DEPARTMENT OF EDUCATION
OFFICE OF THE ADMINISTRATOR
STUDENT SUPPORT SERVICES DIVISON

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JON J. P. FERNANDEZ
Superintendent of Education

CHRISTOPHER J. ANDERSON
Administrator, Student Support Services

July 29, 2021

MEMORANDUM

To: Superintendent of Education

Via: Acting Deputy Superintendent, ESCL 7/30/2021

From: Administrator, Student Support Services Division (SSSD)

Subject: Standard Operating Procedure SOP 2011-001: Student Procedural Assistance Manual for Signature

Buenas! Attached is the updated SPAM (12th Edition) for your review and approval. The 12th Edition of the SPAM includes formatting changes and improvements to forms and handouts. An overview of the changes and adjustments made for this version are listed below:

1. Chapter One: Alleged Assault and Harassment
   No major changes were made to Chapter One.
2. Chapter Two: Child Abuse and Neglect
   No major changes were made to Chapter Two.
3. Chapter Three: Confidentiality Regarding Student Information Not Contained In Student Records
   A. Title: Confidentiality Regarding Student Information Not Contained in Student Records and Counselling Services
   B. Moderate edits were made to Chapter Three's overall narrative and forms.
   C. In addition of American Psychological Association's (APA) Ethical Principles of Psychologists and Code of Conduct statement regarding confidentiality.
   D. Revised Appendix 3-1 Change in Title and Narrative: *School Counseling Services and Confidentiality Guidelines*
   E. Appendix 3-2 Change in Title: *School Counselors Confidential Guidelines Acknowledgment* is changed to *Confidentiality Guidelines for All Students*
   F. Removal of Appendix 3-3 *School Counseling Informed Consent*
   G. Removal of Appendix 3-5 *Counseling Progress Notes*
   H. Removal of Appendix 3-6 *Special Considerations for Professional Staff Who Are Not Counselors That Are Involved in Counseling Interactions*
   I. Addition of Substance Use Confidentiality
4. Chapter Four: Student Cumulative Record Management
   No major changes were made to Chapter Four.
5. Chapter Five: Substance Use
   Moderate changes to Chapter Five (5) of the Student Procedural Manual were recommended:
   A. Title: Chapter Five Substance Use
   B. The term, Substance Abuse was changed to Substance Use.
   C. Confidentiality section was moved to Chapter Three Confidentiality
   D. Student names will be recorded on a Mental Health Screener (s)
   E. The term, After Care was changed to Transition Services
   F. The term, Verbal Substance Use Screening was changed to Substance Use Screener (s)
   G. Reference to Chapter 17 in regards to Mental Health Screeners (Substance Use Screener) was noted.

H. Section Screener Training Requirements was removed from Chapter Five and moved to Chapter Seventeen
I. Section When to Screen Students was removed from Chapter Five and Moved to Chapter Seventeen
J. Section Consent to Screen was removed from Chapter Five and moved to Chapter Seventeen. Parents/legal guardians will be provided an Informed Consent for Mental Health Screener to be completed. GDOE will administer a Mental Health Screener not less than 45 days upon receipt of completed and signed Informed Consent for Mental Health Screener from parents/legal guardians.
K. Section Screening Procedures for Substance Abuse was removed from Chapter Five and moved to Chapter Seventeen. #6 "On the day the student is suspended from school the school administrator is required (as noted in the Student Conduct Procedural Manual) to make a referral to the school counselor. The School Counselor or the School Administrator will contact the student's parents and provide the parent on the day of the suspension, an Informed Consent for Mental Health Screener. Once an Informed Consent for Mental Health Screener is secured, the student would be administered the Substance Use Screener not less than 45 days."
L. Additional dispositions to Section Referral Procedures for Substance7 Use (SU) Assessment were added. #8 "Dispositions by the SBBH Provider may include any of the following" e. Programs include Sagan Na'Homlo (Residential), High Hopes (Intensive Outpatient), Pathways (Non-intensive Outpatient); f. Referral to primary health provider; g. Referral to Guam Behavioral Health and Wellness Center
M. Additionally, Form and Appendix section were changed at the end of the chapter
    a. Physical Assessment Checklist for Suspected Substance Use (Form 5-1)
    b. Screening to Brief Interventions (S2BI) (FORM 5-2)
    c. Substance Use Screener [THE CRAFFT Interview (VERSION 2.1) (FORM 5-3)
    d. Referral for SUI Assessment (FORM 5-4)
    e. Substance Use Intervention (SUI) Program Student and Parent Agreement Form(FORM 5-5)
    f. Substance Use Intervention (SUI) School Agreement Form (FORM 5-6)
    g. School Based Behavioral Health and Psychological Services Informed Consent For Evaluation and Treatment Services For Adult Child/Adolescent (FORM 5-7)
    h. Consent to Release Confidential Information (5-8)
    i. TobaccoFree Guam Quitline Fax Referral Form (FORM 5-8)
    j. Brief Tobacco Intervention (BTI) Student (FORM 5-9)
    k. BTI Counseling Form (FORM 5-10)
    l. Declination for GDOE Brief Tobacco Intervention Services (FORM 5-11)

6. Chapter Six: Guardians, Authorized Adults, and Caretakers
   No major changes were made to Chapter Six.
7. Chapter Seven: Pre-Arranged Absences
   No major changes were made to Chapter Seven.
8. Chapter Eight: Out Of Attendance Area Requests
   No major changes were made to Chapter Eight.
9. Chapter Nine: Placement of Students Into Appropriate Grades
   No major changes were made to Chapter Nine.
10. Chapter Ten: Prohibiting Parents from Associating with Their Children
    No major changes were made to Chapter Ten.
11. Chapter Eleven: Registration/Transfer/Withdrawal
    Minor changes to Chapter Eleven (11) of the Student Procedural Assistance Manual were recommended:
    A. In Part "K" of the Student Registration packet, the Counseling Consent Form is removed and replaced with "School Counseling Services and Confidentiality Guidelines" (Appendix 3-1) and "Confidentiality Guidelines for All Students" (Appendix 3-2).
12. Chapter Twelve: Responding to Critical Incidents in Schools
    No major changes were made to Chapter Twelve.
13. Chapter Thirteen: Responding to Challenging Behavior
    No major changes were made to Chapter Thirteen.
14. Chapter Fourteen: Transportation in Emergencies
    No major changes were made to Chapter Fourteen.
15. Chapter Fifteen: Child Study Team
    No major changes were made to Chapter Fifteen.
16. Chapter Sixteen: Home visit Protocol

No major changes were made to Chapter Sixteen.

17. Chapter Seventeen: Social Emotional Wellbeing

Chapter Seventeen (17) is a new chapter within the Student Procedural Assistance Manual 12th Edition. This chapter is titled, Social and Emotional Wellbeing which provides School Counselors, Social Workers, District Psychologists, and School Administrators with guidance necessary to deliver the best possible support services to our Guam Department of Education (GDOE) students with social and emotional challenges. In response to COVID-19 Pandemic, the GDOE had listed Social and Emotional Wellness as a priority for our GDOE students. The contents of Chapter Seventeen consists of the following:

A. Introduction. This section introduce the purpose for Chapter 17.
B. MENTAL HEALTH AND SCHOOL COUNSELORS. This section discuss the American School Counselor Association (ASCA) position for School Counselors to recognize and advocate for Student Mental Health needs and wellbeing.
C. MENTAL HEALTH SCREENERS. This section discuss the definition and purpose of a Mental Health Screener and contrast from a Mental Health Assessment.
D. MENTAL HEALTH SCREENER PROCEDURES. This section describes how to construct a screening team, the organization of the screening process.
E. Informed Consent for Mental Health Screeners. This section identifies the definition of an Informed Consent and discuss the Guam Public Law 31-202 requirements for obtaining Informed Consent and administering a Mental Health Screener to students within the Guam Department of Education.
F. References for Mental Health Screeners. This section indicates legal guardians will be provided a manual that accompanies an Informed Consent for Mental Health Screeners. This manual is referred to as a "Reference for Mental Health Screeners" which identifies various Mental Health Screeners and describes the purpose and validity.
G. Selection of Students. This sections discuss how students will be selected to participate in a Mental Health Screener.
H. Select, Orient, and Administer Social and Emotional Screener (s). This section identifies School Counselors selecting, orienting and administering Screener (s).
I. Scoring the Social and Emotional Screener (s). This section discuss the scoring of screeners and the process after obtaining an outcome score.
J. Provide School Counselor Level Intervention. This section discuss school counselor level interventions to be provided to students after an outcome result from a screener (s). School counselor level interventions are based on three different Risk Level (Low, Moderate, and High) as a result from Screeners.
K. Informed Consent for Substance Use Screeners. This section discuss parents/legal guardians must be informed of Screening, Brief Intervention, Referral to Treatment (SBIRT Process) which includes Substance Use Screener (Mental Health Screener). Guam Public Law 31-202 is indicated in regards to Informed Consent for Mental Health Screener (Substance Use Screener).
L. Screening Procedures for Substance Use Screener (s). This section indicates the procedures for school counselors to conduct substance use screeners, taking note of no less than 45 days after the Informed Consent for Mental Health Screener Form has been signed by parents; school counselors and school administrators working collaboratively to provide and retrieve the Informed Consents; using available data to identify students who may benefit from Substance use screening (Mental Health Screener) and educational and treatment services for substance use; and a discussion about the disposition for a referring a student to the school counselor for a substance use screening and providing parents an Informed Consent for Mental Health Screener in the event a student is suspended from school.
M. Substance Use Screener Requirement. This section indicates GDOE school counselors must be properly trained to administer Substance Use Screeners (Mental Health Screeners) by attending Professional Development Trainings.
N. Documentation for Social and Emotional Screeners and School Level Interventions. This section indicates how school counselors will document Mental Health Screeners in PowerSchool and where to store the screeners and documenting the school level interventions provided to the student based on the outcome of a screener (s).
O. CASE MANAGEMENT/COODINATION AND MENTAL HEALTH SERVICES. This section discuss how social workers, school counselors, psychologists, and school administrators use case management services in order to assist GDOE students' mental health wellbeing impacted by their social needs.
P. PSYCHOLOGISTS AND MENTAL HEALTH. This section describes various mental health services provided by GDOE Psychologists to GDOE Students.
Q. Psychologists/SBBH Clinician and Tele Mental Health. This section describes how Psychologists provide Mental Health Services via Virtual Conference to GDOE students. Tele Mental Health is used as a mode of service delivery to GDOE students. This section also provides a criteria and procedures for the use of Tele Mental Health.
R. Additionally, a Form section was added at the end of Chapter Seventeen:

a. *Informed Consent for Mental Health Screeners Form* (Form 17-1)
b. *Informed Consent for Tele Mental Health Form* (Form 17-2)

