

# Suicide Protocol • Parent/Guardian Conference Form



**CONROE**  
INDEPENDENT  
SCHOOL DISTRICT

Date: \_\_\_\_\_ Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_ Counselor: \_\_\_\_\_

Parent/Guardian Attending:  In Person  Phone  Zoom  Other: \_\_\_\_\_

**The purpose of this form is to share with the parent/guardian their child's story.  
We want to make sure the parent/guardian understands the intent of the child.**

- Share with the parent/guardian the story the student told you based on the facts gathered on the **Student Conference Form**.

• Parent/Guardian Feedback to you in reference to this information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Discuss options with the parent/guardian for an **Action Plan**:
  - Does the parent/guardian feel the student needs immediate attention?
  - Does the student have an outside counselor/therapist/medical personnel they will call?
  - Complete the **Release of Confidentiality Agreement** if applicable. (page 8)
  - Provide Parent/Guardian with written copy of resources (pages 13, 14), and discuss each option.

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

- Discuss and help the parent/guardian make a safety plan for the home. Provide the **Helping Families Cope with Self-Harm/Suicidal Thoughts and Home Safety** information (pages 9-10) to help guide discussion and create a safety plan.

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

- Complete **Parent/Guardian Letter** (page 7)