power-of-Attorney which allows the adult to make educational and medical decisions on the child’s behalf must be provided to the school within 30 business days from the date of enrollment. Schools shall follow-up and provide support and assistance as needed. All efforts made to assist, shall be documented by the school. A referral to CPS may be initiated if a Power-of-Attorney is not provided, the adult does not know where to contact the child’s parents or guardians, or if the adult refused to sign the Student Registration by an Adult Who Is Not a Guardian form. Regardless of whether the adult can provide a notarized Power-of-Attorney within the 30 business days from the date of enrollment, the school administrator should still allow the student to attend school.

1. School personnel shall continue to follow up with the Caretaker on the status of the completed form and notarized Power-of-Attorney. Additionally, a PowerSchool Alert shall be activated to note the status of pending Power-of-Attorney documents from Caretaker.
2. File the Student Registration by Caretaker form in the student's cumulative record. Attach all notes that are deemed appropriate to keep track of the situation and use the appropriate Alert icon in PowerSchool.
3. AFTER 30 DAYS HAS LAPSED SCHOOL MAY INITIATE REFERRAL TO CPS:
  - a. Inform CPS that this will prohibit the student from attending classes;
  - b. Ask CPS to have the court appoint a guardian for the child as soon as possible for the purposes of obtaining needed documents, i.e. authorizing administration of immunizations or a TB skin test, arranging for a physical exam, etc.;
  - c. Ask CPS to advise the adult on how the appointed guardian will contact the child and/or adult for the purpose of obtaining the required documents (At this time CPS may want to talk with the adult. Encourage the adult to do so.) and;
  - d. Maintain contact with CPS until the student is registered.
4. Dealing With Attempts By Minors To Register Children
  - a. If the minor (16 – 17 years of age) indicates that the Child's parents/guardians are incapable of doing so, advise the minor to have an adult register the child. Implement the guidance listed in A.3.a-c above. The school administrator shall have the final discretion to approve any registration by a minor.
  - b. Complete a registration card for the child, but inform the minor that a parent or guardian would need to sign. The minor in no instance should sign the registration card.

#### **ADULTS WHO WANT TO REGISTER THEMSELVES**

Although students who have reached the age of 18 may want to register themselves, parents are highly encouraged to participate in the registration process.

- A. Use Board Policies 330 and 405 to determine, if the adult is eligible to be enrolled in school.
- B. Allow the adult to enroll him/herself, if such enrollment is not permitted by the above board policies. Implement the procedures contained in Sections A and C of Who Can Register a Student for School in this chapter.

#### **REQUIRED DOCUMENTS**

**All schools are required to use the standardized packet found in the Appendix**

- A. For Head Start and Pre-Kindergarten and Preschool
  1. Student's birth certificate (must be official with either an embossed raised seal or official ink stamp. Any birth certificate bearing alteration marks may be deemed unacceptable); and
  2. Parent's valid photo ID (passport, driver's license or military ID).
  3. FOR HEADSTART ONLY: Parental Income (contact the Head Start office for details).

#### **B. For K-12:**

For cases when one or more of the following document(s) are not available, the school shall allow for a 30 day enrollment. The school is required to follow-up and work with parents or guardians to obtain the necessary document(s). Schools are responsible to submit an official referral to the Student Parent Community Engagement Program (formerly Parent-Family-Outreach Program); (See Chapter 11 Forms for the official referral) when parents need assistance to meet registration requirements. All efforts made by the school to assist parents to complete the registration requirements shall be documented and attached to the registration packet and inputted into PowerSchool as an Alert.

1. Official Birth Certificate

2. \*Parent/Guardian valid photo identification
3. \*Court appointed guardianship document, if applicable
4. Official transcript
5. \*Official withdrawal form from previous school
6. Student's PowerSchool Attendance and Discipline Profile
7. \*Proof of Residency, **ONLY ONE** of the following is required. If a school administrator needs to further validate the residency requirements, the Certification of Residency referral form may be completed and submitted to the Student Parent Community Engagement Program (formerly Parent-Family-Community Outreach Program) see Chapter 11 Forms. The school may also collaborate with the School Attendance Officer to validate residency.
  - a. Mayor's Verification- names of parents/legal guardians and children; **or**
  - b. Copy of mortgage settlement **or** Deed to Property **or** Rental lease Agreement **or** base commander's certification clearly showing the complete home address; **or**
  - c. Utility Bill (Power, Water or Telephone); **or**
  - d. Living arrangements if staying with a family/friend – homeowner to provide a letter.
8. There may be occasions when parents are unaware of the specific services being provided based on special needs. The following items below require validation through the review of the child's cumulative folder and/or PowerSchool. If applicable, the most recent:
  1. Individualized Education Plan, Agency Letter of Placement, or court order if applicable
  2. Education Accommodation Plan (EAP)
  3. Individual Health Plan (IHP)
  4. English as a Second Language (ESL) modifications must be identified, reviewed and implemented.

In accordance with Title 10 GCA §3322 and GDOE Board Policy 337: Health Requirements for Students and SOP 1200-020 Health Requirements for Students, the following items are required.

- a. An official immunization card, or a statement on official medical letterhead which has been signed by duly authorized medical personnel, or a copy of (or original) school health records, any of which clearly shows the dates on which the child has received immunizations.

Immunization Requirements are outlined in the table below:

<b>GRADE</b> (Includes eligible Head Start and Pre-Kindergarten)	<b>IMMUNIZATION</b>	<b>REQUIRED DOSES/ COMPLETED SERIES</b>	<b>RECOMMENDED IMMUNIZATION SCHEDULE (AGE GROUP)</b>
<b>K-12</b>	Diphtheria Tetanus Pertussis  Tetanus booster	<b>4-5 Doses:</b> at least one dose after the 4 <sup>th</sup> birthday (DTaP/DTP/DT/Td) <b>1 Dose:</b> Td is required if 10 years elapsed since last DTP/DTaP/DT	<ol style="list-style-type: none"> <li>1. Dose at 2 months</li> <li>2. 4 months</li> <li>3. 6 months</li> <li>4. 15 -18 months</li> <li>5. 4 -6 years old</li> <li>6. 11-12 years old</li> </ol>
<b>K-12</b>	Polio	<b>3-4 Doses:</b>	<ol style="list-style-type: none"> <li>1. 2months</li> <li>2. 4 months</li> <li>3. 6-18 months</li> <li>4. 4-6 years</li> </ol>
<b>K – 12</b>	Measles/Mumps Rubella (MMR)	<b>2 Doses:</b> both after 1 <sup>st</sup> birthday	<ol style="list-style-type: none"> <li>1. 12 -15 months</li> <li>2. 4 – 6 years old</li> </ol>
<b>K – 12</b>	Hepatitis B	<b>3 Doses</b>	<ol style="list-style-type: none"> <li>1. At birth</li> <li>2. 1-4 months</li> <li>3. 6-18 months</li> </ol>

**10 GCA §3322 allows for students to enroll with minimum immunizations (has received at least one of the required vaccines, however, to continue enrollment, students are obligated to complete the series as indicated in the table above.)**

- b. TB Requirements in accordance with 10 GCA §3329, all students seeking registration must obtain and submit TB skin test results prior to enrollment. Any student that presents with a positive TB skin test, (e.g. a reading of 10 mm or greater) the child must obtain a TB Evaluation Clearance Form (See Chapter 11 Forms) from the Department of Public Health and Social Services in Mangilao before registration can be completed. Call the Communicable Disease Center at 735-7135; or make an appointment if this evaluation is needed.
- c. Physical exams are required for all students enrolled in GDOE for the first time irrespective of grade level, or upon re-enrollment after having been outside of the jurisdiction of the United States, transitioning students from elementary school to middle school (6th graders) and middle to high school incoming (9th graders), no sooner than one year prior to enrollment (pending appointment card accepted).
- d. Submission of physical exam results are required by the next school day after the scheduled date of the exam for students who submitted only physical exam appointment documentation for registration. Failure to submit the results of the physical exam may result in exclusion from school. Refer to SOP 1200-020.
- e. A completed *Emergency Information and Health Form*. The form must be completed annually. Parent/Guardian is responsible for providing updates on address and contact information changes as soon as possible. Refer to SOP 1200-020.

## **STUDENTS ARE ALLOWED TO REGISTER FOR SCHOOL AND ATTEND CLASSES WHEN IDENTIFIED AS HOMELESS**

Statutory authority for the McKinney-Vento program: The program is authorized under Title VII-B of the McKinney-Vento Homeless Assistance Act (42 USC 11431 et seq.), (McKinney-Vento Act). The program was originally authorized in 1987 and, most recently, reauthorized by the No Child Left Behind Act of 2001. Homeless Children and Youth are defined by the McKinney-Vento Act. The definition below is taken from the document (Title VII-B of the McKinney-Vento Homeless Assistance Act (42 USC 11431 et seq.))

- A. Homeless Youth Defined - Homeless children and youth are individuals who lack a fixed, regular, and adequate nighttime residence. The term includes Children and youth who are:
  - 1. Sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason (sometimes referred to as doubled-up);
  - 2. Living in motels, hotels, trailer parks, or camping grounds due to lack of alternative adequate accommodations;
  - 3. Living in emergency or transitional shelters;
  - 4. Abandoned in hospitals; or
  - 5. Awaiting foster care placement;
  - 6. Children and youth who have a primary nighttime residence that is a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings;
  - 7. Children and youth who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations [not applicable for Guam], or similar settings; and
  - 8. Migratory children who qualify as homeless because they are living in circumstances described above.
- B. Sheltered vs. Non Sheltered Homeless Youth – Schools who encounter children living in shelters shall do the following:
  - 1. Continue the child’s or youth’s education in the school of origin (the school that the child or

youth attended when permanently housed or the school in which the child or youth was last enrolled for the duration of homelessness) provided that the child is able to secure reliable transportation from the shelter. If not, the child should register in the school closest to the shelter; or

2. Homeless youth living in non-sheltered environments may enroll in a school closest to the area the child is living.
- C. Unaccompanied Homeless Youth is defined as youth not in the physical custody of a parent or guardian. This would include youth living in runaway shelters, abandoned buildings, cars, on the streets, or in other inadequate housing. This also includes children and youth denied housing by their families (sometimes referred to as “throwaway” children and youth), and school-age unwed mothers living in homes for unwed mothers, who have no other housing available.
- D. Procedures
1. Upon knowledge of a homeless student, the school must complete and submit an official referral with Student Parent Community Engagement Program (formerly Parent-Family-Outreach Program) and personnel should complete a visit at the location(s) where the student and the family has set up.
  2. Student Parent Community Engagement Program (SPCEP) should follow their procedures for assisting the family with housing, immunization, etc.
  3. 30 days after the referral to SPCEP, the school shall conduct a follow-up to ensure that any/all changes to demographic information is captured accordingly in PowerSchool. This may require another formal referral to SPCEP.
  4. If after 60 days the student remains homeless, the school shall conduct a Child Study Team (CST) to assess the academic progress of the student. The team should decide if the homelessness is adversely affecting the student’s progress. If so, the team must decide if referral to CPS is warranted.

#### **WITHDRAWAL AND TRANSFER PROCEDURES**

The following procedures shall be followed for students who are withdrawing and transferring within the Guam Department of Education school system. **No student shall be prevented from withdrawing from a school due to damaged/missing/remittance for of equipment, textbooks/library books, breakfast and lunch IOUs, etc.**

- A. Withdrawal refers to students who are separating from the Department of Education to:
1. Attend other district off-island
  2. Attend private school
  3. Home school
  4. Voluntary Withdrawal – pertains to students who are 16 years and over
- B. High schools that exercise Board Policy 330 must adhere to the following:  
Please be advised that this guidance applies to all instances related to students of non- compulsory age and thus, transcends all related policies and procedures. This guidance is provided to all school administrators, teachers and staff who may interact directly with students in this category in order to ensure that school level practices are consistent with the Department’s Vision and Mission. School Principals must ensure that this guidance is disseminated, understood and followed by all school personnel.
1. Upon turning 16, students do not lose their right to due process. The Compulsory Education law does not define the GDOE’s legal responsibility to students, it applies to parents and students who thus have the sole authority in exercising its conditions.



2. The goal of the GDOE is to keep as many students in school as much as possible and support their efforts to achieve a high school diploma.
3. If schools have concerns about students continued attendance due to the health and safety of others, then the procedures for the alternative placement or expulsion must be followed. Schools are not allowed to use academic concerns to circumvent policies related to behavior.
4. Board Policy allows for students up to six years to earn a high school diploma. This means they have their original four (4) plus an additional two (2) years. Schools do not have the authority to preempt a student’s dismissal by counting back credits from the 6th year.
5. Schools cannot require students to “waive” their rights with any contract that stipulates preset requirements or expectations of performance or behavior. Contracts with “pre-signed” withdrawal forms are an example of this.
6. No school employee has the authority to imply or suggest to a parent or student that withdrawal is required due to attendance, behavior or any other reason than an administrative function at the request of the parent or student (like transferring or an extended absence). This manipulation is not only unethical, it is illegal to advise parents or students incorrectly regarding this rights. If the school feels that a student must be released due to behavior or safety issues, then the procedures for alternative placement or expulsion must be followed.
7. Note that the Board Policies that allow for the “dropping” of students for attendance or academic purpose (failing all classes) are optional for schools. Policies do not require that students be dropped, even at the end of the 6th year. Schools must weigh the factors and make a decision in the best interest of the student.
8. Schools will work closely with the Department of Youth Affairs to ensure a seamless transition for students as they navigate between our two agencies. All students returning to school from DYA must meet with their counselor to be advised on their current academic status and be provided assistance and support. If students are behind, a plan for success or transition must be developed.
9. See Chapter 11 Forms or go to the site below to view and download the Non- Compulsory Student Withdrawal Approval Form:  
<https://sites.google.com/a/gdoe.net/studentsupportservices/voluntary-involuntary-wd-form>

### C. Procedures

1. Parent or guardian or caretaker may make a request to Withdrawal a student from school.
2. The school shall complete and provide the withdrawal packet (see Chapter 11 Forms) within two (2) business days. There may be unforeseen circumstances when the school is not able to complete/provide a withdrawal packet within the two (2) day timeframe. Should the school not be able to provide the withdrawal packet within the timeframe, the school is responsible for informing the parent, guardian, or caretaker of the delay and reason(s) for the delay. No student shall be prevented from withdrawing from a school due to damaged/missing/remittance for equipment, textbooks/library books, breakfast and lunch IOUs.

The Withdrawal Packet shall include current copies of:

- a. A printed copy of the Attendance Record from PowerSchool: Meeting Attendance Report,
- b. A printed copy of Health Profile: Immunization Record/ Student Emergency Information Form/individualized Health Plan (if applicable),
- c. A printed copy of Lunch Program Application (if applicable); to include

information regarding outstanding remittance,

- d. A printed copy of the Report Card and/or Progress Report,
  - e. A printed copy of IEP/EAP/ESL (if applicable),
  - f. A printed copy of any legal documents pertaining to the student.
3. HIGH SCHOOL ONLY: A printed copy of earned Service Learning hours from PowerSchool: Student Service Learning Record
  4. A Promissory Note must be completed by the parent or guardian, and student should a damaged, missing, or remittance of an equipment, textbooks/library books, or other school issued items that is outstanding for the releasing school. The releasing school must also maintained a copy of the Promissory Note in the Withdrawal Packet and placed in the student's cumulative folder.
  5. Upon release of the complete withdrawal packet, the releasing school should inform the parent, guardian, or caretaker that it is their responsibility to register their child within two (2) business day and that the child's attendance record shall reflect unexcused absences for each day thereafter. The releasing school must continue to follow-up with the parent, guardian, or caretaker and the intended receiving school to ensure that the student is enrolled accordingly. The receiving school must use the date on the withdrawal form as a guide in ensuring that attendance is recorded in PowerSchool accurately.

## **TRANSFER PROCEDURES**

For high school students, regardless of compulsory or non-compulsory age, the registration and transfer procedures must be completed collaboratively by the school and the parent or guardian, and student. The student shall be enrolled so the student can attend classes. This procedure applies to all high schools regardless of block scheduling format. Students shall not be prohibited to attend school due to late registration for block scheduling. The school shall conduct a Child Study Team (CST) meeting to determine placement when official transcripts are pending. The CST shall discuss academic placement and/or the need to provide assessments for academic placement.

In situations where parents or guardians both have joint custody of the child but do not agree on the child's current placement, schools should keep the child enrolled in the current school. The school simply needs to explain to the parents or guardians that they will need to submit a notarized agreement on child's educational status. A court document may not be necessary if the parents are able work out the issues via a notarized document.

- A. For K-12: For cases when one or more of the following document(s) are not available, the school must enroll the student and allow the parent, guardian, or caretaker 30 days to submit pending documents, with the exception of an updated TB clearance and immunization. The school is required to follow-up and work with parents or guardians to obtain the necessary document(s). Schools are responsible to submit an official referral to the Student Parent Community Engagement Program (formerly Parent-Family-Outreach Program) when parents need assistance to meet registration requirements. (See Chapter 11 Form for the official referral). All efforts made by the school to assist parents to complete the registration requirements shall be documented and attached to the registration packet.
  1. Official Birth Certificate
  2. \*Parent/Guardian valid photo identification
  3. \*Court appointed guardianship document, if applicable
  4. Official transcript
  5. \*Official withdrawal form from previous school

6. Student's PowerSchool Attendance and Discipline Profile
7. \*Proof of Residency, **ONLY ONE** of the following is required. If a school administrator needs to further validate the residency requirements, the Certification of Residency referral form may be completed and submitted to the social worker. (See Chapter 11 Forms).
  - a. Mayor's Verification- names of parents/legal guardians and children; **or**
  - b. Copy of mortgage settlement **or** Deed to Property **or** Rental lease Agreement **or** base commander's certification clearly showing the complete home address; **or**
  - c. Utility Bill (Power, Water or Telephone); **or**
  - d. Living arrangements if staying with a family/friend – homeowner to provide a notarized letter.
8. There may be occasions when parents are unaware of the specific services being provided based on special needs. The following items below require validation through the review of the child's cumulative folder and or PowerSchool. If applicable, the most recent:
  - a. Individual Education Plan, Agency Letter of Placement, or court order if applicable
  - b. Education Accommodation Plan (EAP)
  - c. Individual Health Plan (IHP)
  - d. English as a Second Language (ESL) modifications must be identified, reviewed and implemented.



# CHAPTER 11

# APPENDIX



**GUAM DEPARTMENT OF EDUCATION REGISTRATION PACKET**

# STUDENT REGISTRATION BY CARETAKER FORM

This form is to be used when the student's parent/guardian is off-island or when parent/guardian are reported as being physically or emotionally incapable. School personnel are to refer to SPAM Chapter 11 Section: Who Can Register a Student for School.

Student Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_

Name of Caretaker \_\_\_\_\_

Physical Address: \_\_\_\_\_

Telephone Number: Work \_\_\_\_\_ Home: \_\_\_\_\_ Cell \_\_\_\_\_

Other contact number: \_\_\_\_\_ email: \_\_\_\_\_

1. Are either of the child's parents or guardian on-island? YES \_\_\_\_\_ NO \_\_\_\_\_

If you answered yes, please stop here. *Obtain a Notarized Power of Attorney or Court Ordered Legal Guardianship from the parent, regarding the care of the child. . Regardless of whether the Caretaker can provide a power-of-attorney within a 30 day timeframe, the school administrator shall not exclude the student from attending school. School personnel should continue to follow up with the caretaker on the status of the completed form. File this form in the student's cumulative record. Attach whatever other notes are deemed appropriate to keep track of the situation and use the appropriate Alert icon in PowerSchool.*

If you answered no, please answer the remainder of the questions.

2. Do the child's parents or guardians expect you to take care of him/her?

YES \_\_\_\_\_ NO \_\_\_\_\_

If you answered no, please explain why you are registering this child.

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3. Are you able to contact the parents/guardians of the child?

Yes \_\_\_\_\_ no \_\_\_\_\_

4. If you answered yes to question 3, you must attempt to provide this school with the documents described on the back of this form within 30 business days?

YES \_\_\_\_\_ NO \_\_\_\_\_

If you answered no, please explain why.

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Please read the information contained on the back of this form.

**STUDENT REGISTRATION BY CARETAKER Continued**

Below are documents which are required of Caretaker of the children they register. The following requirements are due to the school within 30 days of the date of registration.

1. A Notarized Power-Of-Attorney or equivalent document which has been signed by a parent or guardian of the child which authorizes you to make educational and medical decisions regarding the child.
2. Either a birth certificate or legal documents which establish guardianship over the child.  
The name of the person who signs a notarized power-of-attorney or equivalent form must be the same person listed on the birth certificate or legal document which establishes guardianship over the child for the Notarized Power-Of-Attorney or its equivalent to be considered valid.

You are required to contact the child’s parents/guardians to ask them to send both of these documents to you so that you can provide them to the school within 30 days of the date of registration.