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: File

DEPARTMENT OF EDUCATION
OFFICE OF THE SUPERINTENDENT

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JON J. P. FERNANDEZ
Superintendent of Education

STANDARD OPERATING PROCEDURES

SOP#: 1200-023

SUBJECT: Student Procedural Assistance Manual 12th Edition

INQUIRIES: Deputy Superintendent of Education 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, 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)), 16 GCA § 6102, SOP 1200-018 Absences and Truancy – (1 GCA 715.12 (m)), BP 318, 17 GCA § 6102, 6105.1, 10 GCA § 3322 – BP 330 – BP405 – SOP 1200-020 – 10 GCA §3329 – (42 U.S.C. 11431 et seq.),

http://www.guamlegislature.com/Public_Laws_31st/P.L.%2031-202%20Bill%20No.%20202-31.pdf

http://www.education.gov.sk.ca/Cumulative-Record-Guidelines, https://sites.google.com/a/gdoe.net/studentsupportservices/voluntaryl-involuntary-wdform,TitleVII-B of the McKinney-Vento Homeless Assistance Act.

https://schoolcounselor.org/Standards-Positions/Position-Statements/ASCA-Position-Statements/The-School-Counselor-and-Student-Mental-Health

https://www.schoolcounselor.org/Standards-Positions/Position-Statements/ASCA-Position-Statements/The-School-Counselor-and-Group-Counseling

I. **APPLICABILITY:** To all public schools within the Guam Department of Education

II. **PURPOSE:** The purpose of this document is to provide consistent procedures when addressing students.

III. **PROCEDURES:** 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:** The 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 this SOP annually.

VI. **PENALTY:** Failure to adhere to this SOP by school personnel may result in disciplinary action in accordance with the DOE Personnel Rules & Regulations.

EFFECTIVE DATE: This SOP is effective upon date of approval and signature.

(✓) **APPROVED**

( ) **DISAPPROVED**

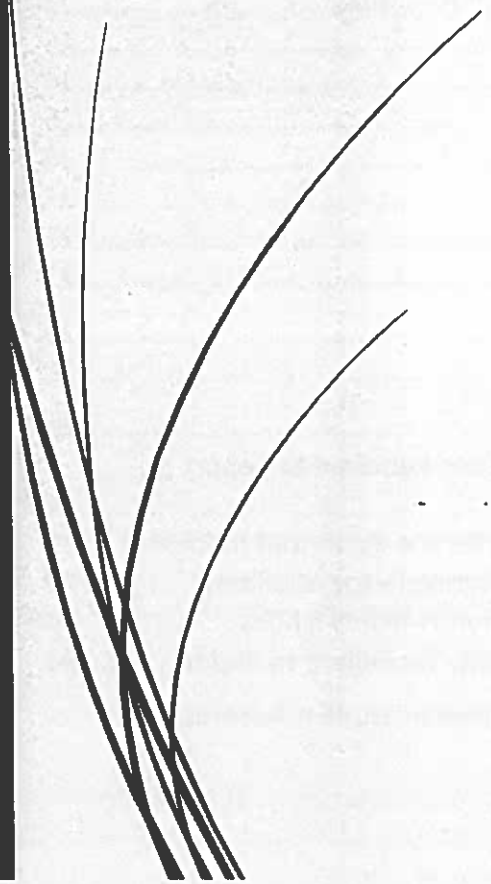
JON J. P. FERNANDEZ
Superintendent of Education

8/3/21
(Date)

SPAM

Student Procedural Assistance Manual

12th Edition



STANDARD OPERATING PROCEDURES
GUAM DEPARTMENT OF EDUCATION

Table of Contents

INTRODUCTION

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

The manual provides 16 chapters with Standard Operating Procedures and forms that are standardized for all schools. The forms may be adapted by adding school letterheads but altering the contents of the forms is prohibited. Schools are responsible for further developing their own response systems consistent with this manual.

Every school is responsible for ensuring school personnel are trained annually on the various procedures listed in the manual and should not depend on the presence of a specific staff member on campus for its successful execution. Schools are responsible for developing contingency plans for implementing these procedures should the principal, health counselor, school counselor(s), or other staff be off campus or unavailable.

The GDOE and Student Support Services Division (SSSD) acknowledges Mr. Luis Martinez former SSSD Administrator for his invaluable knowledge and contributions toward making this document what it is today. Below is the timeline of when the manual was first published and its subsequent revisions.

- February, 1988 — First Printing
- November 1988 — Second Printing
- October, 1989 — Third Printing
- July 1992 — Fourth Printing
- December 1996 — Fifth Printing
- November 2005 — Internet transcription
- November 2006 — Sixth Printing
- December 2014 — Seventh Revision
- December 2016 — Eighth Revision
- November 2017 — Ninth Revision
- August 1, 2018 — Tenth Revision
- August 1, 2019 — Eleventh Edition
- July 19,2021 — Twelfth Edition

The 12th Edition of the Student Procedural Assistance Manual include changes and improvements to chapters as well as forms and handouts. An overview of the significant changes and adjustments to SPAM 11th ed. are listed below:

Chapter Three: Confidentiality Regarding Student Information Not Contained in Student Records and Counseling Services

Moderate changes to Chapter 3 (Three) of the Student Procedural Assistance Manual were recommended:

- Title: *Confidentiality Regarding Student Information Not Contained in Student Records And Counselling Interactions* is changed to *Confidentiality Regarding Student Information Not Contained in Student Records and Counselling Services*
- Addition of American Psychological Association's (APA) Ethical Principles of Psychologists and Code of Conduct statement regarding confidentiality.
- Revised Appendix 3-1 Change in Title and Narrative: *School Counseling Services and Confidentiality Guidelines*
- Appendix 3-2 Change in Title: *School Counselors Confidential Guidelines Acknowledgment* is changed to *Confidentiality Guidelines for All Students.*
- Removal of Appendix 3-3 *School Counseling Informed Consent.*
- Removal of Appendix 3-5 *Counseling Progress Notes.*
- Removal of Appendix 3-6 *Special Considerations for Professional Staff Who Are Not Counselors That Are Involved in Counseling Interactions.*
- Addition of Substance Use Confidentiality narrative.

Chapter Five: Substance Use

Moderate changes to Chapter 5 (Five) of the Student Procedural Assistance Manual were recommended:

- Title: *Chapter Five Substance Use*
- The term, Substance Abuse was changed to Substance Use.
- Confidentiality section was moved to Chapter Three Confidentiality
- Student names will be recorded on a Mental Health Screener (s)
- The term, After Care was changed to Transition Services
- The term, Verbal Substance Use Screening was changed to Substance Use Screener (s)
- Reference to Chapter 17 in regard to Mental Health Screeners (Substance Use Screener) was noted.
- Section Screener Training Requirements was removed from Chapter Five and moved to Chapter Seventeen
- Section When to Screen Students was removed from Chapter Five and Moved to Chapter Seventeen
- Section Consent to Screen was removed from Chapter Five and moved to Chapter Seventeen. Parents/legal guardians will be provided an Informed Consent for Mental Health Screener to be completed. GDOE will administer a Mental Health Screener not less than 45 days upon receipt of completed and signed Informed Consent for Mental Health Screener from parents/legal guardians.
- Section Screening Procedures for Substance Abuse was removed from Chapter Five and moved to Chapter Seventeen. #6 "On the day the student is suspended from school the school administrator is required (as noted in the Student Conduct Procedural Manual) to make a referral to the school

counselor. The School Counselor or the School Administrator will contact the student's parents and provide the parent on the day of the suspension, an Informed Consent for Mental Health Screener. Once an Informed Consent for Mental Health Screener is secured, the student would be administered the Substance Use Screener not less than 45 days."

- Additional dispositions to Section Referral Procedures for Substance Use (SU) Assessment were added. #8 "Dispositions by the SBBH Provider may include any of the following" e. Programs include Sagan Na'Homlo (Residential), High Hopes (Intensive Outpatient), Pathways (Non-intensive Outpatient); f. Referral to primary health provider; g. Referral to Guam Behavioral Health and Wellness Center
- Additionally, Form and Appendix section were changed at the end of the chapter
    - Physical Assessment Checklist for Suspected Substance Use (Form 5-1)
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    - School Based Behavioral Health and Psychological Services Informed Consent for Evaluation and Treatment Services For Adult Child/Adolescent (FORM 5-7)
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    - Tobacco Free Guam Quitline Fax Referral Form (FORM 5-8)
    - Brief Tobacco Intervention (BTI) Student (FORM 5-9)
    - BTI Counseling Form (FORM 5-10)
    - Declination for GDOE Brief Tobacco Intervention Services (FORM 5-11)

Chapter Eleven: Registration/Transfer/Withdrawal

Minor changes to Chapter Eleven (11) of the Student Procedural Assistance Manual were recommended:

- In Part "K" of the Student Registration packet, the Counseling Consent Form is removed and replaced with "School Counseling Services and Confidentiality Guidelines" (Appendix 3-1) and "Confidentiality Guidelines for All Students" (Appendix 3-2).