**Important Information For Adults Who Are Caretakers of the Children They Register:**

Child Protective Services (CPS), an agency of the Government of Guam, will be informed, by the school that you are taking care of the child listed on the front of this form and that you are not the child’s guardian. This will be done in order to help the child. Please consider the following.

Because you do not have the documents described above, you do not have the authority to: 1) provide consent for medical treatment which may be needed by the child; and 2) make decisions regarding the child’s education. 17 GCA.... requires educators to inform CPS whenever this type of situation occurs.

CPS is responsible for investigating these types of situations to determine what needs to be done to enable children to obtain the medical and educational care described above. CPS will work with the adult or caregiver to determine how to best do this.

The Caretaker and the school are both responsible for following up every 30 days on the legal guardianship status for the child. The school is responsible for documenting the efforts in PowerSchool to track the progress.

\_\_\_\_\_  
**Signature of Assisting School Personnel**

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

\_\_\_\_\_  
**Signature of Caretaker**

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





**Part II: Conditions for Acceptance and Continued Enrollment:**

Parent/Guardian must initial each blank below to verify they have read, understand, and agree to the following items. The principal may revoke the out of district authorization upon non-compliance of these expectations.

1. \_\_\_\_\_ I will provide transportation for my child to and from the school. The school will not assume any responsibility for transporting my child.
2. \_\_\_\_\_ Academic standing: Student must pass all classes
3. \_\_\_\_\_ Attendance: Student must maintain no less than a 90% attendance rate; all absences
4. \_\_\_\_\_ Student conduct: Student must not receive any level 2 or 3 offenses pursuant to the Office Discipline Referral (ODR) guidelines.
5. \_\_\_\_\_ Parent or legal guardian must attend all Parent-Teacher Conferences (PTC) for first and third quarter and any other meeting called by a teacher or School Administrator.
6. \_\_\_\_\_ Parent or legal guardian must attend all monthly parent organization meetings.
7. \_\_\_\_\_ Parent or legal guardian must participate in a school function at least once per quarter, e.g., chaperone dances, school clean up, school presentation, etc.
8. \_\_\_\_\_ A request for out-of-district enrollment must be made each year.
9. \_\_\_\_\_ Withdrawals: Violation of conditions for acceptance are grounds for withdrawal that will be effective at the ending of the current quarter. Students may not be withdrawn from a school as a result of reaching capacity, based on its in-district needs, until the end of the school year. Appeal of the withdrawal may be made to the Superintendent.

**Part III: Assurances**

I certify that I have read and agree to the above conditions, and I will support decisions of the (school name) administrative team throughout the school year that my child is enrolled as an out-of-district student. Additionally, I will ensure that my child and I will comply with all school rules and policies as it applies to my child's educational experience here at (school name).

1. \_\_\_\_\_  
Parent/Legal Guardian's Name (Print) Signature

Parent/Legal Guardian's Daytime Phone Number: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

Received by School Personnel: _____	
Date: _____	Time: _____
Part IV: Administrative Decisions (To be completed by the _____) NAME OF SCHOOL PRINCIPAL	
_____ Approved for School Year: _____	Consideration: 1 2 3
_____ Disapproved and reason: _____	

## REGISTRATION CHECKLIST

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student Number: \_\_\_\_\_

<b>CURRICULUM OFFICE</b>	<b>Date Received</b>	<b>School Official</b>
1. Accompanied by a parent/legal guardian/caretaker (under 18 years of age)		Registration Clerk
2. Completed district registration forms		
3. Official Birth Certificate		
4. Parent/Guardian current photo identification		
5. Court appointment guardianship document, if applicable		
6. Official transcript and official withdrawal form from previous school		
7. Proof of Residency: <ul style="list-style-type: none"> <li>• Mayor's Verification – names of parents/legal guardians and children; <b>or</b></li> <li>• Copy of Mortgage Settlement/Deed to Property/Rental Lease Agreement, Base Commander's Certification clearly showing the complete home address; <b>or</b></li> <li>• Utility Bill (Power, Water, Telephone); <b>or</b></li> <li>• Living arrangements if staying with a family/friend – homeowner to provide a notarized letter.</li> <li>• Deemed homeless.</li> </ul>		Administration
8. IEP/EAP/ESL (most recent), or Agency Letter of Placement, if applicable		Approved
9. Student Handbook/Student Achievement Guided issued.		Disapproved
<b>STUDENT SUPPORT SERVICES OFFICE</b>	<b>Date Received</b>	<b>School Official</b>
1. Immunization Records accordance with Title 10 GCA § 3322 up-to-date and a copy made		School Nurse/Registration Clerk
2. TB Requirements in accordance with Title 10 GCA § 3329		Student Support Services Administrator
3. Physical Examination (or an appointment card)		
4. Emergency Information Form		
5. Student's attendance and discipline profile		
<b>STUDENT SUPPORT SERVICES OFFICE</b>	<b>Date Received</b>	<b>School Official</b>
1. Review official transcript or curricular records to determine placement		School Counselor
2. Guardianship/birth certificate or other legal documents reviewed		Curriculum Administrator
3. IEP/EAP/ESL documents reviewed		
4. Graduation Requirements, Student Achievement Guide reviewed, and Graduation Tracker issued		
5. Service Learning discussed		
6. Face-to-face contact with parents and graduation requirements discussed		



DEPARTMENT OF EDUCATION

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BARRIGADA GU 96913-1608  
www.gdoe.net

JON J. P. FERNADEZ

REGISTRATION PACKET – PART A

DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

PowerSchool Entry Codes (Check the code that applies)

<b>R2 – ENTRY / RE-ENTRY FROM ANOTHER GUAM PUBLIC SCHOOL</b> Completed registration process of a student from another Guam Public School.
<b>R3 – ENTRY / RE-ENTRY FROM GUAM NON PUBLIC SCHOOL</b> Completed registration process of a student from a Guam Non-Public School (Private-Non Profit, Charter, DODEA)
<b>R4 – ENTRY / RE-ENTRY FROM AN OFF ISLAND SCHOOL</b> Completed registration process of a student from an off island school.
<b>R5 – RE-ENTRY FROM ANOTHER GU SCHOOL AFTER WD OR EXPULSION</b> Completed registration process and has received school administrator’s approval for re-entry of a student who has withdrawn or was expelled from Guam Public School from another Guam Public School.
<b>R6 – RE-ENTRY TO SAME SCHOOL AFTER WD OR EXPULSION</b> Completed registration process and has received school administrator’s approval for re-entry of a student who has withdrawn or was expelled from the same Guam Public School.
<b>R8 – RE-ENTRY FROM ALTERNATIVE PROGRAM SCHOOL</b> Completed registration process of a student who have been attending another learning institution (Alternative School, Department of Youth Affairs/ Sagan Manhomlo (Drug and Alcohol Program) / Rays of Hope).
<b>R10 – RE-ENTRY FROM HOME SCHOOL</b> Completed registration process of a student who have been attending home school.

STUDENT NAME: \_\_\_\_\_  
Last First MI.

GENDER (M or F): \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ GRADE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
HOUSE NO. STREET NAME VILLAGE

MAILING ADDRESS: \_\_\_\_\_  
P.O. BOX VILLAGE ZIP CODE

**REGISTRATION PACKET – PART B**

**BOARD POLICY**

Pursuant to 17 GCA §6102. “The Superintendent is authorized to establish attendance areas.” A list of attendance areas shall be made available for review in the main office and at the Department Of Education’s central office for examination by any interested party. A child is required to attend the school which serves the attendance area in which:

- a. His/her parents or guardians\* live; or
- b. Caretaker who is responsible for providing the student with food, clothing, or shelter in the absence of parent or legal guardian\*\*.

\*A guardian is defined as an adult other than a parent who has been lawfully invested with the power, and charged with the duty, of taking care of a child, as evidence by a court order.

\*\*The Department Of Education’s procedures for dealing with children who are registered by an adult who is not the legal guardian shall be implemented whenever children are registered under these circumstances.

**Important Information For Adults Who Are Caretakers of the Children They Register:**

Child Protective Services (CPS), an agency of the Government of Guam, will be informed, by the school that you are taking care of the child listed on the front of this form and that you are not the child’s guardian. This will be done in order to help the child. Please consider the following.

Because you do not have the documents described above, you do not have the authority to: 1) provide consent for medical treatment which may be needed by the child; and 2) make decisions regarding the child’s education. 17 GCA.... requires educators to inform CPS whenever this type of situation occurs.

CPS is responsible for investigating these types of situations to determine what needs to be done to enable children to obtain the medical and educational care described above. CPS will work with the adult or caregiver to determine how to best do this.

The Caretaker and the school are both responsible for following up every 30 days on the legal guardianship status for the child. The school is responsible for documenting the efforts in PowerSchool to track the progress.

**RESIDES WITH (Check the code that applies)**

**RELATIONSHIP NAME OF PERSON(S) STUDENT RESIDES WITH:**

<input type="checkbox"/>	<b>F FATHER ONLY</b>
<input type="checkbox"/>	<b>M MOTHER ONLY</b>
<input type="checkbox"/>	<b>P PARENTS</b>
<input type="checkbox"/>	<b>G GUARDIAN</b>
<input type="checkbox"/>	<b>GM GRANDMOTHER</b>
<input type="checkbox"/>	<b>GF GRANDFATHER</b>
<input type="checkbox"/>	<b>GP GRANDPARENTS</b>
<input type="checkbox"/>	<b>CG CARETAKER</b>

**NAME AND ADDRESS OF LAST SCHOOL ATTENDED:**

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**DATES OF ATTENDANCE:**

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**REGISTRATION PACKET – PART C**

**ETHNIC BACKGROUND - NEEDED FOR STATISTICAL PURPOSES – (CIRCLE ONE)**

- |                        |               |                                       |
|------------------------|---------------|---------------------------------------|
| A CHAMORRO             | G KOREAN      | P VIETNAMESE                          |
| AR ROTA                | H HAWAIIAN    | Q HISPANIC                            |
| AS SAIPAN              | I SAMOA       | R AMERICAN INDIAN /<br>ALASKAN NATIVE |
| AT TINIAN              | J KOSRAEAN    | S INDONESIAN                          |
| B FILIPINO             | K POHNPEIAN   | T OTHER PACIFIC<br>ISLANDER           |
| C WHITE (NOT HISPANIC) | L CHUUKESE    | U OTHERS (MIXED)                      |
| D AFRICAN AMERICAN     | M YAPESE      |                                       |
| E JAPANESE             | N MARSHALLESE |                                       |
| F CHINESE              | O BELAUAN     |                                       |

**FEDERAL STATUS (CIRCLE ONE)**

- |                           |                            |  |
|---------------------------|----------------------------|--|
| A. NAVY (MILITARY)        | H. COAST GUARD (CIVILIAN)  | O. NATIONAL GUARD<br>(INACTIVE/PRT-TIME) |
| B. NAVY (CIVILIAN)        | I. MARINE CORPS (MILITARY) | P. RETIRED MILITARY                      |
| C. AIR FORCE (MILITARY)   | J. MARINE CORPS (CIVILIAN) | Q. ACTIVE<br>RESERVES/NATIONAL<br>GUARD  |
| D. AIR FORCE (CIVILIAN)   | K. OTHER FEDERAL AGENCIES  |  |
| E. ARMY (MILITARY)        | L. STUDENT I-20            |  |
| F. ARMY (CIVILIAN)        | M. ALL OTHERS              |  |
| G. COAST GUARD (MILITARY) | N. RESERVES (INACTIVE/PT)  |  |

**LIVING STATUS (CIRCLE ONE)**

- |  |  |
|--|--|
| 1 LIVE & WORK ON FEDERAL PROPERTY<br>COST HOUSING) | 3 LIVE ON FEDERAL PROPERTY (LOW<br>COST HOUSING) |
| 2 WORK ON FEDERAL PROPERTY                         | 4 NON-FEDERALLY CONNECTED                        |

**CITIZENSHIP (CIRCLE ONE)**

- |   |                       |
|---|-----------------------|
| 1 US CITIZEN                            | 5 FSM CITIZEN         |
| 2 CNMI CITIZEN                          | 6 MARSHALLESE CITIZEN |
| 3 PERMANENT RESIDENT ALIEN (GREEN CARD) | 7 BELAUAN CITIZEN     |
| 4 1-20/FOREIGN STUDENT/F – VISA         | 8 H-4 VISA            |

REGISTRATION PACKET – PART D

**PLEASE DRAW A MAP TO YOUR HOME**

*For School Use Only:*

ATTENDANCE AREA CODE: \_\_\_\_\_

IS STUDENT A CAR RIDER?     YES     NO

**REGISTRATION PACKET – PART E**

**PARENT/GUARDIAN INFORMATION**

**Office of Civil Rights (OCR) Title VI ensures equitable treatment based on race, color and national origin.**

1. Do you speak English? (circle one) YES or NO
2. Are you able to read in your native language? (circle one) YES or NO
3. Do you need an interpreter to complete the registration packet? (circle one) YES or NO

**FOR SCHOOL USE ONLY:**

If "NO" is answered for #1 or #2 or "YES" to #3, regarding the OCR questions above, the school must provide a copy of the registration packet to the assigned Social Worker.

**FATHER OR GUARDIAN'S NAME**

**MOTHER OR GUARDIAN'S NAME**

\_\_\_\_\_  
LAST                  FIRST                  MI.

\_\_\_\_\_  
LAST                  FIRST

\_\_\_\_\_  
PLACE OF EMPLOYMENT

\_\_\_\_\_  
PLACE OF EMPLOYMENT:

\_\_\_\_\_  
WORK TELEPHONE NUMBER

\_\_\_\_\_  
WORK TELEPHONE NUMBER

\_\_\_\_\_  
HOME TELEPHONE NO. / MOBILE PHONE NO.

\_\_\_\_\_  
HOME TELEPHONE NO. / MOBILE PHONE NO.

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
EMAIL ADDRESS

**By affixing my signature below, I affirm the information provided is true and correct to the best of my knowledge. If any of the information is found to be false, fraudulent, or inaccurate, the parent will be promptly notified, and the student shall be dis-enrolled and sent to his/her respective school attendance area.**

\_\_\_\_\_  
(Print) PARENT/GUARDIAN NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



**PLACEMENT & POLICIES INFORMATION FORM**

**I. SERVICES RECEIVED**

Please circle services your child is receiving or has received:

- A. Special Education Services
- B. English as a Second Language
- C. Section 504 Accommodations
- D. Individualized Health Plan
- E. Free/Reduced Meals
- F. Other: \_\_\_\_\_
- G. None

**II. GRADUATION REQUIREMENTS FOR HIGH SCHOOL ONLY (Board Policy 351.4)**

<b>REQUIRED COURSES</b>	<b>COLLEGE PREP CREDITS</b>	<b>CAREER PREP CREDITS</b>
Language Arts	4	4
Social Studies <sup>1</sup>	4	3
Math <sup>2</sup>	4	3
Science <sup>3</sup>	4	3
Health	1	1
Physical Education	1	1
Chamorro	1	1
Fine Arts	1	1
<b>TOTAL CORE REQUIREMENTS</b>	20	17
<b>Career Prep Courses</b>	0	4-6
<b>Selected Site-based Courses</b>	4	1-3
<b>TOTAL CREDITS</b>	24	24

**SERVICE LEARNING REQUIRMENTS (Board Policy 381)**

The Guam Education Board and the Superintendent of the Department of Education shall create the Service Learning Framework in accordance with 17 GCA §4124, which states that “each student shall complete seventy-five (75) hours of service learning as a requirement for high school graduation.” Service Learning hours shall be prorated for students who are newly enrolled with GDOE.

\_\_\_\_\_  
Parent’s / Guardian’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student’s Signature

\_\_\_\_\_  
Date

**REGISTRATION PACKET – PART G**

**High School Course Assessment Form**

*This form is to be used when official transcripts/report cards/progress reports are not available.*

**School:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

We, the undersigned, understand that because no official school curriculum records were provided at this time, my child will be registered based on the information below and/or results of a Child Study Team.

Official records often do not arrive in a timely manner. Should, after the official school curriculum records arrive, it be found that placement was incorrect; my child will be placed in the correct program at the beginning of the semester. In cases when course(s) have been previously completed the following may apply:

- The average of both grades from the repeated course(s) shall be the final grade.
- The repeated course(s) shall be converted as an elective.

**LIST SUBJECTS/COURSES YOU HAVE TAKEN IN HIGH SCHOOL:**

COURSES SCHOOL YEAR: _____	SEMESTER TAKEN 1 <sup>ST</sup> /2 <sup>ND</sup>	COURSES SCHOOL YEAR: _____	SEMESTER TAKEN 1 <sup>ST</sup> /2 <sup>ND</sup>

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

## PROMISSORY NOTE

<b>BORROWER'S INFORMATION</b>			
Student's Name:			Grade:
Class:	Class Period:	Issue Date of Item:	
Teacher Name:			
Textbook Title:	Issue #:	Condition:	Value:
Equipment:	Issue #:	Condition:	Value:

Dear Parent/Guardian,

Your son/daughter will be issued the item(s) described above by his/her teacher. The item is entrusted to the student when issued and the student must take care and maintain the item until it is returned and cleared. Please discuss with your child that the condition of the item issued is his/her responsibility. By signing this form you agree that payment to the school is required if the item(s) are damaged, lost or stolen.

Please acknowledge that you have read this letter by signing on the line below. Please have your son/daughter return this letter to the appropriate teacher.

Sincerely,

\_\_\_\_\_   
 Teachers Signature

\_\_\_\_\_   
 Teachers Email Address

Student's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Parent's/Guardian's Contact Numbers: \_\_\_\_\_

Work

Cell Phone

Email Address \_\_\_\_\_



**GUAM DEPARTMENT OF EDUCATION WITHDRAWAL/TRANSFER PACKET**

**Withdrawal/Transfer Form Part – A**

**CUMULATIVE RECORDS WILL BE SENT TO THE NEW SCHOOL UPON WRITTEN REQUEST TO THE ADDRESS PROVIDED BELOW**

Administrators or registrars of recognized public or private schools may obtain a copy of the student's original record by writing to:

School: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

STUDENTS NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

GRADE: \_\_\_\_\_

DATE OF ENTRY: \_\_\_\_\_

DATE OF WITHDRAWAL REQUEST: \_\_\_\_\_

**FATHER OR GUARDIAN'S NAME**

**MOTHER OR GUARDIAN'S NAME**

\_\_\_\_\_  
LAST                      FIRST                      MI.

\_\_\_\_\_  
LAST                      FIRST                      MI.

\_\_\_\_\_  
PLACE OF EMPLOYMENT

\_\_\_\_\_  
PLACE OF EMPLOYMENT

\_\_\_\_\_  
WORK TELEPHONE NUMBER

\_\_\_\_\_  
WORK TELEPHONE NUMBER

\_\_\_\_\_  
HOME TELEPHONE NO. / MOBILE PHONE NO

\_\_\_\_\_  
HOME TELEPHONE NO. / MOBILE PHONE NO

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
EMAIL ADDRESS

## Withdrawal/Transfer Form Part – B

### POWERSCHOOL WITHDRAWAL CODES - (Check the code that applies):

	<b>W11 – TO GUAM PUBLIC SCHOOL:</b> Completed withdrawal and transfer process of a student from one Guam Public School to another Guam Public School (change of Residence, Parental Custody, GDOE Teacher privilege, etc.).
	<b>W12 – TO GUAM NON-PUBLIC SCHOOL:</b> Completed withdrawal and transfer process of a student into a Non-Public School on island (Private-Non-Profit, Charter School, and Department of Defense; but not limited to these).
	<b>W14* – VOLUNTARY WITHDRAWAL:</b> Completed withdrawal and transfer process of a student above the compulsory age (with parental permission) or 18 years of age. NOTE: Student who voluntarily withdraws should not be allowed to enroll
	<b>W15* – WITHDRAWAL – DOE POLICY 330 (INVOLUNTARY) FOR HIGH SCHOOL ONLY PURSUANT TO BP 330.</b> IV.: Completed, school initiated withdrawal process of a student above non-compulsory age with an accumulation of 25
	<b>W16 – NO SHOW AFTER ENROLLMENT:</b> Completed, school initiated withdrawal process of a student that is enrolled in
	<b>W18* – UNABLE TO COMPLETE W/IN 6 YEARS: FOR HIGH SCHOOL ONLY PURSUANT TO BP 330. III:</b> Completed, school initiated withdrawal process of a student who is unable to graduate within 6 years. NOTE: School must recommend that the student enroll in adult high school program.
	<b>W19 –OFF-ISLAND LOCATION:</b> Completed withdrawal and transfer process of a student re-locating off island whether he/she is a military dependent or civilian.
	<b>W21 – COMMITTED TO DEPT OF CORRECTION:</b> Completed withdrawal process of a student confined in the Department of Correction or the Guam Behavioral Health and Wellness Center.
	<b>W23 – TO HOME SCHOOL:</b> Completed withdrawal process of a student to attend Home School.
	<b>W24** – EXPULSION:</b> Completed, school initiated withdrawal process of a student that has been expelled from school after DAC Hearing.
	<b>W25 – GRADUATED (HIGH SCHOOL ONLY):</b> Completed, school initiated withdrawal process a student that has met all graduation requirements for the Department of Education as certified by the school administrator and confirmed by the Superintendent of Education on the day of commencement.
	<b>W26 – DECEASED STUDENT:</b> Completed, school initiated of a student that the school has confirmed after official notification of his/her death.
	<b>W27 – TO ALERNATIVE SCHOOL/SAGAN MANHOMLO’/RAYS OF HOPE:</b> Completed, school initiated withdrawal of a student into the Alternative School / Sagan Manhomlo’ (Drug and Alcohol Treatment)/ Rays of Hope, after the DAC Hearing.

Withdrawal Codes with \* must be submitted to the Deputy of Education Support and Community Learning for final approval before withdrawal is official.

Withdrawal Codes with \*\* must be submitted to The Superintendent who has five (5) working days to render a decision of approval or disapproval. If the Superintendent approves the expulsion, the school shall officially withdraw the student using code W24 in PowerSchool. All supporting documents shall be filed in the students discipline folder. The length of expulsion shall be determined by the Superintendent of Education in accordance with the standard operating procedure governing student conduct.



**DEPARTMENT OF EDUCATION**  
**Office of Deputy Superintendent**  
**Educational Support & Community Learning**

*500 Mariner Avenue  
 Barrigada, Guam 96913  
 Telephone: (671) 300-1631  
 Fax: (671) 472-5001  
 eracruz@gdoe.net*



**JON J.P. FERNANDEZ**  
 Superintendent of Education

**ERIKA R. CRUZ**  
 Deputy Superintendent

## Non-Compulsory Student Withdrawal Approval Form

(As of 05/07/15)

**Directions:** This form is to be completed by schools requesting to withdraw a student based on requirements of Board Policy 330, whereby the student has accumulated 25 days absence (13 days for block scheduling), the school has formally established a School Level Support Team (refer to policy for required composition), and the student is failing all classes. The school administrator is responsible for thoroughly completing this form and attaching all required supporting documentation prior to submitting to the Deputy Superintendent, Educational Support and Community Learning (DSESCL) for approval.

First & Last Name, Middle Initial of Student: \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Voluntary     Involuntary    Reason for Withdrawal: \_\_\_\_\_

**All of the following documentation must be attached to this form for voluntary and involuntary withdrawals:**

- Copy of the initiated/completed Withdrawal Form.
- Voluntary Only: Submit a letter from parent (student if 18 years or older) indicating their request to voluntarily withdrawal and a letter from the school principal that the student/parent or guardian has been provided counseling from the School Guidance Counselor (SGC) regarding the negative impact of not completing their education requirements. (Refer to BP 411)
- Copy of the student's complete grades for the current school year.
- Copies of all completed Office Truancy Forms (OTRFS) and/or School Attendance Referral Forms (SARFs)
- Attendance Summary from PowerSchool
- Meeting notes and sign in sheets from the School Level Support Team that documents the interventions identified to mitigate absences and academic failure in a management plan.