Chapter Seventeen: Social Emotional Wellbeing

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Chapter Seventeen (17) is a new chapter within the Student Procedural Assistance Manual (12th Edition). This chapter is titled, Social and Emotional Wellbeing which provides School Counselors, Social Workers, District Psychologists, and School Administrators with guidance necessary to deliver the best possible support services to our Guam Department of Education (GDOE) students with social

and emotional challenges. In response to COVID-19 Pandemic, the GDOE had listed Social and Emotional Wellness as a priority for our GDOE students. The contents of Chapter Seventeen consist of the following:

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- MENTAL HEALTH AND SCHOOL COUNSELORS. This section discusses the American School Counselor Association (ASCA) position for School Counselors to recognize and advocate for Student Mental Health needs and wellbeing.
- MENTAL HEALTH SCREENERS. This section discusses the definition and purpose of a Mental Health Screener and contrast from a Mental Health Assessment.
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- Informed Consent for Mental Health Screeners. This section identifies the definition of an Informed Consent and discuss the Guam Public Law 31-202 requirements for obtaining Informed Consent and administering a Mental Health Screener to students within the Guam Department of Education.
- References for Mental Health Screeners. This section indicates legal guardians will be provided a manual that accompanies an Informed Consent for Mental Health Screeners. This manual is referred to as a "Reference for Mental Health Screeners" which identifies various Mental Health Screeners and describes the purpose and validity.
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- Informed Consent for Substance Use Screeners. This section discuss parents/legal guardians must be informed of Screening, Brief Intervention, Referral to Treatment (SBIRT Process) which includes Substance Use Screener (Mental Health Screener). Guam Public Law 31-202 is indicated in regard to Informed Consent for Mental Health Screener (Substance Use Screener).
- Screening Procedures for Substance Use Screener (s). This section indicates the procedures for school counselors to conduct substance use screeners, taking note of no less than 45 days after the Informed Consent for Mental Health Screener Form has been signed by parents; school counselors and school administrators working collaboratively to provide and retrieve the Informed Consents; using available data to identify students who may benefit from Substance use screening (Mental Health Screener) and educational and treatment services for substance use; and a discussion about the disposition for a referring a student to the school counselor for a substance use screening and providing parents an Informed Consent for Mental Health Screener in the event a student is suspended from school.
- Substance Use Screener Requirement. This section indicates GDOE school counselors must be properly trained to administer Substance Use Screeners (Mental Health Screeners) by attending Professional Development Trainings.

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- Psychologists/SBBH Clinician and Tele Mental Health. This section describes how Psychologists provide Mental Health Services via Virtual Conference to GDOE students. Tele Mental Health is used as a mode of service delivery to GDOE students. This section also provides a criteria and procedures for the use of Tele Mental Health.
- Additionally, a Form section was added at the end of Chapter Seventeen:
    - *Informed Consent for Mental Health Screeners Form* (Form 17-1)
    - *Informed Consent for Tele Mental Health Form* (Form 17-2)

Student Procedural Assistance Manual

CHAPTER ONE

Alleged Assault and Harassment

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 regard 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.
   1. 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.
   2. 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 procedures known 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 steps in handling an alleged assault or harassment incident between a student victim and an alleged perpetrator. In cases of assault and harassment, a perpetrator is categorized as a person who is not primarily responsible for the child's welfare (i.e., non-custodial adult or student). This includes teachers, school aides, school administrators, bus drivers, and students, who allegedly caused harm to a student. Harm is defined in the following ways: 1) physical harm (hitting, punching, slapping, kicking, etc.); 2) sexual harm (sexual assault, sexual abuse, inappropriate touching, etc.); and 3) sexual harassment (inappropriate name calling, unwelcome sexual advances, etc.). Because all alleged incidents must be reported to the Guam Police Department, procedures have been formulated to provide guidance in handling the incident.

A. Procedures to be Conducted Involving Student Victims

At the time of the incident:

1. Contact the school health counselor and/or administrator immediately 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 and written explanation about the incident to a school administrator utilizing the *Incident Report* form (Form 1-1). 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 a fact-finding interview will be conducted by the school and that the incident will be reported to the Guam Police Department. The administrator will then complete the *Notice of Allegation of Assault or Harassment* form (Form 1-2) and forward it to the student's parent/guardian.

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. Let the parent/guardian and student know that they have the right to contact the police department regarding the alleged incident. Provide a copy of the *Notice of Allegation of Assault or Harassment* form (Form 1-2) to the parent/guardian.
4. For incidences involving sexual assault or sexual harassment, inform parent or guardian about the Guam Behavioral Health and Wellness Center's (GBHWC) **Healing Hearts Crisis Center** (HHCC) and provide a printed copy of the HHCC's online resource (Appendix 1-3). The HHCC is Guam's only Rape Crisis Center and provides crisis intervention and clinical services. Parents of victims are highly encouraged to seek services for their child to help him/her regain feelings of safety, control, trust, autonomy and self-esteem.
5. Ensure that the student victim is provided with supportive counseling. The school counselor must be informed and readily available regardless if the student refuses services. The school counselor should ensure referrals for further supports and services are made for the student. Any supportive counseling services provided should be documented. The school counselor shall assess student(s) and determine whether a Critical Incident Stress Debriefing (CISD) is appropriate (see Appendix 12-12). The school counselor shall consult with the school's District Psychologist for assistance regarding CISD and ensure protocols are followed in the *Procedures for Responding to a Critical Incident* section in Chapter 12: Responding to Critical Incidents in Schools.
6. If the fact-finding process produces 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 Report* form (Form 1-1). The student's parent/guardian must be notified of the incident involving their child and that their child has been identified as an alleged perpetrator. Use the *Notice of Allegation of Assault or Harassment* form (Form 1-2) for notification and documentation.
2. If the alleged perpetrator is a school employee or any other non-custodial adult, the administrator must complete the *Incident Report* form (Form 1-1). The form then must be submitted to the Deputy Superintendent of Educational Support and Community Learning (DSESC) the same day the incident occurred and wait for appropriate guidance and change of work assignment.
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 ON WORKING WITH THE GUAM POLICE DEPARTMENT REGARDING ALLEGED INCIDENT

A. Procedures to Interview Students

According to *GDOE Board Policy 810: Cooperation with Law Enforcement Authorities* (Appendix 1-2), "GDOE will cooperate at the extent permitted by law and assist in their legal functions and mandates." GDOE Board Policy 810 provides further guidance on students being investigated by the police:

> 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.

The school must identify a room with a closed door to ensure confidentiality. It is important to exercise caution to minimize 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 *GDOE Board Policy 810: Cooperation with Law Enforcement Authorities* (Appendix 1-2) which provides the extent of an interview between police officers and students. If at any time a student needs to be taken into custody, a parent or legal guardian must be present.

B. 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. 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 by the GDOE does not mean guilt has been established.

ZERO TOLERANCE FOR SEXUAL/ROMANTIC RELATIONSHIP WITH STUDENT

As per *Board Policy 901: Prohibiting Harassment, Intimidation, Bullying, Cyberbullying, Sexting, Sexual Harassment, Sexual Misconduct, and Fraternization for Employees*, 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 to the Deputy Superintendent of Education Support and Community Learning as soon as possible.

CHAPTER 1
FORMS

NOTE: Forms contained in SOP 1200-023 are subject to updates based on changes to laws, GEB policies, outside agency changes. For the most updated versions of the forms, see Student Support Services Division website.

The Incident Report Form 1-1 is aligned and referenced in:

- **Chapter 2: Child Abuse and Neglect,**
- **Chapter 5: Drug/Alcohol Abuse,**
- **Chapter 12: Responding to Critical Incidents in Schools Chapter 13: Responding to Challenging Behaviors**

This Incident Report will be used to gather information regarding serious incidences that occur on campus or during school sponsored events. The information will be used as part of an investigation to determine the best course of action in an effort to keep students and employees safe as well as to help the school improve procedures that will foster a safe and positive learning environment.

FORM 1-1

INCIDENT REPORT

(Page 1-2)

This Incident Report is to be completed by student or school personnel reporting an incident and is used to gather information regarding serious incidences that occur on campus or during school sponsored events. The information will be used as part of an investigation to determine the best course of action in an effort to keep students and employees safe as well as to help the school improve procedures that will foster a safe and positive learning environment. Parents may be informed that their child is providing a statement regarding the incident, the nature of the incident and the parent's right to appeal, if applicable. A completed copy of this portion of the Incident Report shall be provided to the parent/guardian or eligible student for their record.

Name: _____ Grade: _____ Date: _____

Type of Incident: _____ Date of Incident: _____

Time of Incident: _____am/pm Injury Involved: ☐Yes ☐No

Did you see the school health counselor? ☐Yes ☐No

Would you like to speak with your school counselor at a later time about the incident? (For students)

☐Yes ☐No

Attending School Personnel/Position: _____

Print First and Last Name Position

Explain the incident with the best of your knowledge. Be specific and detailed to include names, locations, times, and other relevant information, and paying attention to sequence of events. Use additional sheets of paper, if necessary.

_____

_____

_____

_____

_____

_____ _____

Reporter's Name (Print) Signature and Date

INCIDENT REPORT

(Page 2-2)

A completed copy of this Incident Report shall be provided to the parent/guardian or school personnel for their record.

Administrators Disposition/Action:

_____

_____

_____

_____

_____

_____

_____

_____

Injury Involved: ☐Yes ☐No Other persons involved: ☐Yes ☐No

Was the student referred to the School Health Counselor? ☐Yes ☐No Time: _____ Date: _____

Was an Ambulance Involved: ☐Yes ☐No If yes, time: _____ Date: _____

Was GPD Involved: ☐Yes ☐No If yes, time: _____ Date: _____

Was CPS Involved: ☐Yes ☐No If other agency involved, specify: _____

Date and Time that Parent(s) Informed: _____

Follow-Up Meeting with Parent(s): Time: _____ Date: _____

Supportive Counseling with School Counselor: Time: _____ Date: _____

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

FORM 1-2

NOTICE OF ALLEGATION OF ASSAULT OR HARASSMENT

A completed/signed copy of this document shall be provided to the parent/guardian and placed in student's cumulative folder.

TO: _____
(Name of parents/guardians of student name below)

REGARDING: _____
(Name of student)

FROM: _____
(Name of principal or principal's designee)

SCHOOL: _____

This is to notify you that on the date specified below your son/daughter alleged that he/she was assaulted or harassed by the individual and in the manner described below. The school has already reported the alleged assault or harassment to the Guam Police Department. Additionally, you and/or your child have the right to contact the Guam Police Department about this allegation.

Name of Alleged Assailant (if known): _____
Type of Alleged Assault/Harassment: _____
Place of Alleged Assault/Harassment: _____
Date of Alleged Assault/Harassment: _____

Time of Incident: _____am/pm Injury Involved: □Yes □ No
Did you see the school health counselor? □ Yes □ No
Would you like to speak with your school counselor at a later time about the incident? □Yes □No

Attending School Personnel/Position:

_____
Print First and Last Name Position

Description of Alleged Assault or Threat:

_____

_____

_____

_____

_____ _____
Signature of Principal or Designee Date

==========

ACKNOWLEDGMENT OF RECEIPT

_____ _____
Signature of Parent/Guardian Date

_____ _____
Signature of School Witness to Receipt Date

CHAPTER 1
APPENDIX

NOTE: Appendix Information contained in SOP 1200-023 are subject to updates based on changes to laws, GEB policies, and outside agency changes.

APPENDIX 1-1

DEPARTMENT OF EDUCATION
OFFICE OF THE SUPERINTENDENT

www.gdoe.net
500 Mariner Avenue
Barrigada, Guam 96913
Telephone: (671) 300-1547/1536•Fax: (671)472-5001
Email: jonfernandez@gdoe.net

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

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

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

APPENDIX 1-3

Guam Behavioral Health and Wellness Center Healing Hearts Crisis Center

Sexual Assault, be it rape or abuse, is a traumatic experience for an adult or child and calls for a very supportive and empathic response in order to begin healing. Our Healing Hearts Program begins with an intake assessment that often leads to a medical-legal examination in a safe, caring environment. The program staff coordinates all cooperation with other agencies, counseling and follow-up health care, so the victim can begin healing without being overwhelmed.

What is Healing Hearts Crisis Center?

The Healing Hearts Crisis Center (HHCC) is Guam's only Rape Crisis Center. Guided by Public Law 21-44, the Healing Hearts Crisis Center (HHCC) was established in 1993 under the Guam Memorial Hospital. The intent of the program was to provide survivors of sexual assault with "discrete, immediate, and full medical attention". A year later, Public Law 22-23 removed the program from the hospital's jurisdiction and placed the program under the Department of Mental Health & Substance Abuse, now the Guam Behavioral Health and Wellness Center, where it remains today.

HHCC incorporates a holistic approach for individuals who may have experienced a sexual assault. Regardless of when the assault occurred or the age, ethnicity, gender or disability of the victim, Healing Hearts offers a supportive, healing atmosphere with caring people to assist them in regaining feelings of safety, control, trust, autonomy and self-esteem.

Healing Hearts Crisis Center

Hours of Operation Monday through Friday 8:00 a.m. – 5:00 p.m.

Contact Information

Phone: (671) 647-5351

Fax: (671) 647-5414

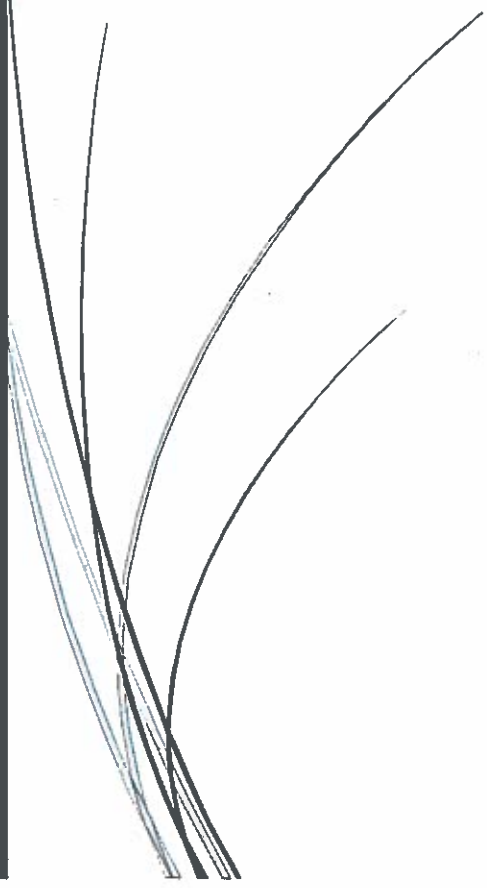
Location: Please call for directions

Immediate medical services are available after hours, weekends and Holidays (On-Call accessible through GBHWC Crisis Hotline, 647-8833 or 647-8834) *The information provided above was taken from the Guam Behavioral Health and Wellness Center's website on May 25, 2017: gbhwc.guam.gov/services/healing-hearts-crisis-center.

Student Procedural

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 (see Appendix 2-1, 2-2, and 2-3), child abuse and neglect occur *"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, there is a difference 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 are subject to criminal prosecution.

Persons responsible for reporting suspected child abuse or neglect, as defined by 19 GCA §13201 (Appendix 2-1) is described as "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."

Additionally, students who are pregnant and who are under the age of consent (15 and below), must be reported to Child Protective Services and the Guam Police Department (GPD) regardless of the circumstances. The report shall be made by the person who first became aware of the situation. (Refer to Appendix 2-1).

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 and neglect situation exists simply to keep supervisors informed of what is happening in their school or division. It does not exist to circumvent the law. It is not LEGAL for employees to report suspected child abuse and neglect to their superiors with the expectation that the supervisor assumes the responsibility to report the suspicion to Child Protective Services (CPS).

****The person to whom the abuse was disclosed is mandated by law to report the incident to Child Protective Services. 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 has been abused or neglected shall:

Step 1. 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) and the Guam Police Department (GPD). The CPS website can be accessed at https://dol.guam.gov/content/child-protective-services-section.

Step 2. Persons making such reports are required to reveal their names to CPS and GPD. 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).

Step 3. Reporting persons are to inform their supervisor about the suspected abuse and neglect incident as soon as possible, but no later than the close of business the same day.

Step 4. Reporters are to complete and submit the *Child Abuse and Neglect Referral* form (Form 2-1) within 48 hours of initial report to CPS. The written report may be hand delivered or faxed at (671) 4770500.

Step 5. GDOE administrators, faculty, and staff are prohibited in conducting any type of investigation, that is, any in depth questioning for the purposes of determining if the suspected abuse or neglect occurred. Mandated reporters are only required to report when he or she has reason to **suspect** that the child is experiencing abuse or neglect.

Step 6. The *Child Abuse and Neglect Referral* (Form 2-1) is filed with the School Principal and **NOT** in the student's cumulative record.

****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) AND THE GUAM POLICE DEPARTMENT (GPD)

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 and GPD officer receiving the call with the name of the person in the school to whom all subsequent communications regarding the case will be directed.

Written reports should be completed and submitted in accordance with 19 GCA §13203 (Appendix 2-2) procedures. Written reports shall be made on the *Child Abuse & Neglect Referral* (CAN) form found in the Forms section in Chapter 2. The list below outlines the eleven (11) sections contained in the CAN:

I. Reporting Person (RP)
II. Reason for Suspecting Abuse or Neglect
III. Alleged Victim(s)/Other Children
IV. Incident Information (Type of Referral)
V. Explain Why You Suspect Abuse and/or Neglect VI. Parent(s)/Guardian(s)
VII. Alleged Abuser(s) (other than parent or guardian)
VIII. Body Drawings
IX. Action Taken
X. Other Information
XI. Signature of RP

Written reports may be hand delivered to CPS in a sealed envelope marked CONFIDENTIAL or faxed to CPS at (671) 477-0500. Referrals should not be sent through the mail system. When CPS referrals are submitted, there is no obligation for school personnel to inform parents of a submitted referral or share its contents.

****GDOE is not responsible for submitting CPS referrals on behalf of parents or guardians. School administrators and personnel should notify parents/guardians that they are to submit referrals to CPS directly.**

PLACEMENT OF CHILD IN DANGEROUS CIRCUMSTANCES

Upon occasion, school personnel may acquire information about child abuse or 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 and GPD during the initial telephone report whenever such danger is suspected so that a CPS social worker can 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 there is a delay with CPS to meet with the student by the end of the 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 school administrator has reasonable suspicion to believe the student would be in imminent danger by returning home, or the student refuses to return home. In the event that there is reasonable suspicion that students should not return home and there is a delay with CPS and GPD responding, school personnel shall contact 911.

Every reasonable effort must be made to immediately inform parents/legal guardians of why their child is not returning home, 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: ***"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 as to when you can reunite with your child."*** Provide parents with contact information for CPS and GPD. GDOE officials are not obligated to discuss the CPS referral or its contents. Information regarding the Referring Person is confidential and should not be disclosed.

TRANSPORTING STUDENTS IN PRIVATE AND GOVERNMENT VEHICLES BY SCHOOL PERSONNEL As prescribed by *SOP 1700-003: Transporting Students in Privately Owned Vehicles and Government Owned Vehicles*:

Privately Owned Vehicles: The transportation of students in privately owned vehicles by school personnel is strictly prohibited.

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.

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 suicide ideation, a suicide plan, or has recently attempted suicide, implement the procedures outlined in the *Procedures for Managing Students at Risk for Suicide* section in Chapter 12: Responding to Critical Incidents in Schools.

CPS AND GPD IN-SCHOOL INVESTIGATION PRIVILEGES

CPS workers and GPD officers are allowed to interview student victims at school without consent from parents or guardians during abuse/neglect investigations. However, GPD must acquire consent from parents to conduct an interview if a student is identified as a perpetrator. CPS workers or GPD officer(s) 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:

- a serious threat exists to the health or safety of the student.
- the information contained in the records is necessary to meet the emergency.
- the party to whom the information will be disclosed is in a position to address the emergency; • 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.

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.

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.

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. Should a parent who is under such a restriction associate with a student, the school shall immediately inform CPS or GPD of said association.

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 because this can compromise the ability of CPS to properly conduct investigations.

IMMUNITY FROM LIABILITY: TITLE 19 GCA, CHAPTER 13

Any person, hospital, institution, school, facility or agency participating in good faith in the making of a report or testifying in any proceeding arising out of an instance of suspected child abuse or neglect, the taking of photographs or the removal or keeping of a child pursuant to § 13203 of the Child Protective Act shall have immunity from any liability, civil or criminal, that might otherwise result by reason of such actions. For purpose of any proceeding, civil or criminal, the good faith of any person required to report cases of child abuse or neglect pursuant to § 13201 shall be presumed.

PENALTY FOR FAILURE TO REPORT: TITLE 19 GCA, CHAPTER 13

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.

CHAPTER 2
FORMS

NOTE: Forms contained in SOP 1200-023 are subject to updates based on changes to laws, GEB policies, outside agency changes. For the most updated versions of the forms, see Student Support Services Division website.