\_\_\_\_\_  
**Principal's Signature**

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

~~~~~  
**APPROVED**

**DISAPPROVED**

\_\_\_\_\_  
**DSESCL's Signature**

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

## Withdrawal/Transfer Form Part – C

**THE STUDENT RECEIVING SPECIAL EDUCATION SERVICES:**

NO       YES – DATE OF LAST IEP: \_\_\_\_\_

**THE STUDENT RECEIVING SECTION 504 EDUCATIONAL EDUCATION ACCOMMODATION PLAN:**

NO       YES – DATE OF LAST EAP: \_\_\_\_\_

**THE STUDENT RECEIVING ENGLISH AS A SECOND LANGUAGE (ESL) MODIFICATIONS:**

NO       YES – DATE OF LAST MODIFICATION PLAN: \_\_\_\_\_

**THE STUDENT HAS AN INDIVIDUALIZED HEALTH PLAN (IHP):**

NO       YES – DATE OF LAST MODIFICATION PLAN: \_\_\_\_\_

**THE FOLLOWING SUBJECTS, GRADES, AND ATTENDANCE ARE FOR THE DATES BEGINNING \_\_\_\_\_ AND ENDING \_\_\_\_\_.**

|                                                                             | SUBJECT | Quarter Grade         |   |       |   | Semester Grade            |   | Text Book Uniform Clearance<br>Yes or \$Amt. Owed | TOTAL Unexcused absences | TEACHERS NAME |
|-----------------------------------------------------------------------------|---------|-----------------------|---|-------|---|---------------------------|---|---------------------------------------------------|--------------------------|---------------|
|                                                                             |         | 1                     | 2 | 3     | 4 | 1                         | 2 |                                                   |                          |               |
| HR                                                                          |         |                       |   |       |   |                           |   |                                                   |                          |               |
| 1                                                                           |         |                       |   |       |   |                           |   |                                                   |                          |               |
| 2                                                                           |         |                       |   |       |   |                           |   |                                                   |                          |               |
| 3                                                                           |         |                       |   |       |   |                           |   |                                                   |                          |               |
| 4                                                                           |         |                       |   |       |   |                           |   |                                                   |                          |               |
| 5                                                                           |         |                       |   |       |   |                           |   |                                                   |                          |               |
| 6                                                                           |         |                       |   |       |   |                           |   |                                                   |                          |               |
| HEALTH COUNSELOR CLEARNCE                                                   |         | Shot Record (Updated) |   | IHP   |   | PowerSchool Medical Alert |   | Comments:                                         |                          |               |
|                                                                             |         | Y / N                 |   | Y / N |   | Y / N                     |   |                                                   |                          |               |
| HIGH SCHOOL ONLY - SERVICE LEARNING TOTAL HOURS EARNED TO DATE              |         |                       |   |       |   |                           |   |                                                   |                          |               |
| EQUIPMENT CLEARANCE Write YES or \$ Amt. Owed                               |         |                       |   |       |   |                           |   |                                                   |                          |               |
| POWERSCHOOL ATTENDANCE AND DISCIPLINE PROFILE ATTACHED:<br>Write: YES or NO |         |                       |   |       |   |                           |   |                                                   |                          |               |
| FINAL CLEARANCE BY ADMINISTRATOR                                            |         |                       |   |       |   |                           |   |                                                   |                          |               |

**WITHDRAWAL DATE:** \_\_\_\_\_

**\*\*STUDENT WILL REMAIN IN SCHOOL UNTIL WITHDRAWAL FORMS ARE COMPLETED. PLEASE PROVIDE 2-3 WORKING DAYS \*\***

The releasing school is responsible for monitoring the compulsory aged student's attendance until they are enrolled in the receiving school.

\_\_\_\_\_  
Administrator or Designee Signature

\_\_\_\_\_  
Date



Student Procedural  
Assistance Manual

# CHAPTER TWELVE

RESPONDING TO CRITICAL INCIDENTS IN  
SCHOOLS

STANDARD OPERATING PROCEDURES  
GUAM DEPARTMENT OF EDUCATION

---

This procedure on behavioral health plan was developed and adopted by members of the NH Disaster Behavioral Health Response Team (DBHRT) in an effort to address the issues related to school-based critical incidents and to complement existing  
SOP 1300-002: Emergency Response Plans

## INTRODUCTION

During a critical incident, school leadership should assess the needs of the school community and strategically plan for an appropriate response with a section that will cover behavioral health aspects for the incidents. The protocols in this chapter should be trained and practiced at least once annually to ensure that all personnel know and understand their roles and responsibilities.

Critical Incident is a school-wide crisis that might impact the emotional functioning of members of the school community, including students, faculty and parents. The International Critical Incident Stress Foundation (ICISF) defines a critical incident as a “stressor event that has the potential to lead to a crisis response in many individuals. This is the stimulus that sets the stage for a crisis response.” Critical incidents may include serious illness or death of a student, parent, faculty or other persons in the school or extended community, natural disasters, and other events such as suicides, active shootings, or public health threats such as pandemic flu.

All schools have access to school-based and district-level personnel who have skills and knowledge with mental health case management, such as counselors, social workers, psychologists and school health counselors. For the purposes of this chapter, these personnel is referred to as school’s mental health staff. These staff members generally do a great job managing routine situations. They are capable to intervene, assess, and provide referrals to community resources. However in some critical incidents, the emotional needs of the school might overwhelm the capacity of the school’s mental health staff, who will most likely be impacted themselves.

## MANAGING A CRITICAL INCIDENT

Strategic assessment and planning is a key part of managing a response to a critical incident. This should be the first step in determining the appropriate response for a critical incident. Each school’s ability to respond will vary depending on many factors – the nature of the event, the number of people involved, the resources within the school, and the relationships the school has developed with external resources. At some level, a school is always in either the planning or response phase of crisis management.

### A. Strategic Assessment and Planning

During a critical incident, there is often chaos and confusion, with many people needing support and others wanting to help. For that reason, it is critical to complete a strategic assessment. Take the time to assemble an appropriate team and gather information before moving forward with plans. (See Critical Incident Assessment Tool Appendix 12 -1).

#### 1. Assess Damage

The first step will be to understand what has happened and who potentially may be impacted. Think creatively when listening to those affected. There may be siblings in another school or committee members who worked with a teacher. A coach or cafeteria worker may have been close to a child who died. Identify past traumatic events of the school and community as they might impact the recovery process. Consider emotional as well as physical injuries.

#### 2. Assess Internal Resources

Begin with the resources available within the affected school. The C.E.R.T. or CRT might include the school administrator, school counselor, and school health nurse if deemed necessary. Make note of natural supports for the students affected, or a favorite teacher or coach.

#### 3. Assess External Resources

Resources from other schools within the district might be available. Contact the district for support. These may include the local Community Mental Health Center, C.E.R.T. or CRT or other agencies where relationships have been created.

#### 4. Create a Strategic Plan

The School Level Administrator will review the various goals, checklists and the section in this

document. Use the information gathered in the assessment to create a plan to address the incident at hand. Continue to monitor the needs of students, faculty and parents, and adjust plans as necessary to ensure an appropriate response. (See Form 12-1 - Checklist: School-Level Administrator).

The following items are suggested behavioral health goals and recommendations for the planning and response phase framework for the school community.

1. Planning Phase

- a. A school level Community Emergency Response Team (C.E.R.T.) or Crisis Response Team (CRT) in place that consist of: a school-level Administrator, School Counselor, and School Health Counselor.
- b. The school counselor(s) at the school site will be the lead coordinator regarding logistics. After the information has been gathered and obtained regarding the incident, the school counselor(s) will recommend by the end of the first day to the Administrator how many school counselors or C.E.R.T. or CRT are needed to assist in the debriefing the following day.
- c. Crisis Incident Stress Debriefing (CISD) will be facilitated by school counselors on Day Two.
- d. Identify external community behavioral health resources and build relationships before the crisis or incident.
- e. Provide faculty awareness and training in the areas of the emergency response plan, critical incident response roles and responsibilities, psychological first aid and suicide prevention/postvention.
- f. Include behavioral health issues in school based exercises and drills; table top drills are recommended to at least once annually.
- g. Update faculty and community contact information regularly; as aligned in SOP 1300-002.

2. Response Phase

- a. Ensure safety of students and staff
- b. Maintain stability of school operations
- c. Provide leadership, including planning and support for helpers
- d. Maintain consistency of information control
- e. Address the emotional needs of students, parents, faculty and staff
- f. Request assistance when internal school or district resources are overwhelmed or insufficient to meet needs
- g. Promote sense of community within the school
- h. Contact District Psychologist will coordinate district wide Crisis Incident Stress Debriefing.
- i. The debriefing will be facilitated by school counselors using the Mitchell Model (school counselors at the school site will be the lead coordinator of logistics by identifying rooms debriefing rooms, providing documents for other school counselors)
- j. Collaborate with external resources as determined by ongoing assessment
- k. Continue to monitor the behavioral health need of students and staff during the post-crisis period.

3. Needs for various groups

Following a critical incident impacting a school, it is necessary to assess the needs, including behavioral health needs, of specific groups. The response to this event should take into account

these various needs as well as the general goals defined above, so that school administrators have a structured, operational framework at the time of crisis from which to operate. By considering these needs in advance, chaos and spontaneous, emotion-laden decisions can be avoided or minimized.

- a. Common Needs of Everyone Affected:
  - 1) Information about the event
  - 2) Permission and a place to grieve, as necessary
  - 3) Emotional support
  - 4) Administrator Needs
  - 5) Information about the deceased
  - 6) System for contacting necessary crisis resources
  - 7) Strategy for responding to staff, student, parent, community and media requests
- b. Faculty Needs:
  - 1) Information about the school's response plan
  - 2) Preparation for the student's reactions
  - 3) Guidance in structuring the school activities
  - 4) Involvement in the identification of high-risk students
  - 5) Information about resources within the school and community
- c. Student Needs:
  - 1) Outreach, especially to those students most affected by the incident
  - 2) Information about resources within the school and community
- d. Parent Needs:
  - 1) Knowledge that their children are safe
  - 2) Information about the school's response
  - 3) Information on preparing for their children's reactions and questions
  - 4) Opportunity to be of service in appropriate ways
- e. Community needs: (depending on the event)
  - 1) General information about how the school is managing the incident
  - 2) Opportunity to be of service in appropriate ways

#### 4. Organizing Behavioral Health Assets

Identify a C.E.R.T. or CRT made up of the principal, guidance counselors, social workers and school health counselors. Depending on the incident, this team may be school based or district wide. Team assignments should take priority over other job assignments so that the team can convene quickly when necessary. The school level administrator will issue assignments. (See Form 12-1 - Checklist for School Administrator).

- a. Identify goals for your team, and meet to support those goals – include behavioral health support as you organize, train and test your plan.
- b. Actively encourage familiarization with the emergency response plan throughout your school community.
- c. Provide training for all staff in issues related to prevention, intervention and postvention of critical incidents.
- d. Build relationships with external behavioral health resources for use when overwhelmed.

### **STRUCTURING A RESPONSE FOR A CRITICAL INCIDENT**

The planning of a response to a critical incident needs to happen immediately. This action plan will guide the school community through a very difficult and emotional time. The following outline is designed to help you address behavioral health considerations:

## A. Day One

Immediately following the news of a critical incident, the following considerations are recommendations for a school to address:

1. School Level Administrator must and complete the School Assessment Tool and submit to the Deputy Superintendent of Educational Support and Community Learning (ESCL). (See Appendix 12-1).
2. Based on the results of the School Assessment Tool, the Deputy Superintendent ESCL, school level administrator, C.E.R.T. or CRT will determine a plan of action based on Checklist. (See Form 12-2 - Checklist: School Level Administrator).
3. Only after the details of the incident have been confirmed, School Assessment Tool has been completed, the school level administrator shall determine how the delivery of the news will happen. Individual classroom announcements to students following a teacher's meeting are recommended. Conversely, announcements over the loudspeaker or large assembly notifications are prohibited.
4. District School Psychologist will be the district wide coordinator for counseling services and determine level of intervention for personnel.
5. Be certain to have sufficient support staff to assist in the support of the students, faculty and parents after the announcement has been made. This will include both the C.E.R.T. (such as the school administrator, school counselor, school health counselor and other designee) and CRT (such as Community Agency upon request if determined necessary for professionals with specialized skills.)
6. The School Level Administrator will work closely with the School Counselor(s) in identifying students and faculty that would be participants in the Critical Incident Stress Debriefing (CISD). This would allow the school counselor(s) on site to assess the need for other school counselors and/or C.E.R.T. and CRT to assist in the CISD.
7. The school counselor will be the lead coordinator to set up designated rooms (accommodate 15 students and 2 school counselors) for emotional support for students and adults (faculty and parents) if deemed necessary based on the recommendations of the school counselor.
8. The School Counselors facilitating CISD will be responsible for conveying the information to the C.E.R.T. or CRT.
9. Provide emotional support to the students, faculty and parents. Special considerations should be given to the teachers/students/aides who were close with the deceased. The school Level Administrator will determine how classes will be run. Issues such as the person's personal belongings, desk, and locker need to be discussed. This can invite open discussion amongst students on how to honor the deceased (keep in mind that careful consideration must be made to guard against sensationalizing suicide). Be prepared for both students and staff asking to go home.
10. School counselors will identify affected personnel, siblings, close friends, and other "highly stressed" personnel to counselors.
11. School counselors will work closely with teachers to identify potential high-risk students and fellow staff members. Some examples may be those individuals who were close to the deceased or anyone who may have witnessed the death.
12. Individual Faculty Assignments are recommended so that when the crisis occurs, faculty are reminded of their assigned roles and determine if they are able to perform these tasks.
13. Have a Telephone tree in place so that the communication flow happens smoothly, efficiently and correctly. Consider activating the emergency alert system if applicable via phone/email etc.
14. Address use of cell phones and face book by students and possibly media to minimize rumors and be

aware of the emotional and physical wear that will occur this day. Remind students and staff to drink plenty of water and practice self-care techniques.

15. Review Handouts and Sample Letters in preparation for support by providing materials for teachers and staff, and appropriate letters to go home with students. These handouts and sample letters can be adjusted to meet the specific needs of the school and the unique aspects of the critical incident. (See Appendix 12-2 - Handouts to 12- 7 – Sample Letters).
16. Inform staff and parents about the particular issues you are able to discuss and how the school is handling the incident. Include resources for immediate connections to external teams, or community agencies that may be of assistance.
17. If necessary, school level administrator will designate a staff member to be the school contact for parents of impacted students (the family of an accident victim in critical condition, or the family of the deceased). This staff member can share information between the school and family.
18. A brief staff meeting at the end of the day should be held to allow faculty to review the day, share information, resources, stress/grief reactions and coping strategies.

## B. Day Two

Critical Incident Stress Debriefing (CISD) will be conducted on this day for all identified students and faculty. This will be facilitated by school counselors other than the school counselor on-site utilizing the Mitchell Model.

1. Assess whether continued staff meetings are needed. Depending on the nature of the event, regular staff meetings allow connection, information sharing, and continued planning.
2. Evaluate continuing needs for support services. The grief process differs for each individual. People may be just coming to terms with the incident. Thus, continued support is important. Promote peer support, especially for teenagers, as it is a natural support for them.
3. Continue to assess students, especially those most closely impacted or otherwise at-risk.
4. Determine the school's involvement in the Memorial or Service.
5. CISD facilitator(s) must complete and submit Student Debriefed form to the school counselor who is hosting the CISD by keeping the original in the counselor's office and a copy must be submitted to Student Support Services for filing purposes. (See Appendix 12-9 – Student Debriefed).
6. CISD facilitator(s) must complete and submit Crisis Response/ Critical Incident Debriefing Report Form to the school counselor who is hosting the CISD by keeping the original in the counselor's office and a copy must be submitted to Student Support Services for filing purposes. (See Appendix 12-10 - Crisis Response/ Critical Incident Debriefing Report).

## C. Day of Funeral (Optional, Determined by the Parent)

Parents and caretakers may be asking you if it is appropriate for their child to attend wake, funeral and or burial services. There is no clear cut answer, however various factors such as the student's wishes, the parent's knowledge of their child's development, temperament and capabilities should all be considered when making the decision regarding their attendance. (See Appendix 12-8 - Parent Considerations for Children at Services).

### *School's Attendance at the Service*

With regard to attendance of their loved one's services, the wishes of the family of the deceased must be considered. The family may openly invite and encourage the schools' and students' attendance and participation. On the other hand there may be factors, including cultural, that may lead them to not want the presence of students.

1. Gain knowledge of the facts of the Service including the length, what will occur and whether there

will be a casket, cremation, etc.

2. If there was a sudden, traumatic or violent death, the emotional responses by adults attending may be overwhelming for certain age children. Sitting through a long service may be too much for younger children.
3. The school may choose to do their own type of Service which can be a wonderful way for the school as a system to honor the individual. An assembly with music and speeches and dedications may be structured towards the age and developmental needs of the students.
4. Please refer to the memorial section for important aspects for schools to consider when deciding whether to host a memorial service.
5. Allow school faculty and staff to attend services if during a school day. This type of closure and ritual is an important aspect in many peoples' lives. Structuring school and class time can be designed to accommodate these needs.
6. If many teachers are interested in attending services, decide how to handle their absences or whether to close the school.
7. Recognize that the day of the funeral may be difficult. Have additional support available.

#### D. Ongoing/Post Memorial Service

1. Continue to monitor stress or grief reactions in both students and staff.
2. Provide support services as necessary.
3. Update plans and phone tree as needed to prepare for the future.
4. Schedule an After Action Meeting to review the response to the critical incident, the school's emergency response plan and to capture any lessons learned from the incident. ( See Appendix 12 – 11 - After Action Review Report) .
5. Note the date for anniversary planning. Designate a staff member to notice milestones that may come up as the year moves along and plan how to manage these times with students and staff.

#### E. Anniversary

1. Recognize that the anniversary date may evoke stress or grief reactions from involved parties.
2. Provide support or check in with students or staff who may have been significantly impacted.

### **WORKING WITH TRAUMATIZED STAFF**

It is important to remember that faculty may be traumatized by the death of a student, fellow staff member or a critical incident. Following the death of a member of the school community or a major critical incident it is recommended to put supports in place for those people who were closest to the event or people who died. Reassigning paraprofessionals or bringing in substitute teachers can allow the teacher the time needed to grieve or to leave the classroom when becoming overwhelmed.

- A. When teachers are asked to make phone calls home to share traumatic information with their students' families, they may become distressed and be in need of support. Having behavioral health professionals in the building to check in with teachers between phone calls can be quite helpful.
- B. Health supports need to be available for staff as well as students. Teachers rarely want to turn their class over to another individual but will appreciate supports being in place should they become distressed or overwhelmed with grief. Placing behavioral health professionals in classrooms can give teachers and staff the support they might need to get through some difficult conversations that may come up in the classroom with their students



## **GUIDANCE FOR MEMORIALIZATION**

A school death is a tragic event. Together, the school “family” grieves. More often today, we see the trend for Memorializing the deceased occur and even more commonly, these memorial tributes happen at a very rapid pace.

### **A. Guidelines for Memorials**

Gifts and memorials are a mechanism for people to recover from the loss of a death. A small gesture can mitigate feelings of helplessness and communicate the concern of the school.

Suggestions for memorials include books for the library, planting a tree, making a quilt, founding scholarship, etc.

Examples of sudden deaths schools are faced with include:

1. Death from cancer or other medical condition A drug overdose death
  2. Suicide death\*
  3. A homicide death
  4. Death of an individual killed by a drunk driver Death of a drunk driver who killed another individual.
- B. Schools may view these deaths differently, but many families will expect that the same type of memorialization occurs regardless of the circumstances of the death. This is why having a policy is so important. Given the complexity of these situations some schools adopt a policy which minimizes their role in memorialization and encourages memorialization to occur in the community.
- C. When a person has died by suicide, the issue of memorials is complicated by the need to prevent romanticizing or glamorizing the death. It is recommended that any activity chosen be a one- time event. Memorials for suicides might be donations of blood to the Red Cross, contributions to a suicide prevention program, etc.
- D. \*If the death was a suicide, care should be taken to reduce the risk for contagion. Although it is an area where more research is needed, how an individual is memorialized may inadvertently increase the chance that other youth (who are already at risk) may act on their suicidal thoughts. Please refer to guidance regarding postvention (interventions to reduce risk and promote healing after a suicide) to prevent the idolizing of the death and possible future suicidal behavior. (See Appendix 12- 12 – Suicide Considerations).
- E. Memorials are truly meant for the living. They help individuals move through the grieving process and realize that this person, their loved one, will not be forgotten. These memorials help the living make the transition back into their daily life and routine

## **SUICIDALITY: GUIDELINES FOR ITS PREVENTION, ASSESSMENT, & TREATMENT**

### **A. The symptoms to look for:**

1. Long period of depression, other mental illness, and epilepsy
2. Previous suicide attempts
3. Drug/alcohol abuse
4. Symptoms Associated with Mood Disorders (e.g. low self-esteem/self-denigration/ withdrawal/hopelessness etc.)
5. Other: e.g. Morbid or unusual themes in communication, art, etc. appearance; apparent "change in personality"; preoccupied

**CRITICAL QUESTIONS TO ASK:**

Can you tell me how long you have had this feeling?  
Do you have friends, family, G.P or other(s) that you can approach or talk to?  
Do you live alone or with someone?  
Have you spoken with anyone about your suicidal intent?  
Have you made previous attempts? (*if so*)  
How? What stopped you?  
What precautions would you take or have you planned to take against being found?  
How do you see the future for yourself?

Can you identify the reasons why you have the suicidal intentions? i.e. psychological/physical/relationship/work/financial.  
Can you tell me ways by which you have previously coped with your difficulties?  
Do you use any drugs or alcohol to cope with difficulties?  
Can you tell me what help you require?  
Who else do you wish to involve? (i.e. partners/relatives/G.P.).  
How much time have you spent in thinking about suicide?  
Do you have the means available to you?  
Have you left any notes or tape recorded messages?  
*Call the School Health Counselor to assess medication ingestion and/or physical injury to determine any acute services are needed.*

**B. Management**

1. The school administrator will ensure the safety of the student. The school health counselor will assess any medical issues. The school counselor will conduct the assessment.
2. Ensure student's safety. Student should be supervised and monitored until suicide risk assessment (questions found in box aforementioned must be answered by students) and utilizing the Columbia-Suicide Severity Rating Scale and recommendation has been completed.
3. Student should not be left alone and needs to be monitored at all times until supervision is relinquished by parent(s) or legal guardian. (See Appendix 12-13).
4. **CHECK** adequacy of assessment / management by completing SUICIDE RISK CHECKLIST. (See Appendix 12-14).
5. A safety plan with the student must be developed as an undertaking to follow an agreed upon course of action if feeling suicidal. (See Appendix 12-15).
6. Notify and consult with District Psychologist and/or a Licensed Clinical Provider (part of the clinical team of school based behavioral health if others are unavailable) if moderate to high risk of suicide.\* All school counselors must consult with a Licensed Clinical Provider.
7. If moderate to high risk, refer outside the Counseling service for assessment and if management /hospitalization to Guam Behavioral Health and Wellness Center, e.g., if high risk.
8. Monitor the ongoing status of the student. If referred elsewhere, ensure that contact and follow up is proceeded.

**C. Flowchart For Assessment/Management Of Suicidality**

1. Identify source of referral and reason for attendance or phone call.
2. What is presenting problem and its background?
3. Why is person presenting now?

4. Identify demographic factors and clinical indicators
  5. Is risk of harm to self or others apparent?
    - a. Proceed with intake assessment/counseling
    - b. Conduct comprehensive clinical interview (e.g. "critical questions"; MSE)
    - c. Identify extent of risk of suicide or harm to others
    - d. Is there a risk of suicide?
    - e. No to minimal risk
- D. Low Risk for Suicide
1. Continue monitoring/counseling
  2. Involve other personnel & external agencies as appropriate
  3. Document level of risk and management plan.
  4. Ensure assessment and plan are reviewed in individually or clinical meeting.
- E. Moderate or High Risk for Suicide
1. Ensure a case-manager (main contact person) is nominated to take responsibility for ongoing management or external referral
  2. Consult with Head, Counselling/Director SSU/experienced colleague
  3. Decide to manage internally or externally
- F. Manage Internally
1. Formulate management plan
  2. Make "Safety contract" with student
  3. Refer to the School Based Behavioral Health Clinical Team to be seen for followed up sessions and provide Crisis hotline phone number is given to student.
- G. Referral to External Agency