FORM 2-1

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIVISION OF PUBLIC WELFARE
BUREAU OF SOCIAL SERVICES ADMINISTRATION
CHILD PROTECTIVE SERVICES SECTION
194 HERNAN CORTEZ AVENUE, SUITE 309 HAGATÑA, GUAM 96910-5052

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		

Indicate if applicable

GPD Report No. _____

Court Case No. _____

For Office Use Only

Date Received		Time	
CWS No.			
Intake Worker			

How was referral received? (Check Box)

	Phone Contact		Office Visit		Drop Off
	Mail		FAX (Facsimile)		

	New
	Active
	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	Grad	Residential Address

Present location of alleged

IV. INCIDENT INFORMATION (TYPE OF REFERRAL)

MALTREATMENT - must be marked with an "X" where abuse and/or neglect is suspected. RISK FACTORS - mark with an "X" if applicable

MALTREATMENT:	RISK FACTORS:	RISK FACTORS (cont'd):
Emotional Abuse	Alcohol	Physical / Developmental Disability
Physical Abuse	Drugs *Specify:*	Other *Specify*
Sexual Abuse	Family Violence	Please specify parties involved in the risk factors
Educational	Homelessness	
Emotional Neglect	Teen Pregnancy	
Physical Neglect	Teen Suicide	

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.**	**Other no.**	**Relationship to Victim(s)**	

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

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

VII. ALLEGED ABUSER(S)

(Other than the Parent / Guardian)

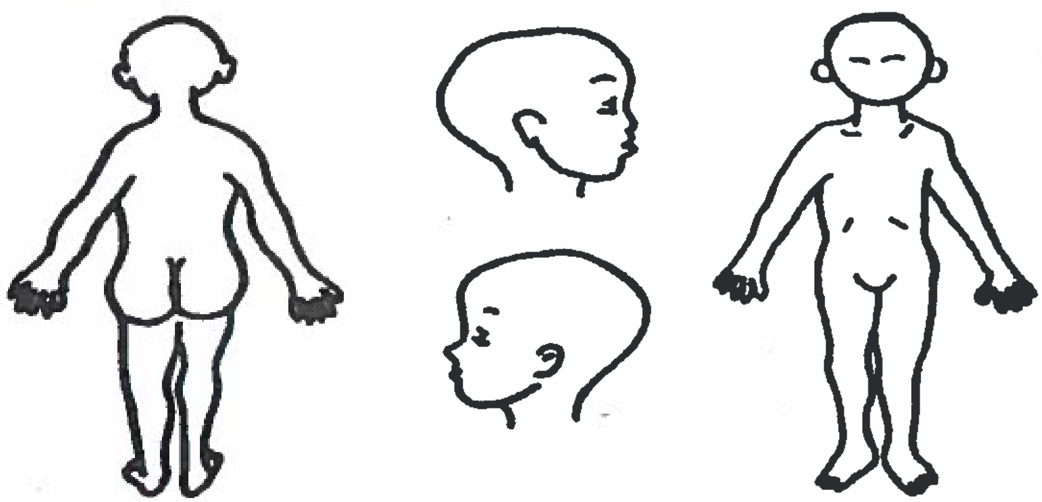
Name		SS#	DOB	Sex	Ethnicity
Address (Residential)	**Place of Employment**	**Home No.**	**Work No.**	**Other no.**	**Relationship to Victim(s)**

Name		SS#	DOB	Sex	Ethnicity
Address (Residential)	**Place of Employment**	**Home No.**	**Work No.**	**Other 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)

X. OTHER INFORMATION

(Use additional sheets if necessary)

XI. SIGNATURE OF REPORTING PERSON (if completed by Reporting Person)

______________________ ______________________
Signature Date

CHAPTER 2
APPENDIX

NOTE: Appendix Information contained in SOP 1200-023 are subject to updates based on changes to laws, GEB policies, outside agency changes.

APPENDIX 2-1

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) Sadomasochistic 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.

APPENDIX 2-2

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 2-3

19 GUAM CODE ANNOTATED § 13206. Immunity from Liability.

Any person, hospital, institution, school, facility or agency participating in good faith in the making of a report or testifying in any proceeding arising out of an instance of suspected child abuse or neglect, the taking of photographs or the removal or keeping of a child pursuant to § 13203 of the Child Protective Act shall have immunity from any liability, civil or criminal, that might otherwise result by reason of such actions. For purpose of any proceeding, civil or criminal, the good faith of any person required to report cases of child abuse or neglect pursuant to § 13201 shall be presumed.

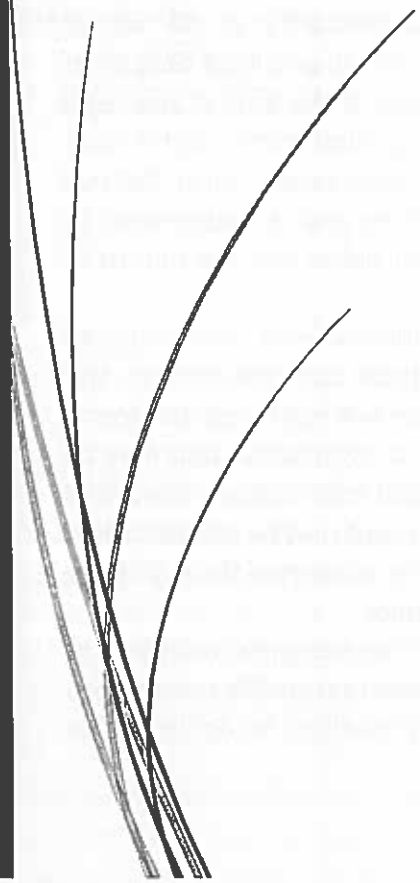
19 GUAM CODE ANNOTATED § 13207. Penalty for Failure to Report.

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.

Student Procedural Assistance Manual

CHAPTER THREE

Confidentiality Regarding Student Information Not Contained in Student Records and Counseling Services



STANDARD OPERATING PROCEDURES
GUAM DEPARTMENT OF EDUCATION

CHAPTER 3
CONFIDENTIALITY REGARDING STUDENT INFORMATION NOT CONTAINED IN STUDENT RECORDS AND COUNSELLING SERVICES

INTRODUCTION

This chapter addresses concerns regarding the confidentiality of student information not contained in a student's cumulative record.

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 work with the students.

Professionals are involved in a counseling services 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: Student Records.

DEFINITION OF CONFIDENTIAL INFORMATION

The following definitions are to be considered when dealing with the confidentiality of student information:

A. The American School Counselor Association (ASCA) defines confidentiality as "A school counselor, who is in a counseling relationship with a student, has an ethical and legal obligation to keep information contained within that relationship. Confidentiality is the ethical and legal term ascribed to the information communicated within the counseling relationship, and it must be maintained unless keeping that information confidential leads to foreseeable harm. Serious and foreseeable harm is different for each minor in the school setting and is determined by students' developmental and chronological age, the setting, parental rights and the nature of harm" (ASCA, 2016, A.2.e).

B. The National Association of Social Workers (NASW) 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 encouraged 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 bit most often is discussed in the NASW'S Code of Ethics.

C. The American Psychological Association's (APA) Ethical Principles of Psychologists and Code of Conduct, 2017, states, "Psychologists have a primary obligation and take reasonable precautions to protect confidential information obtained through or stored in any medium, recognizing that

the extent and limits of confidentiality may be regulated by law or established by institutional rules or professional or scientific relationship."

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 statue." If "privilege" applies it can provide additional safeguards to confidential information. 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.

Confidentiality protections for students receiving school level interventions are limited as they are based on ethical standards rather than legal authority. Legal privilege pertains to the right of clients (in this case students and their parent/guardian) to prevent the disclosure of confidential information. This legal privilege is given to attorneys, doctors, and licensed professional counselors. However, in many states, school counselors are certified rather than licensed, so legal privilege does not apply. Whenever there is a conflict between ethical standards and the law, the law always prevails (Hansen, S., 2009).

DEALING WITH CONFIDENTIAL STUDENT INFORMATION

Parents are ultimately responsible for their child's privacy and confidentiality. "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).

A. The following principles regarding confidentiality stem from 17 GCA §4113, 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:
    1. Parents shall be informed whenever students are referred for counseling, except when students seek assistance by themselves. Parent(s)/guardians(s) or emancipated students(s) will be given the *School Counseling Services and Confidentiality Guidelines* Form (Appendix 3-1) prior to the start of the school counseling services. This document would be included in the student handbook to be reviewed by parent (s)/legal guardian (s) at the beginning of the school year. GDOE students will receive ongoing school counseling services unless parents/legal guardians or emancipated students choose to exclude some, or all school counseling services by informing the student's school. The School Counseling Services include but not limited to: Academic Counseling, College and Career Counseling, Meetings with Parents, Case Management/Coordination, Personal/Social-Emotional Counseling, Classroom Guidance Counseling/Curriculum, Individual and Small Group Planning, Virtual School Counseling, Individual and Small Group Supportive Counseling, Screeners, and Assessments. Parent (s)/guardians (s) or emancipated student (s) will have the option to refuse/decline some or all school counseling services by contacting their child's school counselor at the school district.

2. All information disclosed during counseling services shall be treated as confidential, which means that it cannot be released to anyone without the consent of the parent/student, except in the circumstances also known as the Limits to Confidentiality listed below:
    a. the school counselor has 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 serious danger to a student or others, the school counselors and related service providers (Social Workers, School Psychologists) involved in the counseling services are required to take appropriate action to ensure the safety of those involved. This responsibility cannot be delegated to another person. In addition, notification and reporting procedures to persons or agencies as stated in Department regulations or Guam Laws must be followed (e.g., duty to warn; Child Protective Services referrals).
4. Students who seek help to address substance use behaviors from the administration or faculty will be assured confidentiality and assistance as stated in Board Policy 420: Control of Unauthorized Drug and Alcoholic Beverages:
    a. A student suspected of having used or of being under the influenced of an illegal drug or alcoholic beverage, but who is not reasonably suspected of possessing such substances, shall be referred to the appropriate health and/or guidance counselor, who shall act in the best interests of the child. The counselor (s) who work with these students shall abide by the Department's procedures on confidentiality while working with them.
5. 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. Guidance for confidentiality for school counselors are listed below:
    a. Include a document in the student handbook about school counseling services and confidentiality. The *School Counseling Services and Confidentiality Guidelines* (Appendix 3-1) and the *Confidentiality Guidelines For All Students* (Appendix 3-2) should be included in all orientation and registration packets and handed out at the beginning of the school year. If their student does not have a student handbook, the School Counseling Services and Confidentiality Guidelines Form must be sent out no later than 15 days from the start of the academic school year. Counselors must ensure that all Forms (Appendix 3-1) have been distributed to parents or guardians.
    b. The *Confidentiality Guidelines For All Students* (Appendix 3-2) should be posted in the school's counseling office and in school counselors' individual offices. This document provides information about confidentiality and its exceptions.
    c. Post the *Confidentiality Guidelines For All Student* (Appendix 3-2) on the school website.
    d. When meeting with students for anything other than scheduling issues, explain the *Confidentiality Guidelines For All Students* (Appendix 3-2).

e. The *Consent to Exchange Confidential Student Information* (Appendix 3-3) is a document in order to obtain written consent to exchange or release any confidential information about a student's record to a specified agency or individual. Parent(s)/guardian(s) or emancipated students should be encouraged to sign the with other agencies/specific individual(s) as a collaborative effort in coordinating services for the student. The Department of Education shall not release any confidential information about a student without obtaining the proper consent. The purpose of exchanging information is to authorize Guam Department of Education (GDOE) staff to exchange confidential student information with individuals or agencies such as Guam Behavioral Health and Wellness, Department of Youth Affairs, etc. designated on the form.