1. Formulate plan for referral process.
  2. Make referral - phone referral details, including level of risk
  3. Ensure written referral details are also faxed/mailed
  4. Ensure appropriate follow up has taken place. If imminent risk, ensure safety of student in interim and prompt follow up of student by School Based Behavioral Health clinical team
  5. Document assessment, management/referral details
- H. Basic Knowledge for School Administrator and School Counselor
1. School Counselors should be aware of standardized, "best practice" procedures for assessing and managing suicidal students. School Counselors should also be aware of the criteria and procedures for seeking more expert or comprehensive help when required.
  2. These skills should be regarded as core clinical skills, subject to review and update on a regular basis.
  3. All staff should be aware that any refer to Guam Behavioral Health and Wellness Center must be completed by the School Counselor.
  4. All counselors should acquaint themselves with the literature on assessment and management of suicidal risk. Suicide risk checklist is a useful aid to assessment.
  5. Knowledge of relevant referral agency to Guam Behavioral Health and Wellness Center.

**SCHOOL COUNSELORS SHOULD BE AWARE OF THE FOLLOWING WHEN CONDUCTING AN ASSESSMENT**

- A. Risk factors that all school counselors should be aware of:
1. Other serious mental illness: e.g., Bipolar (Manic-depressive) Disorder\*; Schizophrenia\*; Schizo-

affective Disorder\*; Major Depression (esp. females).

2. Previous Attempt(s) (esp. males: 10% go on to suicide)
3. Substance Abuse
4. Family History of Suicide
5. Other Severe, chronic mental illness/disorders
6. Other risk factors:
  - a. Longstanding medical/physical illness/disability; terminal illness; epilepsy
  - b. Family & Environment: e.g., Family/peer history of suicidal behavior; multiple life stressors; abuse/neglect; availability of means (e.g., firearms); unreal academic/career expectations from parents/others; major dispute with family/friends; separation/loss
  - c. Other Major "Crisis": Actual or anticipated exam failure; shame/guilt after major event (e.g. rejection of romantic/sexual invitation); legal problems; guilt feelings re criminal offence/custody; failure to meet family/peer expectations; sexual/other identity crisis;
  - d. Loneliness/isolation;
  - e. Failure to adjust to a new environment;
  - f. Long term unemployment
  - g. "Cries" not heard or mismanaged (e.g., You're always feeling sorry for yourself)

#### B. Predisposing Personality/ Cognitive Styles

1. Thinking/feelings associated with sense of hopelessness\*
2. Poor social skills
3. Hostile or impulsive behavioral style (SB\*)
4. Poor problem solving skills: tendency to "catastrophize", think in absolute terms and not see other options
5. Perfectionism, inhibition (self-absorbed)
6. Poor regulation of affect (SB\*)

#### C. Demographic Factors

1. In the 15 - 24 years age range *SUICIDE RATE* stands at approximately 15/100,000 (Krupinsk et al 1994), and has increased markedly in the past 30 years
2. Males more likely to suicide, but both sexes show suicidal behavior
3. Location: Rural (increased access to firearms/means; less access to emergency & other treatment)

#### D. Principles for All Assessments

An overarching principle must be that if a member of staff is in doubt about a person's suicidal potential, then they should ensure that the person is safe and consult with a Licensed Clinical Provider. PLEASE ALSO NOTE policies and procedures on the following issues:

1. Approaches to deal with a student who verbally expresses, gestures, and/or attempts suicidal behavior including how to coordinate responses in notifying your concerns to family/friends or other agencies (e.g. Guam Police Department, etc.)
2. Procedures to be followed when consulting with health services (Guam Behavioral Health and Wellness Center – Intake and Emergency Unit, Guam Memorial Hospital –Emergency Room).
3. Approaches to ongoing management after initial assessment, with specific full review of high risk individuals, including those who are repeated presenters.

#### E. Other SYMPTOMS: WHAT TO LOOK FOR

1. Long period of depression

2. Previous suicide attempts
3. Drug/alcohol abuse
4. Symptoms Associated with Mood Disorders:
5. Low self-esteem/self-denigration
6. Withdrawal from family/peers.
7. Anxiety/worry
8. Feelings of hopelessness and helplessness
9. Difficulty making decisions
10. Loss of interest in previously enjoyed activities
11. Loss of interest in personal hygiene and appearance
12. Agitated, irritable, aggressive.
13. Inappropriate mood changes
14. Sleep disturbance: insomnia, hypersomnia, excessive fatigue
15. Low energy
16. Poor concentration
17. Poor academic or work performance
18. Morbid thoughts
19. Other:
  - a. Communication difficulties
  - b. Apparent "change in personality"
  - c. Accident proneness
  - d. Wreckless or thrill seeking behavior (e.g.. driving at high speeds, provoking fights, dangerous use of alcohol/drugs)
  - e. Clingy/dependent on others
  - f. Inability to deal effectively with the present and pre-occupation with the past
  - g. Morbid or unusual in music, art, poetry, prose etc.
  - h. Appearance (e.g. shaving head, wearing black - not related to fashion)
  - i. Giving away/selling possessions

F. Management ensuring student's safety.

Where a student is thought to be suicidal, the counselor should make themselves available for brief consultation at any time within office hours. Decisions as to how to safeguard the student should be made whenever possible with the student active participation in the decision making process. Counselors should discuss with students the options available, e.g. extra counseling sessions, duty counselor crisis appointments, phone contact with the counselor within office hours, referral to medical or psychiatric service, out of hours contact with area mental health crisis team where appropriate, and with the student's consent, consultation with the student's family. Other staff should be advised where appropriate to facilitate these options, e.g. the reception staff in the counselor's should be informed of student's calls which are to receive priority attention. In some circumstances shared responsibility may be chosen e.g. ongoing counseling relationship with the student and an understanding that the School Based Behavioral Health Clinical Team (SBBHCT) will be available for consultation and management of a student and provide the crisis hotline to the student that may experience a crisis outside office/ school hours.

The SBBHCT team can be consulted regarding the management of the student. The team will provide a very good assessment and consult with a Licensed Clinical Provider. Ask student's permission to have

the SBBHC team contact the student at home if the clinical team think this is the appropriate course of action. Always consult the District Psychologist or Licensed Clinical Provider as soon as possible when the situation is deemed high risk. Such students should be presented for frequent review in the clinical meetings or followed up.

1. Criteria for Referral Outside the School

Establish criteria for referral outside the Counseling service for assessment regarding acute hospitalization, e.g. serious mental illness or high risk and no co-operation with suicide contract or assessment that the home situation does not provide sufficient safeguards. Referral can be made immediately to Guam Behavioral Health and Wellness Center (GBHWC) service with a telephone and written referral to GBHWC for a psychiatric evaluation.

2. Contracting with the Student

Try to make a suicide contract with the student -an undertaking to follow an agreed upon course of action if feeling suicidal. Ask the student if he/she can give an assurance that he/ she will follow this plan and not make a suicide attempt at least for a period of time. Give student the area Guam Behavioral Health and Wellness Center crisis number 647-8833. As part of the suicide prevention strategy try to eliminate ready access to means of self-harm, e.g. the student agrees to hand over weapons or drugs to trusted person. Arrange appropriate follow up and check up on missed appointments.

In the event of student consulting Student Services about the suicidal potential of a third party, assess the seriousness of suicidal risk. Counselors consulting student about their relationship with the suicidal student e.g. helpful behaviors, appropriate responsibility. Assist consulting student in encouraging the suicidal student in seeking professional help and refer to Guam Behavioral Health and Wellness Center. Where situation is deemed high risk discuss with the student the importance of referring to an outside agency who can assist the student and options of consulting the School Based Behavioral Health Clinicians, informing the family etc. Counselors should consult with the Licensed Mental Health Professional after they have conducted an assessment.

**\*All assessments and contact with a student must be recorded and placed in counseling file. Postvention should be followed up within two weeks.**

3. Postvention

In the event of a suicide provide counseling or referral for people affected by the suicide. Debriefing for staff involved in the care of the student. (See Appendix 12-13 – Suicide Checklist).

4. Basic Knowledge for All Relevant Staff

The skills below should be regarded as core clinical skills, subject to review and update on a regular basis. All counsellors should acquaint themselves with the literature on assessment and management of suicidal risk. Suicide risk checklist is a useful aid to assessment. Knowledge of relevant referral agencies and implications of 1990 Mental Health Act for hospital admission of suicidal clients. Areas and Districts need to ensure that:

All relevant staff are given appropriate education, consistent with their experience and exposure, about suicidal behavior and its possible presentations in different age groups and diagnostic categories.

Training programs are established to ensure that this education occurs.

All staff have standardized procedures for assessing and managing suicidal students by referring appropriately to Guam Behavioral Health and Wellness Center. The criteria and procedure for seeking more expert help when required should be clear.

## **Crisis Incident Debriefing - CISD will be facilitated by School Counselors using the Mitchell Model for Incident Stress Debriefing.**

Crisis Incident Stress Debriefing (CISD) is a specific, 7-phase, small group, supportive crisis intervention process. It is just one of the many crisis intervention techniques which are included under the umbrella of a Critical Incident Stress Management (CISM) program. The CISD process does not constitute any form of psychotherapy and it should never be utilized as a substitute for psychotherapy. It is simply a supportive, crisis-focused discussion of a traumatic event (which is frequently called a “critical incident”). The Critical Incident Stress Debriefing was developed exclusively for small, homogeneous groups who have encountered a powerful traumatic event.

It aims at reduction of distress and a restoration of group cohesion and unit performance. A Critical Incident Stress Debriefing can best be described as a psycho-educational small group process. In other words, it is a structured group story-telling process combined with practical information to normalize group member reactions to a critical incident and facilitate their recovery. A CISD is only used in the aftermath of a significant traumatic event that has generated strong reactions in the personnel from a particular homogeneous group. The selection of a CISD as a crisis intervention tool means that a traumatic event has occurred and the group members’ usual coping methods have been overwhelmed and the personnel are exhibiting signs of considerable distress, impairment or dysfunction.

The Facilitators of the CISD is led by a specially trained team of 2 to 4 people depending on the size of the group. The typical formula is one team member for every 5 to 7 group participants. A minimal team is two people, even with the smallest of groups. One of the team members is a mental health professional and the others are “peer support personnel.” Essential Concepts in CISD A Critical Incident Stress Debriefing is small group “psychological first aid.” The primary emphasis in a Critical Incident Stress Debriefing is to inform and empower a homogeneous group after a threatening or overwhelming traumatic situation. A CISD attempts to enhance resistance to stress reactions, build resiliency or the ability to “bounce back” from a traumatic experience, and facilitate both a recovery from traumatic stress and a return to normal, healthy functions. The Critical Incident Stress Debriefing is not a stand-alone process and it is only employed within a package of crisis intervention procedures under the Critical Incident Stress Management umbrella. A CISD should be linked and blended with numerous crisis support services including, but not limited to, pre-incident education, individual crisis intervention, family support services, follow-up services, referrals for professional care, if necessary, and post incident education programs. The best effects of a CISD, which are enhanced group cohesion and unit performance, are always achieved when the CISD is part of a broader crisis support system

CISD has 7 phases:

Phases in the Critical Incident Stress Debriefing A CISD is a structured process that includes the cognitive and affective domains of human experience. The phases are arranged in a specific order to facilitate the transition of the group from the cognitive domain to the affective domain and back to the cognitive again. Although mostly a psycho-educational process, emotional content can arise at any time in the CISD. Team members must be well trained and ready to help the group manage some of the emotional content if it should arise in the group.

**Phase 1 – Introduction** In this phase, the team members introduce themselves and describe the process. They present guidelines for the conduct of the CISD and they motivate the participants to engage actively in the process. Participation in the discussion is voluntary and the team keeps

the information discussed in the session confidential. A carefully presented introduction sets the tone of the session, anticipates problem areas and encourages active participation from the group members.

**Phase 2 – Facts Only** extremely brief overviews of the facts are requested. Excessive detail is discouraged. This phase helps the participants to begin talking. It is easier to speak of what happened before they describe how the event impacted them. The fact phase, however, is not the essence of the CISD. More important parts are yet to come. But giving the group members an opportunity to contribute a small amount to the discussion is enormously important in lowering anxiety and letting the group know that they have control of the discussion. The usual question used to start the fact phase is “Can you give our team a brief overview or ‘thumbnail sketch’ of what happened in the situation from your view point? We are going to go around the room and give everybody an opportunity to speak if they wish. If you do not wish to say anything just remain silent or wave us off and we will go onto the next person.”

**Phase 3 – Thoughts:** The thought phase is a transition from the cognitive domain toward the affective domain. It is easier to speak of what one’s thoughts than to focus immediately on the most painful aspects of the event. The typical question addressed in this phase is “What was your first thought or your most prominent thought once you realized you were thinking? Again we will go around the room to give everybody a chance to speak if they wish. If you do not wish to contribute something, you may remain silent. This will be the last time we go around the group.”

**Phase 4 – Reactions:** The reaction phase is the heart of a Critical Incident Stress Debriefing. It focuses on the impact on the participants. Anger, frustration, sadness, loss, confusion, and other emotions may emerge. The trigger question is “What is the very worst thing about this event for you personally?” The support team listens carefully and gently encourages group members to add something if they wish. When the group runs out of issues or concerns that they wish to express the team moves the discussion into the next transition phase, the symptoms phase, which will lead the group from the affective domain toward the cognitive domain.

**Phase 5 – Symptoms** Team members ask, “How has this tragic experience shown up in your life?” or “What cognitive, physical, emotional, or behavioral symptoms have you been dealing with since this event?” The team members listen carefully for common symptoms associated with exposure to traumatic events. The CISM team will use the signs and symptoms of distress presented by the participants as a kicking off point for the teaching phase.

**Phase 6 –Teaching:** The team conducting the Critical Incident Stress Debriefing normalizes the symptoms brought up by participants. They provide explanations of the participants’ reactions and provide stress management information. Other pertinent topics may be addressed during the teaching phase as required. For instance, if the CISD was conducted because of a suicide of a colleague, the topic of suicide should be covered in the teaching phase.

**Phase 7 – Re-entry:** The participants may ask questions or make final statements. The CISD team summarizes what has been discussed in the CISD. Final explanations, information, action directives, guidance, and thoughts are presented to the group. Handouts maybe distributed.

**Follow-up** The Critical Incident Stress Debriefing is usually followed by refreshments to facilitate the beginning of follow-up services. The refreshments help to “anchor” the group while team members make contact with each of the participants. One-on-one sessions are frequent after the CISD ends.



# CHAPTER 12

# FORMS

**FORM 12-1**

|   |                                                                                                                                                                                                                                                                      |
|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| √ | <b>CHECKLIST: SCHOOL ADMINISTRATOR</b>                                                                                                                                                                                                                               |
|   | Attend initial faculty meeting where tasks and roles are identified.                                                                                                                                                                                                 |
|   | In consultation with Principal, contact community behavioral health agencies for support and assistance in the school`s response if needed.                                                                                                                          |
|   | Determine private areas for individual support and location for a Crisis Incident Stress Debriefing and individual counseling sessions if deemed necessary.                                                                                                          |
|   | Develop talking points for first period teachers to share information with students regarding the incident.                                                                                                                                                          |
|   | Brief Community Emergency Response Team or Crisis response Team and community regarding the response plan.                                                                                                                                                           |
|   | Identify and monitor at-risk students and faculty.                                                                                                                                                                                                                   |
|   | Contact school counselor and health counselor at schools where any siblings or children of deceased are enrolled.                                                                                                                                                    |
|   | In consultation with the Principal, assign one team member to contact the family of the deceased to express condolences, clarify plans for funeral and family`s charity request and to provide the family with local behavioral health resources and support groups. |
|   | Review special considerations in managing the aftermath of suicide to avoid copycat behavior.                                                                                                                                                                        |
|   | Provide stress management and self-care techniques for faculty.                                                                                                                                                                                                      |
|   | Schedule daily meetings with the School Based Behavioral Health Response Team as necessary to assess the current status of the crisis and the effect of the interventions.                                                                                           |

**FORM 12-2**

|   |                                                                                                                                                                                                                                            |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| √ | <b>CHECKLIST: SCHOOL LEVEL ADMINISTRATOR</b>                                                                                                                                                                                               |
|   | Contact and mobilize the Community Emergency Response Team or Crisis Response Team (C.E.R.T.) or Crisis Response Team (CRT).                                                                                                               |
|   | Notify faculty and other school staff via telephone chain or other methods and plan a faculty meeting prior to school opening (if the critical incident is learned about during the school day, schedule a faculty meeting at end of day). |
|   | Alert local behavioral health resources to school situation and plans if it is determined for more specialized clinical skills.                                                                                                            |
|   | Write statements/letters for release to faculty, parents and students. See Appendix 12 -8 - Sample Memos to Faculty and Addressing Parental Concerns for sample statements/letters.                                                        |
|   | Plan strategy to respond to requests from parents for information.                                                                                                                                                                         |
|   | Reach out to family of deceased personally to express condolences.                                                                                                                                                                         |
|   | Keep an informal log of response activities.                                                                                                                                                                                               |
|   | Relay information about visiting hours and funeral to students, staff and community as it becomes available.                                                                                                                               |
|   | Review section G. Memorialization and prepare to respond to requests for memorialization.                                                                                                                                                  |
|   | Meet with faculty and C.E.R.T. or CRT (typically at the end of the day) during the crisis period.                                                                                                                                          |

# **CHAPTER 12**

# **APPENDIX**

**APPENDIX 12-1**

**CRITICAL INCIDENT ASSESSMENT TOOL – DAY ONE**

**Date:**

**Person Completing the Assessment:**

**Description of Event:** (date & time of occurrence, location, name(s) of decedents, official cause of death)

**Who were the responders to the incident?** (i.e. police, fire, school personnel, others)

**Who has been contacted so far?** (Superintendent, Principal, Assist. Principal, Other Schools, External Teams)

**Who is aware of the incident so far?** (students, parents, media, etc.)

**Were there witnesses to the incident?**

**If the incident involves a student(s):** Was he/she/they involved in any sports, clubs, band/choir, PEAK, daycare, etc.?

**Are there siblings? Which schools do they attend? Have they been notified?**

**What are the predominant rumors thus far? Is the media involved?**

**Is there a history of previous events that have the potential to impact the response to this event?**

**What Behavioral Health Supports are available?** (Community Mental Health Centers, Churches, DBHRT, Victims Inc.,)?

**Recommendations:**

**Key Contacts and Phone Numbers:**

- 1.
- 2.
- 3.

## APPENDIX 12-2

### COMMON STUDENT REACTIONS TO LOSS AND GRIEF

Children experience loss and grief in their own way. Factors that need to be considered as you work with the student include the age of the child or teenager, their personality, developmental stage, temperament as well as familial and cultural factors.

#### **Normal Grief Responses**

Typical grief responses may be seen through various behaviors, emotional responses, physical manifestations and thought patterns.

**Behavior** – Sleep disturbance and differences from the child’s typical pattern, sleep interruption, social withdrawal, appetite changes, nightmares, anxiety over activities, going to school, being left alone, avoidant behavior (missing or skipping school, not engaging in friendship, sports or activities, etc).

**Emotional Responses** – For each individual this will differ. There is NO right way to grieve; everyone has his or her own path with this. One may experience sadness, anxiety, guilt, shock, feeling numb, feeling lonely, worried. A sense of relief may be felt after the death of a loved one or a close individual who was suffering. This sense of relief may not be understood by the child and may lead to guilt.

**Physical Manifestations** – common signs and symptoms a child may experience include changes in appetite (little or no appetite to overeating), feelings of being tired/low energy/lethargic, headaches, stomach aches, being hypersensitive to certain stimuli (loud noises, certain smells, etc).

**Thought Patterns** – changes in a child’s thought process and reactions may occur, including nightmares, fears that did not exist before, confusion, difficulty concentrating for any length of time (may be seen in school, doing homework, watching television), denial about the loss of the deceased, etc.

#### **Age Considerations**

Developmental factors play a large role in the child’s reaction to the death of a loved one/friend/teacher/coach, etc. The following recommendations and information is from the Children’s Grief Education Association.

#### **Ages 6-10**

Around the age of six, children begin to understand that the loved one is not returning. This can bring about a multitude of feelings at the time of other significant changes in a child’s life, including entering first grade. Children who do not remember their parent may feel an acute sense of loss as they see peers with their parents and hear their family stories.

Elementary school aged children are interested in biological processes about what happened to their loved one. Questions about disease processes and what happens to the body are of keen interest. When asked questions, it is important to clarify what it is the child wants to know.

Children’s worlds are sometimes messy and have a high level of energy. Grief is also messy sometimes. It does not always take a form that makes adults comfortable. Allowing your child to express feelings through creative, even messy, play can be helpful (i.e. finger painting, making mud pies and throwing them, etc). You may want to join in the creative play. Peer group support is helpful for children of this age.

### **Ages 11-13**

Middle school aged children are faced with a tumultuous time of body changes and increased performance expectations. When a death loss is added to that, it increases their sense of vulnerability and insecurity.

Grades may be affected by the death. It may be difficult to find a balance between studies/emotional distraction, but this is a time to be a bit more careful about insisting too harshly on schoolwork. With time, middle school children will return to their normal capacity for attention.

Middle school is also a time when abstract thought begins to accelerate. Children may be considering spiritual aspects of life and death, perhaps questioning their beliefs. Be open to talking with them or support them in finding someone who is comfortable discussing these issues.

### **Ages 14-18**

Teens are usually in a place of growing independence. They may feel a need to hide their feelings of grief to show their control of themselves and their environment. Teens often prefer to talk with peers rather than adults when they are grieving.

Teens are more likely to engage in high-risk behavior, especially after a death loss. One young person expressed that her mom was always careful and followed all the safety rules, but died anyway. She asked, "Why should I be careful?"

As with all ages, maintain routines. If one parent died, be clear about who will care for them and what to expect if you die

It is important to remember that as a child grows they will continue to grieve their loss in different ways as they progress through each developmental stage.

## **APPENDIX 12-3**

### **AFTER THE DISASTER**

After experiencing the shock and pain of the disaster, you will be very busy for the next few days or weeks. Caring for your immediate needs, perhaps finding a new place to stay, planning for cleanup and repairs, and filing claim forms may occupy the majority of your time. As the immediate shock wears off, you will start to put your life back together. Most people experience normal reactions as a result of the disaster. Generally, these feelings don't last long, but it is common to feel let down and resentful many months after the event. Some feelings or responses may not appear until weeks or even months after the disaster.

Some common responses are:

- Irritability/Anger
- Sadness
- Fatigue
- Headaches or nausea
- Loss of appetite
- Hyperactivity
- Inability to sleep
- Lack of concentration
- Nightmares
- Increased alcohol or drug consumption

Many victims of disaster will have at least one of the above responses. Acknowledging your feelings and stresses is the first step to feeling better. Other helpful actions include:

Talk about your disaster experiences. Sharing your feelings rather than holding them in will help you feel better about the experience.

Take time off from cares, worries, and home repairs. Engage in recreation, relaxation, or a favorite hobby. Getting away from home for a day or a few hours with close friends also can help.

Pay attention to your health, a good diet, and adequate sleep. Relaxation exercises may help if you have difficulty sleeping.

Prepare for possible future emergencies to help lessen feelings of helplessness and to achieve peace of mind.

Rebuild personal relationships in addition to repairing other aspects of your life. Couples should make time to be alone together, to talk, and to have fun.

If stress, anxiety, depression, or physical problems continue, you may wish to contact the post-disaster services provided by your local mental health disaster recovery program.