B. The scenarios below illustrate the principles outlined in Section A above:

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.* **Rationale:** 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 assess that the student poses no threat (*no intent*), the counselor does not have an obligation to disclose the information share 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.

****The term *parent* refers to guardians, authorized adults, and caretakers as prescribed in Chapter 6.**

C. Key Points on Confidentiality and Counselling Interventions:

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 services occur with a specific professional, regardless of job description, leads another person to believe that the professional is providing support, thereby suggesting to the other person that what is disclosed will be held in confidence. Guidance, for professionals and paraprofessionals (e.g., teachers, administrators, school aides) without an established code of ethics are involved in supporting a student.
4. 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 confidential guidelines.
    a. Inform the student to whom you are providing support of the:
        i. Extent to which you can keep certain information confidential in consideration of your job functions (best practice is done before providing support to the student) and
        ii. Listen, provide support and refer to appropriate personal i.e., Counselor, Nurse, or Administrator.
        iii. Do not offer advice.
5. Taking action to ensure the safety of students does not always mean that students' parents must be notified. *19 GCA §1111 Legal Capacity of Minor Regarding Medical Care* (Appendix 3-4) provides guidance to these exceptions. However, notification to parents must be made if it is the only way to ensure the safety of students, or if the Department's regulations require such notification.

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.

CHAPTER 3

APPENDIX

NOTE: Forms contained in SOP 1200-023 are subject to updates based on changes to laws, GEB policies, and outside agency changes. For the PDF fillable version of the forms listed in this chapter, refer to the Student Support Services Division website.

APPENDIX 3-1

GUAM DEPARTMENT OF EDUCATION
SCHOOL COUNSELING SERVICES AND CONFIDENTIALITY GUIDELINES

Dear Parent/Guardian:

Consistent with the American School Counselor Association (ASCA) Ethical Standards, it is important to inform parents/guardians, who have the legal and inherent right to guide their child's life, of the services offered by school counselors. Guam Department of Education (GDOE) school counselors offer short-term individual counseling to students, as well as small group counseling, aimed at the more effective education and socialization of a child within the school community. These services are not intended as a substitute for diagnosis or treatment for any mental health disorder. Parents/Guardians or school staff may refer students for counseling, or students may request counseling for themselves.

This school year, your child will be offered school counseling services at _____ (INSERT NAME OF SCHOOL) as part of the student's in-school program. The types of services include but are not limited to:

- ✓ Academic Counseling
- ✓ College and Career Counseling
- ✓ Personal/Social-Emotional Counseling (supportive and not therapeutic)
- ✓ Classroom Guidance Curriculum
- ✓ Virtual School Counseling
- ✓ Case Management/Coordination
- ✓ Meetings with Parents/Family
- ✓ Individual and Small Group Planning
- ✓ Individual and Small Group Supportive Counseling (not therapeutic)
  Skill areas may be addressed in these settings but are **NOT limited** to the following: Friendship and Social Skills; How To Be Successful in School; Dealing with Anger; Dealing with Anxiety; Dealing with Death, Sadness, and Loss; Learning Self Control; Improving Self Esteem; Leadership Skills; Coping Skills for Social and Emotional; Social and Emotional Education; Other Groups
- ✓ *Screeners (require an Informed Consent Form)
- ✓ School Counselor Assessments (Functional Behavioral Assessment, *Columbia Risk Assessment, and *other assessments that require an Informed Consent Form).

*Require an Informed Consent Form to be completed

If you DO NOT want your child to participate in some or all of the counseling services, please contact your school counselor at _____ [INSERT SCHOOL PHONE NUMBER].

Disclaimers:

- ❖ If parents/legal guardians choose to exclude their child from academic, career, or personal/social-emotional counseling, they shall have the sole responsibility to ensure that all academic and graduation requirements are fulfilled, and that their child's personal/social-emotional well-being and needs are addressed.
- ❖ Should there be an emergency, or a school crisis and your child needs immediate supportive counseling, the refusal for counseling services does not apply. Parental permission is not required for counseling and/or crisis intervention needed to maintain order, discipline, or a productive learning environment.

APPENDIX 3-2

CONFIDENTIALITY GUIDELINES FOR ALL STUDENTS

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.

To build trust with the student, the school counselor will keep information confidential, with some exceptions. Because these services are provided to minor children in the school setting, the school counselor may share information with parents/guardians, the child's teacher, and/or administrators or school personnel who work with the child on a need-to-know basis, so that they may better assist the child as a team. The school counselor is also required by law to share information with parents or others in the event the child is in danger of harm to self or others. The school counselor will make the child aware in an age-appropriate manner of the limits of confidentiality and will inform the child when sharing information with others.

APPENDIX 3-3

CONSENT TO EXCHANGE CONFIDENTIAL STUDENT INFORMATION

Student Name: _____ **Date of Birth:** _____

Name of School: _____ **Student ID:** _____

CHECK ONE:

☐ I am the parent/guardian of the above-named student, a non-emancipated student under the age of 18. I hereby consent to the exchange (written, verbal, or both) of confidential student information relating to this student between (GDOE) and _____ (agency/individual)

☐ I am an emancipated student under the age of 18. I hereby consent to the exchange (written, verbal, or both) of confidential student information between (GDOE) and _____ (agency/individual)

☐ I am a student over the age 18. I hereby consent to the exchange (written, verbal, or both) of confidential student information between (GDOE) and _____ (agency/individual)

CHECK ONLY IF APPLICABLE:

☐ Purpose of Exchange: If the consent is being given to exchange information for a particular purpose, please describe: _____

_____

_____

☐ Time limit: If consent is being given to exchange information during a particular period of time, please specify time period from _____ to _____.

This consent has been made freely, voluntarily, and without coercion. Those who receive this information cannot disclose it to others unless permitted by Federal or State Law. This consent is subject to revocation at any time except to the extent that the program which is to make the disclosure had already taken action in reliance on it. This consent to exchange information is not valid after 12 months of the date of signature unless otherwise specified.

_____ _____
Student/Parent/Guardian Signature (Print Name and Sign) Date Signed

_____ _____
Employee's Signature Date Witnessed

_____
Print Name and Title of Employee Providing Information

**** If date of revocation is prior to 12 months, complete this section.**

_____ _____
Parental/Guardian (Print Name and Sign) Date Signed

_____ _____
Employee's Signature and Title Date Witnessed

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 services 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.

Student Procedural Assistance Manual

CHAPTER FOUR

Student Cumulative Record Management

STANDARD OPERATING PROCEDURES
GUAM DEPARTMENT OF EDUCATION

CHAPTER 4
STUDENT CUMULATIVE RECORD MANAGEMENT

INTRODUCTION

A Cumulative Record is the compilation of information maintained in the school for each student. It is a key resource in supporting achievement and well-being of students. It contains factual, objective, and professional information regarding students' academic progress, mid-term and final marks, attendance, and behavior. The information contained in the record is important for professionals in planning and delivering appropriate education programs and supports. The Cumulative Record follows students throughout their academic career and is filed at the students' current school. Consistency in the contents and procedures for transferring Cumulative Records makes transitions for students a smooth process. This chapter, consistent with *Board Policy 825: Student Records* (Appendix 4-1), provides a standardized guide related to the contents, management, and transfer of Cumulative Records.

STUDENT CUMULATIVE RECORD CONTENTS

A student's Cumulative Record includes information covering four areas: 1) Academic Record; 2) Health Record; 3) Student Conduct Record (not all students will have a discipline or truancy record); and 4) Counseling Services Record (not all students will have counseling a counselling record). A student's cumulative record is incomplete if any of the applicable records specified above are not included when transferred to another school.

Note: The *Child Abuse and Neglect Referral* (Form 2-1) should be filed with the School Principal and **NOT** in the student's cumulative record after an abuse/neglect referral has been submitted to Child Protective Services.

A. Academic Record

A student's Academic Record includes the following information:

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, names of teachers, and grade level.
    b. For Secondary – first and second semester grades for each subject area listed by school year, names of teachers, and grade level.
2. A document indicating if the child has been promoted or an official notification of retention (elementary and middle schools only).
3. If a student is receiving services under Special Education (including GATE) or Section 504, a notice should be placed in the record so that school personnel are aware of the additional supports. Furthermore, the SPED or Section 504 record should include copies of psychoeducational evaluations, psychological assessments, and other reports related to the student.

4. All standardized test results including reading and math placement scores should be filed in the Academic Record.
5. Withdrawal or transfer forms for each time a student transfers or withdraws.
6. Document 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 the following:

1. Required forms or records to be filed in the student's Health Record:
    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. Forms or records to be filed in the student's Health Record 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 Forms
    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).

4. Counseling Services Record
    a. *School Counselors Confidential Guidelines Acknowledgement* (Appendix 3-2)
    b. *School Counseling Informed Consent* (Appendix 3-3)
    c. *Consent to Exchange Confidential Student Information* (Appendix 3-4)
    d. *Counselling Progress Notes* (Appendix 3-5)

****Note: School counselors are responsible for filing all counseling documents in the Cumulative Record at the end of each school year.**

C. Student Conduct Record

The Student Conduct Record shall be placed in the student cumulative record when a student transfers to another 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 principal or designee 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 to another school, responsibility for the record is also transferred to the receiving school. 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 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*: *Student Records, Section I.D* (Appendix 4-1), "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 where it 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: Student Records, Section II.A.10* (Appendix 4-1).

B. Release of Information

1. Family 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. 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 information, 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 case of health and safety emergencies;
    i. Local authorities, within a juvenile justice system, pursuant to specific local law.
4. Schools may disclose, without consent, "directory" information such as a student's name, date 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 right 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 OF CUMULATIVE RECORDS

The student's Cumulative Record should be maintained within the school that the student is currently enrolled and kept in lockable cabinets 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 the Health Insurance Portability and Accountability Act (HIPPA). 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 PARENT/LEGAL GUARDIAN OR STUDENT REQUEST TO ADD/REMOVE ITEMS FROM THE CUMULATIVE RECORDS

The parent/guardian of a student or an eligible 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 school make an amendment to the record.

If the school decides not to amend the education records in accordance with the request, it must inform the parent/guardian or eligible student of the refusal and advise them of their right to an appeal. The appeal process and the Parent Grievance Process is as follows:

1. The appeal to reverse the school's decision to amend the record must be in writing, addressed, and submitted to the Deputy Superintendent, Educational Support and Community Learning (DSESCL).
2. The DCESCL shall respond to the appeal within 10 calendar days.
3. If DSESCL decides not to amend the record, the parent or eligible student then has the right to place in the record, a written statement commenting on the information in the record and/or stating his/her reasons for disagreeing with the decision. This explanation will become part of the student's education record as long as this record is maintained and whenever a copy of this record is sent to any party, the explanation will accompany it.

INACTIVE RECORDS

A Cumulative Record becomes inactive if any of the following scenarios occur: 1) a cumulative record is not transitioned to a receiving school following a student withdrawal after a period of one

(1) academic year; or 2) a cumulative record is not officially collected by a student upon graduation. All inactive cumulative records remain at the school.

CUMMULATIVE RECORD FOR GRADUATING STUDENTS ONLY

All graduating students shall be given their cumulative record upon graduation. High schools are encouraged to include a cumulative record transition section in the senior clearance procedures.

****NOTE: Health Records not found in PowerSchool shall be maintained at the school.**

WITHDRAWAL AND TRANSFER PROCEDURES

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: (Where's the guidance for when information is not yet updated?)

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 be 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 are 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 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 of listing all off-island cumulative record transfers shall be maintained at each school. The log shall include the following information:

        - Name and grade of student
        - Name and address of requesting school
        - Date of withdrawal
        - A signature area for Student Attendance Officers (SAO) – SAOs will monitor compulsory aged students and must sign off on withdrawal form.
        - Date original records were transmitted

TRANSFER RECORDS FOR STUDENTS ARRIVING ON GUAM

The on-island school which the student has enrolled is responsible 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 the 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 if special education or other educational supports were provided by their child's previous school. If the answer is 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

Cumulative Records for students transitioning from elementary to middle school (i.e., grade 5 to 6) or from middle to high school (i.e., grade 8 to 9) on island during the summer should be transferred no later than three (3) weeks before the start of the academic school year. The school-level administrator shall designate personnel to ensure that the information in the student's cumulative

record are managed and transferred accordingly. The list below provides guidance to schools releasing and receiving cumulative records during the times mentioned above:

A. Releasing Schools' responsibilities:
   1. Elementary schools are responsible to hand carry student cumulative records of out-going 5th grade students to public middle schools.
   2. Middle schools are responsible for hand carrying out-going 8th grade records to public high schools.
   3. 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 manifest on each set of records being transferred. 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 given to the receiving school. Refer to items 1 and 2 in the following section.

B. Receiving Schools' Responsibilities
   1. Ensure the actual records received against the attached manifest match 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 one (1) calendar year.
   4. Establish procedures to determine whether:
      a. All students whose records are transferred 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 exiting and incoming 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 was forwarded 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 as soon as possible.

DESTRUCTION OF INFORMATION

5GCA § 20608. Disposal or Records, states records may be destroyed or disposed of in accordance with the provision 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.

CHAPTER 4

APPENDIX

NOTE: Forms contained in SOP 1200-023 are subject to updates based on changes to laws, GEB policies, and outside agency changes.

APPENDIX 4-1

BOARD POLICY 825: STUDENT RECORDS

Descriptor Term:	Descriptor Code:	Issued Date:
	825	2/12/97
STUDENT RECORDS	Rescind:	Issued:
	825	9/1/95

BOARD POLICY

I. DEFINITIONS

A) Education records: All of the written information maintained by the Department of Education (the Department) which relate to a student—regardless of the manner in which the written information is maintained—except for:
- records of personnel which are in the sole possession of the maker and are not accessible or revealed to any other individual except a substitute
- records of a law enforcement unit of an educational agency or institution which are maintained apart form educational records, maintained solely for law enforcement purposes, and not disclosed to individuals other than law enforcement

B) Eligible student: A student who has reached 18 years of age or is attending a postsecondary educational institution

C) Directory information: Information relating to a student including the student's: name; date of birth; school; grade in which the student is enrolled; time period(s) during which he/she is/was in attendance at a school; village of residence; participation in officially recognized activities and sports; weights and heights of members of athletic teams; degrees and awards granted

D) Legitimate educational interest: the need of a school official to know the contents of a student's educational records in order to perform a function required by his/her duties and responsibilities as a school official

E) Parent: A biological parent of a student (except if his/her rights under the Family Educational Privacy Rights Act have been terminated by a court order); a guardian; or a person acting as a parent in the absence of a parent or guardian

F) Student: Any person who attends or has attended a program of instruction of the Department of Education

G) School Officials:
1) persons employed by/under contract with the Department
2) persons duly elected to the Territorial Board of Education

3) persons appointed by the Department to an administrative or supervisory position PAGE 2 OF 6 – 825 – STUDENT RECORDS

II. ACCESS TO EDUCATIONAL RECORDS

A. When Permission From A Parent Or Eligible Student Is Not Required

The following may have access to—or, as circumstances dictate, be provided with either a copy of or the original set of—a student's educational records without having obtained permission form the student's parent or an eligible student;

1) The student him/herself
2) The student's parents, except for parents: 1) who are prohibited by court order from having access to the records, or 2) whose child is an eligible student, unless the child is being claimed by the parent as a tax deduction
3) School officials who have a legitimate educational interest in the records, providing that such access shall be limited to only those records to which the legitimate educational interest applies
4) Schools in which the student has enrolled
5) Certain federal and state authorities if the records are needed to audit or evaluate a federally funded program, provided that any data collected by such officials shall be protected in a manner which will not permit the personal identification of students and their parents by other than those officials, and personally identifiable data shall be destroyed when no longer needed for such an audit or evaluation
6) Persons who are involved with an application for financial aid
7) Organizations which are conducting studies for or on behalf of the Department for the purpose of developing, validating, or administering predictive tests, administering financial aid programs, and improving instruction, providing that the studies are conducted in a manner which will not permit the personal identification of students and the parents by individuals other than representatives of the organizations and the information will be destroyed when no longer needed for the purposes for which the study was conducted
8) Accrediting organizations in order to carry out their accrediting functions

Parties identified by a court order which requires the release of information contained in a student's educational records, provided the Department makes a reasonable effort to notify the parent of the student (or the student if he/she has reached eighteen years of age or is attending a postsecondary educational institution) of the order in advance of compliance

PAGE 3 0F 6 – 825 – STUDENT RECORDS

9) Appropriate parties in connection with an emergency, providing that all four of the following criteria exist and providing that the information which is released is limited to only that which is needed to address the emergency:
   a) there is a serious threat to the health or safety of the student or other persons
   b) the information which is requested is necessary to deal with the emergency
   c) the party to whom the information would be disclosed is in a position to deal with the emergency

d) time is of the essence in dealing with the emergency

10) Persons/organizations which request directory information, providing that they can show reasonable cause for wanting the directory information, and providing that only directory information is released to such persons or organizations

B. When Permission From A Parent Or Eligible Student Is Required

A parent, or the student if he/she is an eligible student, must consent in writing to providing access to or releasing educational records to any persons or parties not covered by the conditions or criteria listed in section (A) above. The written consent must include at least:

1) the signature of the parent or eligible student
2) the date on which the consent was signed
3) a specification of the records to be disclosed
4) the purpose(s) of the disclosure
5) the parties or class of parties to whom the disclosure may be made
6) if applicable, the date on which the consent is to terminate

III. RIGHTS OF PARENTS AND ELIGIBLE STUDENTS

Parents and eligible students have the following rights. The rights accorded to and the consent required of parents are accorded only to students who reach the age of eighteen or who are attending postsecondary educational institutions. The status of eligible students who are claimed by their parents for tax deduction purposes does not otherwise affect the rights accorded to and the consent required of eligible students.

A) to inspect and review the educational records of the student in accordance with the following:

1) the inspection shall be allowed within a reasonable amount of time, not to exceed 45 days after the request has been made

2) the custodian of the records may require that the inspection of the records be scheduled by appointment, providing that annual notice of such a requirement is provided to parents as required by Part IV.

3) The custodian of the records provide the parent or eligible student at the time of inspection with a listing of:

a) the types of educational records being maintained,
b) the location of every part of the educational records, inclusive of multiple locations of educational records if applicable
c) the titles and addresses of the officials responsible for the records

4) the custodian of the records shall have personnel who are qualified and capable of explaining the records present at the time of the inspection, and the custodian of the records shall provide a response to reasonable requests for explanations and interpretations of the records within a reasonable amount of time of the requests

5) The parent or eligible student shall be provided with a copy of the records where failure to do so would effectively prevent a parent or eligible student from exercising their right to inspect and review the records

6) The parent or eligible student shall be restricted to inspecting and reviewing only specific information which pertains to their child or the eligible student when educational records contain information on more than one student

7) Parents and eligible students may be charged a copying fee of up to 25 cents from every page provided to them

B) To request to amend education records in accordance with the following:

1) the request may be made either verbally or in writing

2) the parent or eligible student shall be informed within a reasonable amount of time of whether the request has been denied or granted PAGE 5 OF 6 – 825 – STUDENT RECORDS

3) if the request if denied, the parent or eligible student shall be informed of the reason of the denial and that they have the right to a hearing to challenge the content of the educational records

4) if a hearing is requested, the following shall apply:
   a) the hearing shall be held within a reasonable period of time after the request for the hearing has been received
   b) the parent or eligible student shall be given reasonable advance notice of the date, place, and time of the hearing
   c) the hearing shall be conducted by an official of the Department who does not have a direct interest in its outcome
   d) the parent or eligible student shall be afforded a full and fair opportunity to present evidence relevant to the hearing issues, and may be assisted by persons of his/her choice
   e) the decision stemming from the hearing shall be made within a reasonable amount of time after the conclusion of the hearing
   f) the decision shall be based solely on the evidence presented at the hearing and shall include a summary of the evidence and the reasons for the decision

5) If, as a result of the request as per Item (1) or the hearing as per Item (4), it is determined that it is necessary to amend the educational records, the indicated amendment shall be made as soon as possible, but prior to when the educational records are transferred to another location.