Please take this sheet with you today and reread it over the next few weeks and months. Being aware of your feelings and sharing them with others is an important part of your recovery.



## APPENDIX 12-4

### CHILDREN'S REACTION TO DISASTER

A disaster, whether community wide or involving only a single family, may leave children especially frightened, insecure, or upset about what happened. They may display a variety of emotional responses after a disaster, and it is important to recognize that these responses are normal. How a parent reacts will make a great difference in the child's understanding and recovery after the disaster. Parents should make every effort to keep the children informed about what is happening and to explain it in terms they can understand.

The following list includes some of the reactions parents may see in their children:

- Crying/Depression Bedwetting Thumb sucking Nightmares
- Clinging/fear of being left alone Regression to previous behaviors Fighting
- Inability to concentrate Withdrawal and isolation Not wanting to attend school Headaches
- Changes in eating and sleeping habits Excessive fear of darkness
- Increase in physical complaints
- Some things that will help your child recover are to:
  - Hug and touch your child often.
  - Reassure the child frequently that you are safe and together.
  - Talk with your child about his/her feelings about the disaster. Share your feelings too. Provide information the child can understand.
  - Talk about what happened.
  - Spend extra time with your child at bedtime
  - Allow children to grieve about their lost treasures: a toy, a blanket, and a lost home.
  - Talk with your child about what you will do if another disaster strikes. Let your child help in preparing and planning for future disasters.
  - Try to spend extra time together in family activities to begin replacing fears with pleasant memories.
  - If your child is having problems at school, talk to the teacher so that you can work together to help your child.
- Usually a child's emotional response to a disaster does not last long. Be aware that some problems may not appear immediately or may recur months after the disaster.
- Talking openly with your children will help them to recover more quickly from the loss. If you feel your child may need additional help to recover from the disaster, contact your Community Mental Health Agency.

## APPENDIX 12-5

### PARENT CONSIDERATIONS FOR CHILDREN ATTENDING SERVICES

**Consider your expectation and involvement in the service.** Parents need to understand their own involvement as they decide whether to bring their child to a funeral or memorial service. If a parent is going to be involved in the service, they may want to ask a trusted person to accompany their children.

**Consider what the child wants.** If the child is adamant in not attending, this wish needs to be seriously considered. Generally, children appreciate the opportunity to make their own decisions about attendance. They may not be ready for this type of life experience. ASK a trusted individual to stay with the child during the service and connect with them immediately afterward. Although not physically present at the service, they may have questions or may feel guilty that they could not attend.

**There is no magic age in which attendance at a service is recommended.** The child's personality and developmental issues need to be taken into account.

Explain the ritual of the service they will be attending. Considerations may include:

Length and type of Service

Open casket – if there is a body to view, explain that the deceased is not hurting, hungry or cold.

Cremation – assure the child that the deceased was in no pain during cremation projected emotional responses by those attending

Child's development, temperament, capability to acclimate Child's relation to the deceased

Child's wishes as to whether or not they want to attend. It is not recommended to force a child to attend

Wake, Religious or Memorial Service, Burial Service - consider who may be there or the amount of people in attendance.

Spending time with your child after the service is important as emotions may arise after the fact.

Children are learning from their parent during this process. It is perfectly okay to cry and show emotion.

Be prepared for many questions after the service. These questions and concerns from the child may not come until weeks later as the child begins to work through their grief. Older children may be hesitant to start the conversation. It is recommended to check in often with your child.

If the child does not go they may feel guilty, disappointed in their self, or feeling as if they let the deceased person down. Be prepared to attend to these needs.

If you or your child does not attend the services there may be other opportunities for honoring the deceased individual. The child (and parents) might bake for the family, collect pictures of the deceased or flowers to give to the family, hand craft a card with a special message inside, or assist in a Memorial that is occurring in the community, such as a school based activity, a fund-raiser for a scholarship memorial, or the building of a wildflower garden.

**SELF-CARE SUGGESTIONS**

**Take care of your physical needs**

Hydrate- Drink enough water to increase urination in order to remove adrenaline from your system. Adrenaline dehydrates the body.

Eat well - Increase protein and decrease carbohydrates during times of change. Increase vegetable and fruit intake.

Stay sober - It is recommended that you do not use alcohol or non- prescription drugs during high stress.

Exercise – Do not exercise more than you normally do. If you do not exercise regularly, exercise gently. Plan to make exercise part of your regular routine.

Sleep - Healing takes place during sleep. If there is difficulty falling asleep, consider restful and meditative activities that will assist you in getting to sleep. Try prayer, herbal teas, showers, hot baths, soothing music etc.

**Take care of your emotional needs:**

Get grounded – Sit comfortably and really feel your feet on the floor. Notice your butt in the chair. Observe your heart rate and your breath. Notice what happens as you pay attention to your system.

Talk to friends, family, counselor, or cleric. Do not isolate. Carry a list of friends you care about, who support you no matter what, and who are available to talk at any hour, and vice versa.

Write in your journal. Follow your spiritual practice, if you have one.

Review your personal beliefs about meaning and purpose.

Have fun, laugh. Laughter is a powerful elixir. Many people feel uncomfortable laughing or having any fun when life is feeling chaotic. This discomfort is common; however it is equally normal to find yourself laughing as part of healing and coping.

**Learn to put on your own oxygen mask before helping others with theirs:**

Continue to learn about normal reactions to change.

Remember that you are responsible for your own attitudes and reactions.

Recognize that feeling overwhelmed by change and chaos may signal a need for consultation or support.

Recognize your own warning signs of stress – buddy up and commit to checking in with a partner. It may be difficult to assess your own reactions, especially as your personal trauma history may be triggered.

Manage your work load – take breaks and set yourself manageable goals.

## APPENDIX 12 – 7: SAMPLE MEMOS TO FACULTY

### CONFIDENTIAL FACULTY MEMORANDUM, DEATH OF A STUDENT

To: Faculty and Staff

From: Community Emergency Response Team or Crisis Response Team/XXX Principal Date:

We are all saddened to learn of the death of student A (who died yesterday/this morning, as a result of XXX). This is a loss for the XXX family, our school and the XXX community.

The School Based Behavioral Health Response Team met this morning before school hours/afternoon to plan for the school's response. As we look to the hours and days ahead, we need to keep in the following in mind:

**General** (*pick and choose sentences that fit the situation*)

Any information released to the public will be through the District's Public Information Officer/Superintendent.

No student is to be released without parental permission or unless accompanied by an adult.

Make certain that every student has the "Parent letter" with him/her as s/he leaves school.

We have contacted School B for assistance as we deal with this loss. Guidance Counselors Ms. C, Mr. D. and Mrs. E will be here on/at (day of week/time of day) to help students, parents and staff members. Also, our school psychologist will be here, as well as the social worker from XXX. We have also contacted the Disaster Behavioral Health Response Team for additional assistance.

If you know of students or staff members that may need support during this time, please encourage them to contact one of these counselors. Attached to this memo is a list of behavioral traits that may be cues to an individual having difficulty. If you notice that anyone appears to be in crisis or having difficulty, please notify our own Guidance staff or these additional Guidance Counselors immediately.

If students begin discussing memorials for Student A, please refer them to the administration. Many students did not know Student A and school wide events will not be appropriate for them, nor will permanent structures on the school grounds. It is important to make every effort to maintain as normal an instructional program as possible, since a familiar routine will be a comfort for many.

## **SAMPLE FACULTY LETTER, DEATH OF A STUDENT**

To: Faculty and Staff

From: Community Emergency Response Team or Crisis Response Team/XXX Principal Date:

We are all saddened to learn of the death of student A and Student B who were involved in an automobile accident on River Road in XXX last evening. This is a loss for the XXX families, our school and the XXX community. In your classes first period this morning, I am requesting that you read the following so that the information is shared with all students in the same manner:

Last night, Student A and Student B were involved in an automobile accident on River Road in XXX.

This is a loss for the both the XXX and XXX families, our school and the XXX community. Our condolences (sympathies) go out to their families as they struggle to deal with this tragic event. At the same time, we recognize that the death of someone within our school raises questions and concerns for many people in our school. The loss of two students so young may be difficult to understand. If you wish to speak with someone, please sign out of your class and sign in at the guidance office. Guidance counselors, school psychologists, and social workers are available all day, including after school hours.

Future announcements will be made as more information becomes available about funeral arrangements for both Student A and Student B.

### **Another option:**

Many of you have known Student C as a (funny, vibrant, quiet, athletic, etc.) member of our school community. For those of you close to Student C, you know that for the past several months, s/he has been valiantly battling cancer/heart disease. Early this morning/We have just learned that Student C has died, leaving behind her sister, Student D, and brother Student E.

### **Sample Faculty Letter, Suicide**

To: Faculty and Staff

From: Community Emergency Response Team or Crisis Response Team/XXX Principal Date:

There are many differing values and beliefs about suicide among the students and their families in your classroom. Please keep in mind that your own personal values and beliefs must be subrogated to theirs as you discuss this topic. If you are uncomfortable with this issue, contact your guidance department for assistance.

Use the suggestions provided in the training materials, such as using reflective questions or encouraging the student to discuss the situation with his or her parent/guardian to address sensitive questions.

The family has asked that we share the following information with students about the death of their son/daughter Student A.

“(Yesterday/this morning, etc.) Student A died by suicide. This is a loss for the XXX family, for our school and for the XXX community. Funeral services will be held on XXX at 11:00 a.m. calling hours will be from 4:00 to 6:00 p.m. on XXX. The death of someone within our school raises questions and concerns for many people in our school. If you wish to speak with someone, please sign out of your class and sign in at the guidance office. Guidance counselors, school psychologists, and social workers are available all day, including after school hours

**ADDRESSING PARENTAL CONCERNS**

There are two different groups of parents to be considered: the parents of the deceased or victim and parents of the other children in the school.

**Parents of the Victim**

**It is appropriate for the victim’s parents to be contacted by a representative of the school. The school should express condolences and sympathy in a formal and if possible, face to face manner. Often the school will designate one contact person to interact with the family to verify information and minimize intrusion. Returning the contents of a locker and other possessions is another task that requires attention.**

Parents should be consulted about any planned memorial activity.

The school may also play a role in referring parents to counseling resources and support groups. By directing a parent to such resources, the school sends a positive message of concern and care.

**Parents of Other Students**

The needs of other parents should also be addressed. Parents may be invited to meet with school administrators individually or to a general informational meeting. These meetings should focus on: providing up to date accurate information, prevention measures to be taken by the school, common reactions to critical incidents, suggested coping measures for adults and children and available school and community resources.

School administrators should be careful in planning large group meetings after a particularly sensational death as emotions may be running high and there may be potential for such a meeting to get “out of control” Another option is to divide parents into small group discussions in a classroom setting, sharing a consistent message and information.

The school administration should decide if media presence will be allowed, possibly in consultation with the parents.

**Sample Phone Statement for parents regarding suicide or murder**

In the event of a school suicide or murder, parents should be told prior to the students whenever possible. A telephone chain can be used for the purpose of informing parents before the start of school on the first day of the crisis.

Here is a sample statement that can be modified and read to each parent over the phone:

“Mr. \_\_\_\_\_, the school principal has asked members of the \_\_\_\_\_ to contact all parents to let you know that \_\_\_\_\_, an eighth grade student, died suddenly last evening. The death has officially been ruled as (suicide/homicide) OR no official determination has been made at this time regarding the death although we do know that the death was sudden and unexpected. The school will have a behavioral health response team in place today to help students, parents and faculty deal with this tragedy. You will receive more information from the school as plans develop. We encourage you to share this information with your child before you send him/her to school today. You can be assured that the school will be doing everything it can to help our students deal with this tragic loss. If you would like to talk to someone about this tragedy, please call \_\_\_\_\_ during the school day. “

Staff who makes these calls to parents should understand that they are not to discuss the circumstances of the death (beyond what is already stated in the letter) or address rumors. The point of the call is to simply inform all parents of what has occurred before their children arrive at school. Parents who want more information or seem to need to talk in more detail should be encouraged to call the school later in the day.

Some schools, particularly at the middle and high school level have chosen to send letters home to parents informing them of the school's postvention activities. Some sample letters that can be adapted to a variety of situations are included in the next few pages.

**Sample Phone Statement for parents regarding suspected suicide (only used when the official cause of death has not been determined)**

Here is a sample statement that can be modified and read to each parent over the phone or sent home via letter depending on the circumstances:

“Mr. \_\_\_\_\_, the school principal has asked members of the \_\_\_\_\_ to contact all parents to let you know that \_\_\_\_\_, an eighth grade student, died suddenly last evening. Although we do know the death was sudden and unexpected, no official cause of death has been determined. Authorities are continuing to investigate the death and no foul play is suspected. The school will have a behavioral health response team in place today to help students, parents and faculty deal with this tragedy. You will receive more information from the school as plans develop. We encourage you to share this information with your child before you send him/her to school today. You can be assured that the school will be doing everything it can to help our students deal with this tragic loss. If you would like to talk to someone about this tragedy, please call \_\_\_\_\_ during the school day. “

## **SAMPLE PARENT LETTER REGARDING STUDENT HOMICIDE**

Dear Parent,

A tragedy occurred this past weekend in our community. \_\_\_\_\_, a first grade student at \_\_\_\_\_ School died unexpectedly last night. A local resident has been arrested and charged in this case. Our focus in the schools will be to support those children and faculty who have been affected by this tragedy. We have gathered both our professional staff members and local mental health professionals to assist students and faculty immediately with the availability of individual and group services.

We also need your assistance. Please observe your own child for any signs which indicate the child may need assistance in dealing with this tragedy. Perhaps a change in eating habits, sleeping problems, stomach discomfort, etc. may be some indication that help is needed. If this occurs, please contact your child's principal so that we may offer some counseling/discuss how we can best support your child as soon as possible.

We offer our sincere condolences to the \_\_\_\_\_ family in their time of need. Several other families have been affected by \_\_\_\_\_ death. I suggest that we concentrate our efforts on helping our neighbors cope with their grief. Local religious groups and community agencies are also available to assist those seeking help. A list of phone numbers for these resources is attached to this letter.

Sincerely,

School Administrator

## **SAMPLE PARENT LETTER REGARDING SUDDEN DEATH**

Dear Parents,

Over the weekend, the school experienced the sudden death of one of our students. We are all deeply saddened by this loss.

The school has behavioral health management procedures in place to help your children with their reactions to this tragedy. Our school guidance department and administration have been working closely with counselors from \_\_\_\_\_ to talk with your children and answer their questions.

Your child may have some unresolved feelings that he/she would like to discuss with you. You can help your child by listening carefully, not overreacting, accepting his/her feelings and answering questions honestly according to your beliefs. It is important to let them know their feelings, concerns and reactions are normal and that they will experience a number of emotions over the next few days and weeks

If you have any additional questions or concerns feel free to contact me directly at the school.

Sincerely, Principal



**PARENT CONSIDERATIONS FOR CHILDREN ATTENDING SERVICES**

**Consider your expectation and involvement in the service.** Parents need to understand their own involvement as they decide whether to bring their child to a funeral or memorial service. If a parent is going to be involved in the service, they may want to ask a trusted person to accompany their children.

**Consider what the child wants.** If the child is adamant in not attending, this wish needs to be seriously considered. Generally, children appreciate the opportunity to make their own decisions about attendance. They may not be ready for this type of life experience. Ask a trusted individual to stay with the child during the service and connect with them immediately afterward. Although not physically present at the service, they may have questions or may feel guilty that they could not attend.

**There is no magic age in which attendance at a service is recommended.** The child's personality and developmental issues need to be taken into account.

- Open casket – if there is a body to view, explain that the deceased is not hurting, hungry or cold.
- Cremation – assure the child that the deceased was in no pain during cremation projected emotional responses by those attending.
- Child's development, temperament, capability to acclimate Child's relation to the deceased
- Child's wishes as to whether or not they want to attend. It is not recommended to force a child to attend
- Wake, Religious or Memorial Service, Burial Service - consider who may be there or the amount of people in attendance.
- Spending time with your child after the service is important as emotions may arise after the fact.
- Children are learning from their parent during this process. It is perfectly okay to cry and show emotion.
- Be prepared for many questions after the service. These questions and concerns from the child may not come until weeks later as the child begins to work through their grief. Older children may be hesitant to start the conversation. It is recommended to check in often with your child.
- If the child does not go they may feel guilty, disappointed in their self, or feeling as if they let the deceased person down. Be prepared to attend to these needs.

If you or your child does not attend the services there may be other opportunities for honoring the deceased individual. The child (and parents) might bake for the family, collect pictures of the deceased or flowers to give to the family, hand craft a card with a special message inside, or assist in a Memorial that is occurring in the community, such as a school based activity, a fund-raiser for a scholarship memorial, or the building of a wildflower garden.





**DEPARTMENT OF EDUCATION  
OFFICE OF THE ADMINISTRATOR  
STUDENT SUPPORT SERVICES DIVISION**

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**JON J.P. FERNANDEZ**  
Superintendent of Education

**CHRISTOPHER J. ANDERSON**  
Student Support Services Administrator

**CRISIS RESPONSE/ CRITICAL INCIDENT  
DEBRIEFING REPORT**

DATE: \_\_\_\_\_

TIME STARTED: \_\_\_\_\_

TIME COMPLETED: \_\_\_\_\_

STUDENT(S)/ SPECIFIC SCHOOL/ FAMILY/ORGANIZATION REQUESTING SERVICE: (initials only)

\_\_\_\_\_

LOCATION: \_\_\_\_\_

NUMBER OF INDIVIDUAL(S) DEBRIEFED: \_\_\_\_\_

C.R.T DEBRIEFING(S) (NAME AND TITLE):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COMMENTS: (Any significant information worth noting):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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|  |  |  |  |  |

RECOMMENDATION and/or DISPOSITION:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

**AFTER ACTION REVIEW**

**Event:**

**Identify your role in responding to this incident**

**What services were provided and to whom?**

**What went right? What worked?**

**What may have not worked? What could have been improved?**

**Did the School policies and procedures assist or impede the response and delivery of services?**

**What did you learn from your participation in this event?**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

COLUMBIA-SUICIDE SEVERITY RATING SCALE

| SUICIDE IDEATION DEFINITIONS AND PROMPTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Past month |    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----|
| Ask questions that are bolded and <u>underlined</u> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | YES        | NO |
| <b>Ask Questions 1 and 2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |    |
| <p><b>1) Wish to be Dead:</b><br/>                     Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up.</p> <p><b><u>Have you wished you were dead or wished you could go to sleep and not wake up?</u></b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |    |
| <p><b>2) Suicidal Thoughts:</b><br/>                     General non-specific thoughts of wanting to end one’s life/commit suicide, “I’ve thought about killing myself” without general thoughts of ways to kill oneself/associated methods, intent, or plan.</p> <p><b><u>Have you actually had any thoughts of killing yourself?</u></b></p>                                                                                                                                                                                                                                                                                                                                                                   |            |    |
| <p><b>If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |    |
| <p><b>3) Suicidal Thoughts with Method (without Specific Plan or Intent to Act):</b><br/>                     Person endorses thoughts of suicide and has thought of a least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. “I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it.”</p> <p><b><u>Have you been thinking about how you might kill yourself?</u></b></p>                                                                                                                                                     |            |    |
| <p><b>4) Suicidal Intent (without Specific Plan):</b><br/>                     Active suicidal thoughts of killing oneself and patient reports having <u>some intent to act on such thoughts</u>, as opposed to “I have the thoughts but I definitely will not do anything about them.”</p> <p><b><u>Have you had these thoughts and had some intention of acting on them?</u></b></p>                                                                                                                                                                                                                                                                                                                           |            |    |
| <p><b>5) Suicide Intent with Specific Plan:</b><br/>                     Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out.</p> <p><b><u>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</u></b></p>                                                                                                                                                                                                                                                                                                                                                               |            |    |
| <p><b>6) Suicide Behavior Question:</b></p> <p><b><u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u></b></p> <p>Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn’t swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn’t jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.</p> <p><b>If YES, ask: <u>How long ago did you do any of these?</u></b><br/>                     Over a year ago?      Between three months and a year ago?      * Within the last three months?</p> |            |    |

| SUICIDE IDEATION DEFINITIONS AND PROMPTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Since Last Visit |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----|
| Ask questions that are bold and <u>underlined</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | YES              | NO |
| <b>Ask Questions 1 and 2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |    |
| <b>1) Wish to be Dead:</b><br>Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up.<br><b><u>Have you wished you were dead or wished you could go to sleep and not wake up?</u></b>                                                                                                                                                                                                                                                                                |                  |    |
| <b>2) Suicidal Thoughts:</b><br>General non-specific thoughts of wanting to end one's life/die by suicide, "I've thought about killing myself" without general thoughts of ways to kill oneself/associated methods, intent, or plan.<br><b><u>Have you actually had any thoughts of killing yourself?</u></b>                                                                                                                                                                                                               |                  |    |
| <b>If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6</b>                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  |    |
| <b>3) Suicidal Thoughts with Method (without Specific Plan or Intent to Act):</b><br>Person endorses thoughts of suicide and has thought of a least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it."<br><b><u>Have you been thinking about how you might kill yourself?</u></b> |                  |    |
| <b>4) Suicidal Intent (without Specific Plan):</b><br>Active suicidal thoughts of killing oneself and patient reports having <u>some intent to act on such thoughts</u> , as opposed to "I have the thoughts but I definitely will not do anything about them."<br><b><u>Have you had these thoughts and had some intention of acting on them?</u></b>                                                                                                                                                                      |                  |    |
| <b>5) Suicide Intent with Specific Plan:</b><br>Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out.<br><b><u>Have you started to work out or worked out the details of how to kill yourself and do you intend to carry out this plan?</u></b>                                                                                                                                                                                                        |                  |    |
| <b>6) Suicide Behavior</b><br><b><u>Have you done anything, started to do anything, or prepared to do anything to end your life?</u></b><br><br>Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.                                       |                  |    |

**APPENDIX 12 – 14**

**SUICIDE RISK CHECKLIST**

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

Instructions: Use a checklist and average for final assessment.

Each item carries the same weight.

|                              | Lower Risk                                                       | Medium Risk                                                                                   | High Risk                                                                                                             |
|------------------------------|------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| Score 1                      |                                                                  |                                                                                               |                                                                                                                       |
| 1. Suicide plan              |                                                                  |                                                                                               |                                                                                                                       |
| A. Details                   | Vague                                                            | Some specifics                                                                                | Well thought out; knows when, where, how                                                                              |
| B. Availability of means     | Not available, will have to get                                  | Available, has close by                                                                       | Has in hand                                                                                                           |
| C. Time                      | No specific time or in future                                    | With a few hours                                                                              | Immediately                                                                                                           |
| D. Lethality of method       | Pills, slash wrists                                              | Drugs and alcohol car wreck, carbon monoxide                                                  | Gun, hanging, jumping                                                                                                 |
| E. Chance of intervention    | Others present most of the time                                  | Others available if called upon                                                               | No one nearby; isolated                                                                                               |
| 2. Previous suicide attempts | None or one of low lethality                                     | Multiple of low lethality or one of medium lethality; history of repeated threats             | One of high lethality or multiple or of moderate                                                                      |
| 3. Stress                    | No significant stress                                            | Moderate reaction to loss and environmental changes                                           | Severe reaction to loss or environment change                                                                         |
| 4. Symptoms                  |                                                                  |                                                                                               |                                                                                                                       |
| A. Coping Behavior           | Daily activities continue as usual with little change            | Some daily activities disrupted; disturbance in eating, sleeping, school work                 | Gross disturbances in daily functioning                                                                               |
| B. Depression                | Mild; feels slightly down                                        | Moderate; some moodiness, sadness, irritability, loneliness, and decrease of energy           | Overwhelmed with hopelessness, sadness, and feelings of worthlessness                                                 |
| 5. Resources                 | Help available; significant others concerned and willing to help | Family and friends available but unwilling to help consistently                               | Family and friends not available or hostile, exhausted, injurious                                                     |
| 6. Communication aspects     | Direct expression of feelings and suicidal                       | Interpersonalized suicide goal ("They'll be sorry - I'll show them")                          | Very indirect or nonverbal expression of internalized suicidal goal (guilt, worthlessness)                            |
| 7. Life Style                | Stable relationships, personality, and school performance        | Recent acting-out behavior and substance abuse; acute suicidal behavior in stable personality | Suicidal behavior in unstable personality, emotional disturbance; repeated difficulty with peers, family and teachers |
| 8. Medical status            | No significant medical problems                                  | Acute but short-term or psychosomatic illness                                                 | Chronic debilitating or acute catastrophic illness                                                                    |
| Total                        | Low                                                              | Medium                                                                                        | High                                                                                                                  |

**STUDENT SAFETY PLAN TEMPLATE**

**Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**Step 2: Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique,**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**Step 3: People and social settings that provide distraction:**

- Name \_\_\_\_\_ Phone \_\_\_\_\_
- Name \_\_\_\_\_ Phone \_\_\_\_\_
- 3. Place \_\_\_\_\_
- 4. Place \_\_\_\_\_

**Step 4: People whom I can ask for help:**

- 1. Name \_\_\_\_\_ Phone \_\_\_\_\_
- 2. Name \_\_\_\_\_ Phone \_\_\_\_\_
- 3. Name \_\_\_\_\_ Phone \_\_\_\_\_

**Step 5: Professionals or agencies I can contact during a crisis:**

- Clinician Name \_\_\_\_\_ Phone \_\_\_\_\_
- Clinician Pager or Emergency Contact # \_\_\_\_\_
- Clinician Name \_\_\_\_\_ Phone \_\_\_\_\_
- Clinician Pager or Emergency Contact # \_\_\_\_\_
- Local \_\_\_\_\_ Urgent \_\_\_\_\_ Care \_\_\_\_\_ Services \_\_\_\_\_
- Urgent \_\_\_\_\_ Care \_\_\_\_\_ Services \_\_\_\_\_ Address \_\_\_\_\_
- Urgent Care Services Phone \_\_\_\_\_
- Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

**Step 6: Making the environment safe:**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

The one thing that is most important to me and worth living for is:

\_\_\_\_\_



## **SUICIDE CONSIDERATIONS**

While any sudden traumatic death can have a profound impact on a school community, suicide deaths are more complex and require special considerations than other types of sudden death. These considerations include anticipating the personal and complex nature of grief following a suicide; watching out for suicide pacts, reducing the risk of suicide contagion and insuring responsible reporting and safe messaging. As a result of this, following a suicide death it is important to provide information about warning signs for suicide as well as the National Suicide Prevention Hotline 1.800.273.8255.

Complicated bereavement: Due to the nature of suicide death, friends and family will often be left feeling a range of emotions including guilt, anger, self-blame, regret, and rejection as well as intense grief and shock. They will often replay over and over again in their mind their last interaction with the person and wonder what they could have or should have done differently. Since having known someone who dies by suicide is itself an increased risk factor for suicide, it is important to provide supports to these individuals.

Suicide pacts occur when two or more individuals have an agreement to die by suicide. Following a suicide death or serious attempt it is important to ask close friends if they have any knowledge of a suicide pact.

Locating and monitoring social networking sites can be an important tool in identifying potential suicide pacts as well as who is at increased risk for suicide. While it is not unusual for posts to be heartfelt and emotional posts such as “I miss you and will see you soon” or “I will follow in your path” should be cause for concern and follow up with the individual.,

Though a rare event, research indicates that the suicide death of an individual may influence others who are at risk for suicide to act on their suicidal impulses. Young people are especially prone to contagion. Reducing the risk of contagion is an important consideration when thinking about memorials for an individual who dies by suicide. Permanent plaques or memorials or dedications such as in the high school year book may inadvertently increase the risk of contagion. Research has demonstrated that sensational media reports may contribute to suicide contagion. Therefore it is essential that educators become familiar with safe messaging guidelines as well as the media recommendations for reporting on suicide. Safe messaging guidelines should be followed when crafting any message to faculty, students, community or the media following a suicide death.

If the media are involved, they should be provided with a copy of the media recommendations and encouraged to follow them. The media recommendations (At A Glance: Safe Reporting On Suicide) are available through the suicide prevention resource center. [http://www.sprc.org/library/at\\_a\\_glance.pdf](http://www.sprc.org/library/at_a_glance.pdf)

Schools sometimes come under great pressure from the family to not publicly disclose that the death was a suicide however, it is important to recognize that this wish conflicts with the fact that suicide is a public health issue (as identified by the US Surgeon General) which needs to be addressed in a forthright manner. One of the biggest risk factors for suicide is having known someone who dies by suicide. Schools can help mitigate this risk by being truthful about the suicide death and actively taking steps to reduce risk and promote healing after a suicide death.

The cause and manner of death in NH is a matter of public record and law enforcement, funeral directors, and faith leaders should be consistent in letting families know there is no shame involved in a suicide death and that the manner of death will not be kept secret (working with these groups in advance of a suicide death is a good way to

prevent a family from making this type of request to a school).

Schools that have not been open about the death being a suicide are typically faced with two very unhealthy scenarios. One is that most students know it is a suicide death but the administration/teachers/staff won't acknowledge it or deal with it directly so students deal with it amongst themselves. The second is that rumors (such as drugs, murder/conspiracy etc.) and innuendo replace facts and can spread emotional distress and chaos through the school community. These rumors may be far more impacting and unsettling for the entire student body and much more difficult for school staff to contain than truthfully disclosing that the death is a suicide. As a school administrator your role is to do what is best for the entire school community.

There will be some situations where a sudden death occurs and while suicide may be suspected an official cause of death may not be made for weeks pending results of toxicology reports. School officials should rely exclusively on official determination of death and not speculate as to cause of death when providing information to students or the extended school community. Even without an official cause of death, the school can openly disclose the death, and if given the go ahead from law enforcement, assure the school community that foul play is not suspected. It will still be important to take active steps to reduce risk and promote healing which can and should be done without mentioning the (suspected) cause of death.

### **Safe and Effective Messaging for Suicide Prevention**

This document offers evidence-based recommendations for creating safe and effective messages to raise public awareness that suicide is a serious and preventable public health problem. The following list of “Do’s” and “Don’ts” should be used to assess the appropriateness and safety of message content in suicide awareness campaigns. Recommendations are based upon the best available knowledge about messaging. They apply not only to awareness campaigns, such as those conducted through Public Service Announcements (PSAs), but to most types of educational and training efforts intended for the general public. These recommendations address message content, but not the equally important aspects of planning, developing, testing, and disseminating messages. While engaged in these processes, one should seek to tailor messages to address the specific needs and help-seeking patterns of the target audience. For example, since youth are likely to seek help for emotional problems from the Internet, a public awareness campaign for youth might include Internet-based resources. References for resources that address planning and disseminating messages can be found in SPRC’s Online Library (<http://library.sprc.org/>) under “Awareness and Social Marketing”.

#### **The Do’s—Practices that may be helpful in public awareness campaigns:**

- **Do emphasize help-seeking and provide information on finding help.** When recommending mental health treatment, provide concrete steps for finding help. Inform people that help is available through the National Suicide Prevention Lifeline (1-800-273-TALK [8255]) and through established local service providers and crisis centers.
- **Do emphasize prevention.** Reinforce the fact that there are preventative actions individuals can take if they are having thoughts of suicide or know others who are or might be. Emphasize that suicides are preventable and should be prevented to the extent possible.
- **Do list the warning signs, as well as risk and protective factors of suicide.** Teach people how to tell if they or someone they know may be thinking of harming themselves. Include lists of warning signs, such as those developed through a consensus process led by the American Association of Suicidology (AAS). Messages should also identify protective factors that reduce the likelihood of suicide and risk factors that heighten risk of suicide. Risk and protective factors are listed on pages 35-36 of the *National Strategy for Suicide Prevention*.
  - **Do highlight effective treatments for underlying mental health problems.**

Over 90 percent of those who die by suicide suffer from a significant psychiatric illness, substance abuse disorder or both at the time of their death. The impact of mental illness and substance abuse as risk factors for suicide can be reduced by access to effective treatments and strengthened social support in an understanding community.

**The Don'ts—Practices that may be problematic in public awareness campaigns:**

- **Don't glorify or romanticize suicide or people who have died by suicide.** Vulnerable people, especially young people, may identify with the attention and sympathy garnered by someone who has died by suicide. They should not be held up as role models.
- **Don't normalize suicide by presenting it as a common event.** Although significant numbers of people attempt suicide, it is important not to present the data in a way that makes suicide seem common, normal or acceptable. Most people do not seriously consider suicide an option; therefore, suicidal ideation is not normal. Most individuals, and most youth, who seriously consider suicide do not overtly act on those thoughts, but find more constructive ways to resolve them. Presenting suicide as common may unintentionally remove a protective bias against suicide in a community.
- **Don't present suicide as an inexplicable act or explain it as a result of stress only.** Presenting suicide as the inexplicable act of an otherwise healthy or high-achieving person may encourage identification with the victim. Additionally, it misses the opportunity to inform audiences of both the complexity and preventability of suicide. The same applies to any explanation of suicide as the understandable response to an individual's stressful situation or to an individual's membership in a group encountering discrimination. Oversimplification of suicide in any of these ways can mislead people to believe that it is a normal response to fairly common life circumstances.
- **Don't focus on personal details of people who have died by suicide.** Vulnerable individuals may identify with the personal details of someone who died by suicide, leading them to consider ending their lives in the same way.
- **Don't present overly detailed descriptions of suicide victims or methods of suicide. Research shows that pictures or detailed descriptions of how or where a person died by suicide can be a factor in vulnerable individuals imitating the act. Clinicians believe the danger is even greater if there is a detailed description of the method.**

**Acknowledgment:**

**Suicide Prevention Resource Center, [www.sprc.org](http://www.sprc.org), 877-GET-SPRC (877-438-7772) Education Development Center, Inc. 55 Chapel Street, Newton, MA 02458-1060**

**COMMUNITY EMERGENCY RESPONSE TEAM (C.E.R.T) OR CRISIS RESPONSE TEAM (CRT)**

Community Emergency Response Team (C.E.R.T) or Crisis Response Team (CRT) are regionally based teams comprised of school counselors, school health counselors, and social workers. The external behavioral health Response Team include Guam Behavioral Health and Wellness Center staff, psychologists, social workers, employee assistance professionals, pastoral counselors, marriage and family counselors, substance abuse providers, school counselors and many other behavioral health providers.

(CERT) or CRT members have various areas of expertise including critical incident stress management, psychological first aid, trauma, family support, victim advocacy and experience working with special populations such as children and those with cultural needs. DBHRT can be deployed to a variety of community settings including schools.

(CERT) or CRT can provide the following services: consultation, critical incident needs assessment, behavioral health support to schools during a critical incident, outreach, community education, crisis intervention, critical incident stress management, psychological first aid, screening and referral to community resources.

**HELPFUL WEBSITES**

1. <http://www.mentalhealth.samhsa.gov/dtac>, SAMHSA Disaster Technical Assistance Center.
2. <http://www.mentalhealth.org/child/childhealth.asp>, SAMHSA, Child and Adolescent Mental Health issues.
3. [www.mentalhealth.org/publications/allpubs/KEN-01-0093/](http://www.mentalhealth.org/publications/allpubs/KEN-01-0093/), SAMHSA, *Tips for Talking to Children after a Disaster: A Guide for Parents and Teachers*.
4. [www.mentalhealth.samhsa.gov/cmhs/ChildrenAnxiety/](http://www.mentalhealth.samhsa.gov/cmhs/ChildrenAnxiety/), A copy of *Managing Anxiety in Times of Crisis*.
5. [www.naminh.org](http://www.naminh.org), NAMI New Hampshire, The National Alliance on Mental Illness.
6. [www.NCTSN.net](http://www.NCTSN.net), National Child Traumatic Stress Network.
7. <http://helping.apa.org/>, American Psychological Association Help Center.
8. [www.childgrief.org](http://www.childgrief.org), Child Grief Education Association.
9. [www.nmha.org/reassurance/childcoping.cfm](http://www.nmha.org/reassurance/childcoping.cfm), Mental Health America, *Helping Children cope with Loss Resulting from War or Terrorism*.
10. [www.nmha.org/reassurance/children.cfm](http://www.nmha.org/reassurance/children.cfm), Mental Health America, *Helping Children Handle Disaster-Related Anxiety*.
11. [www.parentingpress.com/violence/10tips.html](http://www.parentingpress.com/violence/10tips.html), Parenting Press, *10 Tips To Help your Kids Deal with Violence*.
12. [www.ed.gov/emergencyplan](http://www.ed.gov/emergencyplan), U.S. Dept. of Education.
13. [www.fema.gov/kids/teacher.htm](http://www.fema.gov/kids/teacher.htm), Resources for Parents and Teachers, Includes Disaster Resources, Terrorism-Related Resources.
14. [www.schoolsecurity.org](http://www.schoolsecurity.org), National School Safety and Security Services.
15. [www.naspweb.org](http://www.naspweb.org), National Association of School Psychologists.
16. <http://www.focusproject.org>, The FOCUS Project (Families Over Coming Under Stress).
17. [www.operationmilitarykids.org](http://www.operationmilitarykids.org), Operation Military Kids, the U.S. Army's collaborative effort with America's communities to support the children and youth impacted by deployment.
18. [www.sptsnj.org](http://www.sptsnj.org), Society for the Prevention of Teen Suicide.





Student Procedural  
Assistance Manual

# CHAPTER THIRTEEN

## RESPONDING TO CHALLENGING BEHAVIORS



STANDARD OPERATING PROCEDURES  
GUAM DEPARTMENT OF EDUCATION

## **CHAPTER 13**

### **RESPONDING TO CHALLENGING BEHAVIOR**

#### **INTRODUCTION**

When concerns arise about a student's behavior, or when a student is displaying chronic patterns of challenging behavior, a more targeted response will be required that may include both support measures and disciplinary measures. Successful interventions are underpinned by strong staff-student relationships as they require an understanding of the underlying factors influencing behavior and triggers for its occurrence. So, while issuing a detention might be an appropriate response to a student who is being highly disruptive in a class, the teacher or appropriate staff member should also seek to identify the reasons and triggers for that student's behavior and address them to help reduce the likelihood of future problems.

The disciplinary measures that may be implemented for incidents of challenging behavior will depend on the nature and severity of the incident. For more information on disciplinary measures including processes for suspension and expulsion. Refer to Guam Education Board Policy 405 and/or SOP 1200-018: Student Conduct Procedural Manual for disciplinary process. Any decisions made in relation to addressing challenging behaviors should be clearly documented and discussed with the student's parent or guardian.

#### **A STAGED RESPONSE**

Where students repeatedly demonstrate challenging behavior, schools should implement more structured intervention strategies as part of a staged response to address the behavior. Intervention strategies that should be implemented include:

1. Assessing the behavior, focusing on its influences, triggers and function (i.e. what purpose it serves). This should involve observation and talking with the student, their family and relevant wellbeing professionals.
2. Developing a Behavior Support Plan and/or Individual Education Plan.
3. Considering if any environmental changes need to be made, for example changing the classroom set up.
4. Explicit teaching of replacement behaviors (recognize students will need time to practice these before they become habit).
5. Engaging appropriate support services, such as Student Welfare Coordinator, Student Support Services or community agencies to undertake assessments and/or provide specialist support.
6. Establishing a student support group to establish the student's needs and supports required.
7. Implementing appropriate disciplinary measures that are proportionate to problem behaviors.
8. Considering alternative learning or behavior management options such as Student Development Centers or re-engagement programs.
9. Schools should implement and document their responses to incidents of challenging behavior.

#### **A. How To Determine The Appropriate Response**

In determining the most appropriate response to challenging behavior, it helps to consider the following questions:

1. How serious was the behavior of the student?
2. How frequently is this type of behavior being exhibited?
3. What are the educational needs of the student?
4. Does the student have a disability or additional learning need?
5. What is the age and development stage of the student?



6. What are the residential and social circumstances of the student?
7. What is the student's learning style and how does this match with the teaching approaches used?
8. Will the proposed strategy produce the desired outcome for both the student and the school?

**B. Whose Role Is It To Respond To Challenging Behavior?**

Teachers are the school staff members who spend the most time with students, therefore responses (both support and discipline) should always involve the classroom teacher. Where there are ongoing behavior issues, teachers should work with school leadership and/or school-based wellbeing staff to engage specialist support for the student. The Department offers a blended professional learning program on managing challenging behavior that aims to enhance teachers' understanding of the factors influencing behavior and their skills in promoting positive behavior and responding to challenging behavior.

**C. Record Keeping**

1. Schools should keep detailed records of instances of challenging behavior and behavior management responses as reported by students, teachers, non-school based staff and the school community.
2. Records of behavioral incidents should focus on the facts of a situation and not include vague or unsubstantiated claims or value judgements.
3. Good record keeping practice serves a number of purposes including:
  - a. allowing staff to monitor the behavior and wellbeing of individual students
  - b. ensuring that student behavior is being responded to in a consistent and staged manner
  - c. monitoring the effectiveness of strategies used
4. Schools are required to record suspension and expulsion in all incidents.

**D. Emergencies And Critical Incidents**

In the event of an incident threatening life or property, schools must contact emergency services by calling **911**. Schools must also immediately report to Guam Police Department any incident posing a:

1. risk to the safety of a student, parent, visitor or staff member including:
  - a. serious injury or death
  - b. allegations of or actual physical or sexual assault
2. threat to property or the environment.

*For more information on responding to and reporting emergencies and critical incidents, see SOP 1300-002: Emergency Response Plan.*

*For specific information on responding to allegations of student sexual assault, refer to Guam Education Board Policy 409 and/or SOP 1200-018: Student Conduct Procedural Manual.*

**E. Managing Extreme Behaviors**

The Department offers a professional learning program for school leadership teams, teachers and education support officers working with students displaying extreme and challenging behavior associated with a disability.

**F. Responding To Violent And Dangerous Student Behaviors Of Concern**

Occasionally, students may behave in a way that threatens the safety of themselves or others. Incidents involving violent or dangerous behavior can cause distress for the students involved or witnessing the incident, their parents and staff members.

This guidance below provide assistance to school and should be used in conjunction with SOP 1200-018 Student Conduct Procedural Manual to prevent the occurrence of violent and dangerous student behaviors of concern and how to respond should they occur.

1. Role of the Principal
  - a. assess how the Department collects and reports on data;
  - b. advise on the need for professional learning and training;
  - c. provide reports summarizing data and advice, including recommendations for how the Department and schools could improve approaches to challenging behaviors.
2. Examples of violent or dangerous behaviors of concern include but are not limited to:
  - a. self-injuring behavior, such as hitting/kicking walls, head-banging
  - b. attacking other students or staff, including hitting, biting, kicking, hair pulling
  - c. throwing furniture or other objects at students and staff
  - d. a verbal threat of harm which you believe a student will immediately enact
  - e. running onto a road or near some other hazard.
3. Incidents of violent or dangerous behavior may occur following a period of escalating behavior or may occur without any notice. In some cases such behavior may be associated with a student's disability.
4. Guiding Principles
  - a. Student Participation
  - b. Guiding Principles
  - c. All students and staff have the right to feel safe and supported in their school environment.
  - d. Behavioral interventions used in schools should emphasize prevention and supporting the development of positive behavior.
  - e. Staff working with students with violent or dangerous behaviors of concern should be supported to implement prevention and de-escalation strategies, and, where necessary, undertake training in the safe environment of physical interventions.
  - f. Physical interventions are not to be used to discipline a student.
  - g. School staff owe a duty of care to all of the students under their care. Professional judgment is required to balance the care requirements of all students at any given time.
5. Interventions to prevent, de-escalate and respond to violent and dangerous student behaviors of concern can be broken into four categories:



### **PREVENTION AND EARLY INTERVENTION**

Behavioral strategies in schools should always have a focus on promoting positive behavior, addressing underlying issues and intervening early to prevent foreseeable behavioral problems and maximize a student's positive engagement with school. Below are key steps that schools should take to ensure that they are intervening early and utilizing evidence-based strategies.

Upon identification that a student has or is at risk of behavioral problems a school should undertake the following:

1. Assess student need and risk

It is important that schools are aware of the educational and behavioral needs of all students, especially those likely to exhibit violent and dangerous behaviors. Schools should seek all relevant information about a student's education and behavioral needs upon enrollment. This information can be gathered from the student, their parent/care giver, school staff and a previous school to identify any behavioral issues and support needs.

2. Seek additional information about the student

Where appropriate, and with the permission of the student/parent/care giver, contact could be made with relevant health, community and/or statutory services that are providing support to the student and/or their family, to ensure that school strategies are informed by comprehensive information about the student and are aligned with what other services are doing. Ensure a consent to release information is obtain.

3. Conduct a Functional Behavior Assessment (FBA)

These assessments provide a systematic way to understand why behaviors are occurring, their triggers and antecedents, and the strategies that may be useful in addressing these. FBAs may involve a range of approaches based upon the student's individual needs, presentation and context.

4. Consider eligibility for Program for Students with Disabilities

The Program for Students with Disabilities provides supplementary resources to schools to support the education of students with disabilities with moderate to severe needs.

5. Develop a Behavior Management Plan

A Behavior Management Plan (BMP) is a school-based document designed to assist individual students. BSPs can be developed for a range of students, including students who have experienced harm, are at risk of harm, or have caused harm to others, been diagnosed with behavior disorders and students who require additional assistance because they display difficult, challenging or disruptive behaviors to include Collaborative Problem Solving Skills.

6. Consider Modifications To Routines Or Learning Environment

The learning environment can play a significant role in maintaining positive behaviors and escalating or de-escalating violent and dangerous behaviors of concern. Modifying classroom routines, placement of particular students and positioning of furniture in the room may increase engagement and reduce the likelihood of some behaviors.

a. Make reasonable adjustments for students with disabilities

There is a legal requirement for schools to make reasonable adjustments for students with disabilities to enable them to participate in their education on the same basis as their peers. Examples of reasonable adjustments will depend on the needs of the individual student but could include modifications to the curriculum, additional support or changes to the student's routine or timetable.

b. The risk of violent and dangerous behaviors of concern can often be minimized by actions taken immediately before or as a behavior begins to escalate. Therefore it is important for teachers to strive to identify a student's triggers and early signs of escalation so they know when and how to act.

## DE-ESCALATION

A. If a student is becoming agitated, but their behavior is not placing them or others at imminent risk of harm, teachers should employ de-escalation tactics to prevent behaviors from escalating.

B. Some recognized de-escalation strategies include:

1. acknowledging the student's anger/distress
  2. using a calm tone of voice and clear, direct language or student's preferred method of communication (focusing on the behaviors you want them to display rather than the ones you don't)
  3. adopting a non-threatening body stance and body language
  4. allowing adequate personal space
  5. using non-verbal cues
  6. distracting the student from the source of their anger or distress by discussing another topic of their interest
  7. providing options (within limits) to help the student feel they are still in control of their decisions.
- C. For students with a pattern of behavior escalation, effective de-escalation techniques should be detailed in a **Behavior Support Plan**. Teachers and other staff who are likely to be in close contact with that student should be familiar with the strategies outlined in the plan. Including parents/care givers in this planning process is important as the use of consistent de-escalation strategies across both school and home environments will help to make sure these strategies are effective and do not cause confusion for the student.
- D. When attempting to de-escalate a student's behavior, staff members should observe whether the student's agitation is lowering or if the behavior is continuing to escalate. If it appears the behavior is escalating to the point that it is placing the student or others at imminent risk of harm, the staff member present will need to move from a de-escalation approach to incident intervention.

## INCIDENT INTERVENTION

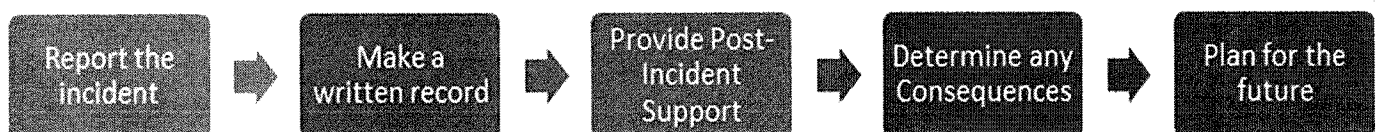
Occasionally a student's behavior may reach the point where their behavior threatens the safety of themselves or others. This may occur following a period of escalating behavior, when de-escalation techniques have been employed but have not been effective. In either scenario, the actions of school staff should focus on protecting the safety of all students (including the student behaving dangerously), themselves and other staff. Where possible, staff members should:

1. Seek help from school leadership and other staff members to manage the incident.
2. Move all other students in the vicinity to a safe distance away from the student behaving dangerously.
3. Remove objects that may be used to cause harm from the vicinity of the student, if safe do so
4. Follow emergency response procedures set out in the school's Emergency Management Plan, including calling emergency services on 911 if necessary.

## RESPONSE AND RECOVERY

During or immediately following an incident involving restraint or seclusion, a staff member present should:

1. Administer first aid as appropriate to any student or staff member who has been injured by having the school health counselor assess and take appropriate measures based on the clinical recommendations of the school health counselor.
2. Contact emergency services if required
3. Once calm has been restored, the following steps should be taken as soon as practical:



## A. Report The Incident

Every instance of restraint or seclusion in schools must be reported to the School Administrator. Any incident involving harm or risk of harm to a staff member must also be reported to School Administrator.

### 1. Work Safe

A staff member must also notify the student's parents of the incident on the day it occurs, as soon as possible after the event.

## B. Make A Written Record

It is important that there is a detailed written record kept at school level of any incident where a student has been physically intervention and/or where a student or staff member is harmed. This may be useful for planning to prevent future incidents and if there is a complaint.

1. Written records should be given to the school Administrator in the incident report. The record should be made as soon as possible after the incident and include:

- a. the name of the student/s and staff member/s involved
- b. date, time and location of the incident
- c. what exactly happened (a brief factual account)
- d. any action taken to de-escalate the situation
- e. why physical intervention was used (if applicable)
- f. the nature of any physical intervention used
- g. how long the physical intervention lasted
- h. names of witnesses (staff and other students)
- i. the student's response and the outcome of the incident
- j. any injuries or damage to property
- k. immediate post incident actions, such as first aid or contact with emergency services
- l. details of contact with the student's parent/care giver
- m. details of any post-incident support provided or organized

## C. Provide Post-Incident Support

Incidents involving violent or dangerous behaviors of concern may cause distress to the students and staff involved or present. Depending on the nature of the incident schools should consider what support needs to be offered – this could involve teachers reassuring students that they are safe or engaging Student Support Services or other specialists to provide counseling and help restore wellbeing. Parents and care givers should be notified of any support services being offered to their child. Incidents involving violent and dangerous behaviors of concern can be distressing so all school staff members are encouraged to contact the Student Support Services for counseling support following an incident. School leadership may decide on a case by case basis if any additional support is to be provided for staff at the school level.

### 1. Concerns about the safety and wellbeing of children and young people

Where a teacher or other mandatory reporter forms a belief on reasonable grounds that a student is in need of protection from physical injury or sexual abuse, they must report their concerns to Child Protection Services.

### 2. School Wide Positive Behavior Support

School-Wide Positive Behavior Support (SW-PBS) is an evidence-based framework for establishing safe, purposeful and inclusive school and classroom learning environments. SW-PBS promotes the use of data to tailor whole school strategies and individual interventions to support all students reach their academic and social potential.

### 3. Training in the use of physical interventions

Effective training will help staff to reduce the need for physical intervention, and to minimize the risks associated with its use. The type and extent of training needed will depend upon the school context, the nature of behaviors students present and the skills, experience and responsibilities of staff. When

selecting a training program schools should look for providers who demonstrate a clear understanding of the Department's guidance and include in their program:

- a. prevention and early intervention strategies for managing behaviors of concern and reducing the need for physical interventions
  - b. an emphasis on avoiding physical interventions wherever possible
  - c. a focus on ensuring the health and safety of students and staff at all times
  - d. strategies for de-escalation of situations involving aggressive or violent behavior
  - e. training in risk assessment
  - f. information on potential risks to staff and/or students associated with physical intervention/restraint
  - g. real life scenarios relevant to the school environment and particular behaviors school staff are dealing with
  - h. ample time for participants to practice techniques taught.
4. Record Keeping

When schools access physical intervention or other behavior management training for their staff, they should keep a record of:

- a. which staff members have attended training
- b. the type of training delivered
- c. the date when the training was attended
- d. any certificates that were awarded
- e. dates for renewal of training (annual training or refresher courses are recommended for those staff who work with students who can be violent, dangerous or aggressive).

## **MEDICATION**

Some students may be prescribed medication by a medical practitioner for certain behaviors. Any administration of medication to students by School Health Counselor prescribed by a physician.

## **NON-SUICIDAL SELF-INJURY IN SCHOOLS (Adapted from Cornell Research Program):**

Protocols are useful in guiding school personnel responses to situations that many find uncomfortable or unable to manage. Additionally, they provide a means of assuring that a school's legal responsibilities and liabilities are addressed even in situations where personnel may not have this as their primary concern. In his discussion of self-injury protocols, Walsh (2006) explains that "the advantage of having a written protocol is that staff know how to respond to self-injury systematically and strategically." It is essential to note that although a self-injury protocol may be similar to one used to manage suicide-related behavior, it is not the same. The two types of protocols may, however, share common elements and suicide-related protocols are often a good starting point for development of non-suicidal self-injury protocols.

Non-suicidal self-injury (NSSI) is defined as the deliberate, self-inflicted destruction of body tissue without suicidal intent and for purposes not socially sanctioned.

Research suggests that not all self-injury is equally severe. One study documented 3 self-injury classes:

1. Superficial
  - a. Low lifetime frequency (fewer than 11 episodes of self-injury)
  - b. Use forms capable of resulting in largely superficial tissue damage (e.g., scratching or wound interference)
  - c. Tend to use relatively few forms of self-injury behaviors
  - d. This is the least severe level of lethality, however, people falling in this class might be at an increased risk for suicidal ideation compared to students who do not self-injure

- a. Low lifetime frequency of self-injury (fewer than 11 episodes of self-injury)
- b. Use forms capable of resulting in light tissue damage (e.g., small punctures and bruising)
- c. Tend to use several forms over time (most serious form used results in light tissue damage)
- d. Members of this class are at a higher risk for suicidality, a history of trauma, and disordered eating in comparison to the superficial class and those who do not self-injure

### 3. Chronic/High severity

- a. High lifetime frequency of self-injury (greater than 11 incidents)
- b. Use forms capable of resulting in high tissue damage (e.g., cutting, ingesting caustic substances, bone breaking, etc.)
- c. Tend to use several forms over time (most serious form used results in high tissue damage)
- d. Members of this class are at the highest risk for suicidality, a history of trauma, and disordered eating in comparison to other self-injury classes and non-self-injurers.
- e. Members of this group are most likely to fulfill the classic “cutter” stereotype (e.g., they have self-injury routines, report some degree of perceived dependence on self-injury, report hurting themselves more than intended, and report life interference as a result of their self-injury)

### A. What is included in the school protocol?

A functional school protocol for addressing self-injury should include steps for the following processes:

1. Identifying self-injury
2. Assessing self-injury
3. Designating individuals to serve as the point person or people at the school for managing self-injury cases and next steps
4. Determining under what circumstances parents should be contacted
5. Managing active student self-injury (with self-injurious student, peers, parents, and external referrals)
6. Determining when and how to issue an outside referral
7. Identifying external referral sources and contact information
8. Educating staff and students about self-injury

### B. What is the first step?

Responsibility for developing a self-injury protocol most often resides with School Behavioral Health Clinical Team or the Community Emergency Response Team (C.E.R.T.), or Crisis Response Team (CRT) that consist of school counselors, school health counselors, school social workers, psychologists, administrators and/or teachers who are best positioned to address issues related to detecting and managing self-injurious students.

1. School Based Behavioral Health Clinical Team are a group of Licensed Clinical Providers and Interns specializing in behavioral health issues. This team consist of school-level counselors that are responsible for:
  - a. Responding to any disclosures of self-injury and providing consultation with counselors as well as with students that exhibit these types of behaviors. They also serve as a resource for faculty or staff who may suspect a student is injuring but do not know for sure.
  - b. Making contact with the student and directing him or her to the school health counselor an assessment and care of wounds.
  - c. Assuring that self-injurious student is assessed for suicidality at the point of identification and later as indicated by symptom changes.
  - d. Acting as liaison between the student, parents, affected faculty/staff and peers, and

outside referral agents associated with the student as a result of the disclosure.

- e. Establishing a productive and supportive relationship with self-injurious student or finding someone else who can be in this role.

### C. Identifying self-injury

There are several means through which a school staff person might discover that a student is self-injuring. A student could self-disclose that he or she is self-injuring. Or, a peer might notify a staff member of another student's self-injurious behavior. In other cases, a teacher, counselor or staff member might first notice signs and symptoms suggesting that a student is self-injuring. Signs and symptoms of self-injury are sometimes absent or easy to miss. Arms, hands, and forearms opposite the dominant hand are common areas for injury and often bear the tell-tale signs of self-injury history (e.g., a right-handed person will often injure his/her left arm). However, evidence of self-injurious acts can and do appear anywhere on the body. Other signs include:

1. Inappropriate dress for season (consistently wearing long sleeves or pants in warm weather);
2. Constant use of wrist bands/coverings, unwillingness to participate in events/activities which require less body coverage (such as swimming or gym class);
3. Frequent bandages, odd/unexplainable paraphernalia (e.g., razor blades or other implements which could be used to cut or pound);
4. Heightened signs of depression or anxiety; or
5. Unexplained burns, cuts, scars, or other clusters of similar markings on the skin
  - a. It is not uncommon for individuals who self-injure to offer stories which seem implausible or which may explain one, but not all, physical indicators such as "It happened while I was playing with my kitten." If the individual says that he or she is not self-injuring or evades the question, do not push – it is important to respect someone's right to privacy. You can, however, keep the door open, by saying, "Okay, well if you ever want to talk about anything, I am available." Stay connected and look for other opportunities to ask – particularly if there is continuing evidence that your suspicion is correct.

### D. What should happen once we know or suspect a student is self-injuring?

If a staff member learns or suspects that a student is self-injuring, he or she should contact the designated crisis team or point person specifically trained to deal with self-injury. In some cases, someone other than the point person or crisis team member will be faced with responding directly to a self-injury disclosure or incident. Regardless of the individual, it is critical that the first response to self-injury disclosure be emotionally calm, kind, and non-judgmental (see the use of "I statements" below). It is also important that first responders be honest with the student about the school protocol requiring them to share their knowledge of self-injury with the designated point person. They should assure the student, however, that although it is likely that the designated point person will be in touch with the student, all information shared about the student's self-injury is strictly confidential. In schools with protocols which include the self-injurious student as a collaborator in deciding a course of action once self-injury is disclosed, students will also benefit from knowing that they will have a say in what happens after the designated point person is notified.

### E. Assessing self-injury

Assessment of student must be assessed by the School Health Counselor for medical clearance then the clinical assessment will be conducted by the School Counselor and must consult with District Psychologist or a Licensed Clinical Provider for the disposition/recommendations. Unless the student is in obvious emotional crisis, kind and calm attention to assuring that all physical wounds are treated should precede



additional conversation with the student about the non-physical aspects of self-injury. The wound severity, implements used, location of the injury and observed number of scars from old wounds can all be noted during treatment and discussed with the designated School Behavioral Health Clinical Team when triaging next steps.

1. Asking straightforward medically-focused questions at this stage may also be appropriate if student is calm and willing to share. Questions of value in assessing severity and next steps include:
  - a. Where on your body do you typically injure?
  - b. What do you typically use to injure?
  - c. What do you do to care for the wounds?
  - d. Have you ever hurt yourself more severely than intended?
  - e. Have your wounds ever become infected?
  - f. Have you ever seen a doctor because you were worried about a wound?
2. In addition to informing the School Health Counselor about the student's capacity for self-care, responses to these questions will be useful to the designated school counselors or the School Based Behavioral Health Clinical Team (SBBHCT) when assessing next steps related to parental notification and involvement, school responses and management, and engagement of external referral sources.

F. Should a suicide assessment be conducted?

Some students who self-injure may also be suicidal, either during the period in which they are injuring or later in their development. While it is uncommon for actively self-injurious students to be suicidal, suicide assessment is warranted – particularly if there is any reason to believe that the student might be actively suicidal.

In this case, suicide assessment should occur immediately and, if suicidality is detected, suicide protocols should be followed from this point forward by referring to Chapter 12 Suicidality. Note that while a self-injurious student may not be or have ever been suicidal at the point at which self-injury was detected, the behavior does serve as a warning sign for some students that suicide may become an option later, especially if the distress underlying self-injury is not adequately addressed.

G. What to do after the assessment?

Ideally, someone from the School Based Behavioral Health Clinical Team (**Licensed Clinical Provider**) will have the opportunity to talk to the self-injurious student immediately following the physical assessment or soon after. In general, response to self-injury, like many student behaviors at school, is heavily context-dependent. Immediate responses to students should be honest and respectful. Collecting basic information about a student's self-injury practices and history will be important in determining the need for parental involvement and engagement of outside resources.

Overall, questions should aim to assess a) history, b) frequency, c) types of methods used, d) triggers, e) psychological purpose, f) disclosure, g) help seeking and support, and h) past history and current presence of suicidal ideation and/or behaviors. Decisions about next steps can be made based on the outcome of this assessment. In general, students are likely to fall into one of two risk categories:

1. Low risk students

Students with little history of self-injury, a generally manageable amount of external stress, at least some positive coping skills, and some external support are those most likely to be easily managed. Parents may or may not need to be notified in this case depending on the point person's confidence

that self-injury is transient and not severe enough to cause unintended injury (see the following section, "Engaging parents," for more information). In these cases, it is important to work with the student to come up with strategies for handling stress and for checking in with the point person or another on-site trusted adult during times where they began to feel like they may be at risk for self-injury or other unhealthy behaviors. Monitoring student behavior through observation, teacher reports, and periodic check-ins is also warranted for a brief time following a self-injury event.

## 2. Higher risk students

Students with more complicated profiles – those who report frequent or long-standing self-injury practices, who use high lethality methods, and/or who are experiencing chronic internal and external stress with few positive supports or coping skills – are likely to require more aggressive intervention and management. Unless there exists a high likelihood that it will pose an additional risk to the student, parental involvement will likely be indicated in these cases. It is important to note that students should be engaged as active participants in each step – even in cases where the next obvious step elicits resistance. Unless the student is in severe crisis and unable to function (in which case parents need to be contacted immediately) the decision to make parental contact should be discussed honestly and respectfully with the student.

## 3. Engaging Parents

Ideally, the student should be encouraged to call his or her parents to talk about what occurred. The point person should also talk to the parent about the need for a meeting to talk about next steps. The meeting should include the student, parents, and the point person or crisis team and should be scheduled as soon after the event as possible. In the event that a student is reluctant to contact his or her parents, the crisis team must take responsibility and alert parents that their child might be in danger of harming him or herself in the future.

- a. It is also recommended that the team provide parents with both community and web-based resources for understanding and effectively addressing self-injury. Another important goal of the meeting is for the crisis team, parents and student to discuss how to create and maintain a supportive, appropriate environment for the student. Helping parents understand the difference between constructive and unhelpful responses to self-injury and related issues will be very important when it is obvious that parent-child dynamics may be contributing to the behavior.
- b. Finally, the point person/crisis team should urge the parents to seek outside counseling and support for their child. Alerting parents to the fact that family therapy can be helpful in situations like these may also be appropriate and help to prime parents for more active engagement in their child's recovery. Having local mental health resources on hand is very helpful and offering to assist in setting up initial appointments can provide an important aid to families in need. Scheduling a follow-up meeting with parents and student before leaving the initial meeting is also useful. This typically occurs 1-2 weeks and no later than 1 month after the school detects a self-injury incident.

## 4. What are the legal Issues surrounding parent notification and self-injury?

When the situation is deemed by the point person to require additional intervention, the point person should contact the student's parents or guardians. The American School Counselor Association requires confidentiality between students and counselors except in event that the student is at risk for harm. The literature surrounding self-injury suggests that elementary or secondary school staff should inform parents about their child's self-injuring behavior even if it is deemed that the child is not an immediate threat to himself or herself. In making this decision, the point person should account for all factors surrounding the student's situation, not just the severity of the injury. The student should be advised in advance of this and allowed to be present

severity of the injury. The student should be advised in advance of this and allowed to be present during the conversation.

It is the legal responsibility of the school to notify parents of their child's self-injury. If a parent of a student who is self-injuring does not make any effort to seek outside counseling or help for their child, their behavior may be seen as neglectful. The school does have the responsibility to report parental neglect to the local child protection agency.

5. What may parents be asked to do?

The purpose of involving parents is to ensure that the student will receive care and so that outside referrals to services can be made. Depending on the circumstances, the parent may be asked to:

- a. Initiate outpatient counseling for the child and/or family
- b. Agree to having the child receive enhanced academic and/or counseling supports within the school itself
- c. Provide releases of information to the school so that the crisis team/point person may communicate with any outside professionals who are assisting the student

6. How might parents react and what kind of support can be provided?

Counselors should expect to see a wide range of reactions from parents. Some parents will respond quickly and favorably, but others may need more time and help in coping with their own thoughts and feelings. What if parents feel guilty? Parents may think that their child is self-injuring because of something that they did or did not do as a parent. If the parent seems to be struggling with guilt or frustration, it may be helpful to remind them that they can also get counseling for themselves during this difficult time. What if parents are dismissive about a student's problem? The school's role is to encourage the parents to be more responsive to their child's needs.

a. What if parents are enraged about a student's problem?

The school's role is to encourage the parents to try and understand what their child might be going through, recognize that their child is suffering, and approach their child from a nonjudgmental stance.

b. How should we deal with parents that have extreme reactions?

The school's job is to gently suggest that the parents seek outside counseling for dealing with their adolescent.

c. How can we encourage collaboration?

Schools must encourage parents and students to use teachers and staff as resources.

d. What if the parents are absent, lack the financial capital to seek outside help or are unable to act as a resource and advocate for their child?

The school must take initiative and act as an advocate for the student. Here, the crisis team may seek outside resources for the child.

e. The School Based Behavioral Clinical Team may seek solutions to financial barriers preventing the student or family from seeking help. While it is important to validate parent's reactions, certain parental attitudes towards self-injury can promote, trigger or maintain the behavior.

H. Identifying External Referrals

1. Referral to Guam Behavioral Health and Wellness Center
2. Provide list of local providers/ therapist.

I. Social Contagion

1. What is social contagion? How can we identify a social contagion problem in our school?

Social contagion refers to the way in which a behavior such as self-injury can spread among members of a group. Social contagion is a possibility any time that other students become aware that someone among them is injuring. Research suggest that certain behaviors are susceptible to social contagion both because of their power to communicate as well as the provocative nature of their stigma. Sometimes, behaviors can be unintentionally reinforced by people outside of the group, including adults.

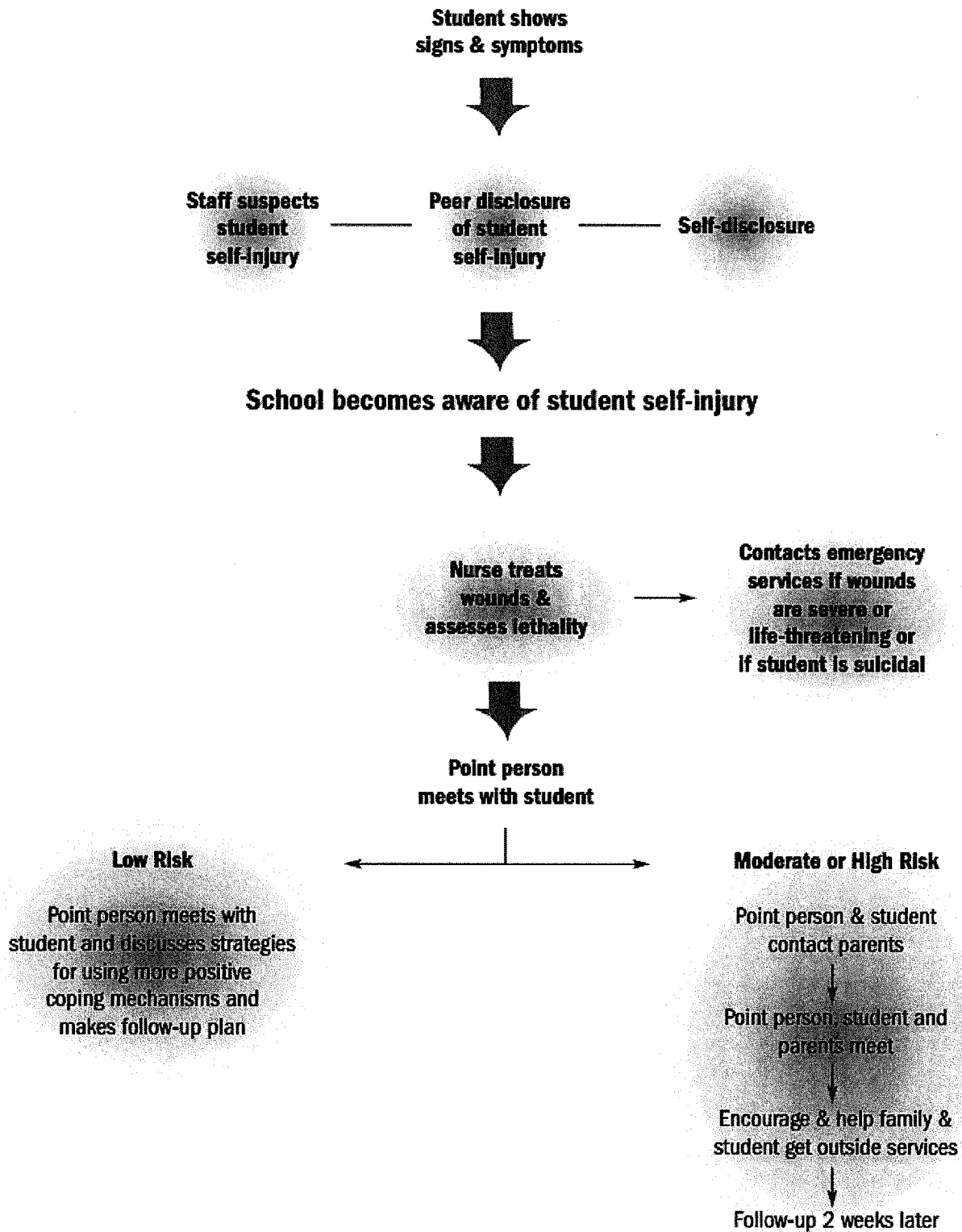
2. How can we prevent social contagion and self-injury in schools?

To prevent social contagion in schools, staff must reduce communication around self-injury. If a student is injuring, for example, he or she should be advised not to explicitly talk with other students about engaging in the behavior. Secondly, staff should help self-injuring students to manage scars and wounds. Visible scars, wounds and cuts should be discouraged. To prevent social contagion of self-injury in schools, students must not be given explicit details about self-injury. This means convening a school-wide assembly on the topic is NOT appropriate. However, educating students about signs of distress in themselves and others, as well as teaching the use of positive coping skills, is appropriate and even suggested. Finally, treatment of self-injury within schools MUST be done on an individual basis. It is not appropriate to treat self-injury in a group therapy

3. School Protocol Process The flowchart below can help school staff decide what action(s) to take after discovering that a student may be engaging in self-injury. The following image illustrates school protocol:

# School Protocol Process

The flowchart below can help school staff decide what action(s) to take after discovering that a student may be engaging in self-injury.





Student Procedural  
Assistance Manual

# CHAPTER FOURTEEN

## TRANSPORTATION IN EMERGENCIES

STANDARD OPERATING PROCEDURES  
GUAM DEPARTMENT OF EDUCATION

## **CHAPTER 14**

### **TRANSPORTATION IN EMERGENCIES**

#### **INTRODUCTION**

This chapter applies to any situation where the school arranges for a student to be transported. The school has the responsibility to inform a parent/guardian that their child has been taken to a medical facility, Department of Youth Affairs (DYA), Guam Police Department (GPD), Child Protective Services (CPS) etc.

#### **TRANSPORT TO HOSPITAL OR URGENT CARE FACILITY**

Ambulances operated by the Government of Guam can transport students to the hospital or urgent care facility for medical assessments and/or treatments. Students cannot be transported to the hospital in private vehicles. This can be referenced to SOP (1700-003) Prohibition of Student Transport by GDOE.

#### **TRANSPORT DURING MASS FOOD-BORNE ILLNESSES OR OTHER EMERGENCIES**

Buses or similar vehicles may be used to transport multiple students during mass food-borne illnesses or other emergencies. These vehicles must be authorized by the Superintendent, Homeland Security or similar agencies. This can be referenced with Board Policy 500: Emergency Response Procedures and Drills and SOP 1300-002 Emergency Response Plan.

#### **PERSON ACCOMPANYING STUDENT(S) IN AN AMBULANCE OR OTHER AUTHORIZED VEHICLES**

Make arrangements with someone to accompany the student to the medical facility while awaiting arrival of the ambulance if possible and when it does not place others at risk.

- A. The School Health Counselors or other CPR/First Aid certified school personnel who provided first aid to the student must complete and make copy of an Illness Report form or Accident Report form aligned with SOP 1200-009 and BP 500 prior to the arrival of the ambulance. Copies of the completed form(s) shall be placed in the student's Health Records and shall also be provided to parents.
- B. School Health Counselors should not accompany students unless:
  1. Their presence is requested by ambulance personnel to assist in providing emergency medical care;
  2. A staff member at the school is CPR/First Aid certified and is willing to perform emergency procedures should the need arise; or
  3. The departure time of the ambulance occurs after the end of the school day.
- C. The accompanying person should:
  1. Be provided with the original Illness Report form or Accident Report;
  2. Be provided with all information available to the school relative to contacting a parent/guardian, i.e. telephone numbers for the parent/guardian and for persons whose names appear on the Emergency Card (Refer to SOP 1200-020) as being authorized to transport students;
  3. Know how to effectively communicate details about the student and the incident at the medical facility and with parents/guardian;
  4. Continue to try to contact the student's parent/guardian (if assigned to do so);
  5. Stay with the student until his/her parent/guardian arrives; and
  6. Return to the school with the original Illness Report form or Accident Report form, Emergency Card and any other document(s) he/she left the school with.
- D. Transport by Parents or Self-Transport

The procedures below do not apply to students who are transported to medical facilities by their parents/guardians or by persons whose names appear on the Emergency Card aligned with SOP 1700-003 as being authorized to transport students; nor to students who are 18 years of age or older who chose to drive themselves to medical facilities.