6) If, as a result of the hearing as per Item (4) it is determined that the educational records do not have to be amended, the parents or eligible student shall be informed that they have the right to place in the educational records of the student a statement commenting upon the information in the records and/or setting forth any reasons for disagreeing with the decision. Any statement so placed in a student's educational records shall be maintained in the records as long as the records or contested portion thereof is maintained.

C) To refuse to permit the disclosure o any or all of the information contained in a student's educational records designated as directory information to persons or

parties other than those specified by Section II, Items A1-A10; and to be informed of the effect is such a refusal will or may have upon the student, providing that such refusal is provided to the custodian of the records in writing.

IV. RESPONSIBILITIES OF CUSTODIANS OF EDUCATIONAL RECORDS

A) To ensure that the information contained in students' educational records are not disclosed to unauthorized parties through any means, written, verbal, or otherwise

B) To provide parents and eligible students with annual notice of the following. Such notice shall be given by means, which are most likely to inform parents and eligible students, inclusive of providing for the need to effectively notify parents of students identified as having a primary or home language other than English.

1) The types of educational records being maintained and their locations

2) persons responsible for maintaining each type of record

3) the original set of educational records will be forwarded to any school in which a child has enrolled—provided that the school in possession of the records shall not release them until it has received a request on official letterhead from the school in which the student has enrolled. Parents and eligible students cannot be given the original set of cumulative records at the time of transfer or withdrawal of the student.

4) Their rights as specified by Section III of this policy
5) That Board Policy 825 explains the regulations of the Department regarding students' educational records, and that they may obtain a copy of this policy from their child's school

6) That parents and eligible students have the right to fail a complaint with the Department regarding alleged failure of a custodian of educational records to abide by the provisions of this policy

C) When a disclosure is made pursuant to Section II.B of this policy:

- to maintain a record in the student's educational records of the information listed in Section II.B of this policy; and,

- to provide a parent or eligible student with a copy of the records which are disclosed if so, requested by the parent or eligible student.

D) to comply with all other of the provisions of this policy not specified above.

ADOPTED: Board of Education 4/24/73
AMENDED: 2/1/83; 11/1/83; 12/3/85; 9/1/95; 1/17/97

Student Procedural Assistance Manual

CHAPTER FIVE

Substance Use

STANDARD OPERATING PROCEDURES
GUAM DEPARTMENT OF EDUCATION

CHAPTER 5
SUBSTANCE USE

INTRODUCTION

The Guam Department of Education recognizes the use of alcohol, drugs, tobacco, nicotine, and other substances by students has a damaging effect on the normal development, well-being, and academic performance of students. Students who use substances at an early age are at a greater risk for developing a substance use disorder later in life. Adolescence is an especially vulnerable time due to their developing brain, therefore, places young people at high risk of developing substance use problems and disorders. 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 use policy. The district considers prevention, screening, brief intervention and education, and referral to a comprehensive program.

SUBSTANCE USE

Any student who is found to be under the influence; to distribute, share and/or sell; or be in possession of drugs, alcohol, tobacco, nicotine, unlawful drugs, controlled substances, hallucinogens, and paraphernalia while on school property or during any school-sponsored activity, will be subject to discipline as detailed *SOP 1200-018: Student Conduct Procedural Manual*. However, non-punitive consequences must be provided to students who admit to using substances, who are not intoxicated or in possession of drugs or alcohol, and who are seeking help for their substance use behaviors. These students must be referred to a school health/guidance counselor for support and services as stated in *Board Policy 420: Control of Unauthorized Drugs and Alcoholic Beverages*.

TRANSITION SERVICES

Students returning from a community inpatient, residential, or outpatient program will be supported by the school. The primary transition services 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 transition plan. Should the transition plan entail designated support from school-level professionals, such as a social worker, school counselor, or school health counselor, the school is responsible for ensuring these supports are provided. All transition plans shall be implemented, documented and reviewed periodically to ensure that the school is providing the appropriate support and services.

GUIDANCE FOR DEALING WITH STUDENTS WHO ARE INTOXICATED OR APPEAR TO BE UNDER THE INFLUENCE

A. Ensure the safety and welfare of all students and staff. The immediate priority in any drug related incident is to ensure the safety and welfare of all students and staff. Staff must attend to the safety and welfare needs of all students involved, including those not directly concerned but who may have observed the incident. Immediate action might include establishing the basic facts necessary to ensure the safety and welfare of the students. It may be necessary to find out from the students:

1. What type of drug was taken
2. How much was taken
3. When and how it was taken
4. Whether more than one type of drug was taken
5. Whether anyone else was involved
6. Summoning help or providing first aid or emergency care
7. Isolating students or confiscating any drugs.

B. Inform the principal.

1. The principal must be informed immediately of any drug related incident in the school.
2. The principal or designee will determine disciplinary action and support for student.

Informed Consent for Mental Health Screener (s) shall be issued at the time of disciplinary action with parent, student and school counselor. Refer to Chapter 17 for details in Section N.

C. An assessment by the School Health Counselor (RN) must be conducted.

1. Due to the health and safety risks involved with substance intoxication (i.e., alcohol poisoning, seizures, physical injuries due to falling down) the school health counselor should assess the student to determine if emergency medical services are needed.
2. The school health counselor will utilize the *Physical Assessment Checklist for Suspected Substance use* form (PACSSA; Form 5-1). The PACSSA **must only** be administered by the school health counselor (school health counselor).
3. The *Drug Matrix* (Appendix 5-1) and *Crossfaded: Combining and Over-Indulging in Alcohol + Marijuana* (Appendix 5-2) handouts provides information on the physiological and behavioral symptoms related to substance intoxication and use.

**Note: There may be circumstances where a school health counselor is not at the school site and unavailable (e.g., training, sick leave). In these cases, the school administrator is responsible for determining if emergency medical services are needed (i.e., the need to call 911).

Notify police.

1. If a student is in possession of a suspected illegal substance the police must be notified immediately.
2. If a student is in possession of alcohol and/or marijuana police must be notified immediately.

E. Informing Parents

1. In general, the principal must inform parents or caretakers of the incident and involve them in the management of drug related incidents. The principal may need to consider informing the parents of students not directly involved but who may have observed the incident. Refer to the above section on *Confidentiality* regarding the privacy rights of students.

F. Sending Students Home

1. A student must not be sent home before the end of the school day without notifying a parent or caretaker and, if necessary, reaching agreement about arrangements for the collection of the student from school.

G. Screening, Brief Intervention, and Referral for Treatment (SBIRT)

1. School level interventions to address substance use issues among students includes screeners, brief intervention group sessions, and referrals for treatment. The following section provides the evidence based framework of SBIRT and outlines steps and supports schools can provide to students struggling with substance use problems.

SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT (SBIRT)

According to the US Department of Health and Human Services, Substance use and Mental Health Services Administration, "Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an evidence-based practice used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs. It is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders."

There are three components of the SBIRT framework: Screening, Brief Intervention, and Referral to Treatment. Screening consists of systematically asking students a very brief set of questions (using a validated screener as described below) to identify students at risk of or experiencing substances use related problems. Brief Intervention consist of short-term, low intensity counseling that raises awareness of risks and motivates students toward acknowledgement of problematic substance use behavior. Referral to Treatment is a set standard procedure to ensure students have access to and utilize specialty care for adolescents with substance use disorders. SBIRT identifies students with substance use disorders and students at-risk of developing a substance use disorder. The effectiveness of SBIRT in adolescents has been observed through randomized clinical trials in various settings, including public schools (Higgens, 2016).

The Substance Use Screener called "Car, Relax, Alone, Forget, Friends, Trouble" (CRAFFT 2.1) was identified by the Guam Department of Education (GDOE) Student Support Services Division (SSSD) as a screening tool for substance use in the school campus. The CRAFFT 2.1 is empirically based

and developed through primary research (Knight 2002; Levy, et al, 2004). It can be integrated into student discussions as part of a universal grade level screening. The CRAFFT 2.1 is concise, easily administered, non-clinical, and will assist school counselors to empower positive changes in students.

Please reference the Social and Emotional Wellbeing Chapter for further information.

SBIRT Process

SBIRT (Screening, Brief Intervention, and Referral to Treatment) takes a positive approach to encourage prevention, intervention, and recognize ahead of time any risk factors for substance misuse among middle and high school students. SBIRT is a framework that motivates adolescents to live in a positive lifestyle without substance use (Harris, et al, 2012; Walton, et al, 2014). According to the Substance use and Mental Health Service Administration (SAMHSA), SBIRT is an evidence-based practice used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs. Public schools provide opportunities for early intervention, using SBIRT, with at-risk adolescents. According to SAMHSA, SBIRT is a "comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders" (SAMHSA, n.d.). The effectiveness of SBIRT in adolescents has been observed through randomized clinical trials in various settings, including public schools (Higgens, 2016). There are three components of the SBIRT framework: Screening, Brief Intervention, and Referral to Treatment.

Screening:

The SBIRT approach utilizes a validated substance use screening tool in order to identify risk factors that lead to substance use in students within GDOE's Secondary Schools. The S2BI (Screen to Brief Intervention) screening tool has been validated to use with adolescents ages 12-17 to assess the level of risk of a substance use disorder (SUD) based on past year frequency of substance use. Use of validated tools is critical to determine substance use experience and ensure that an appropriate message and/or intervention is provided. Students should complete screening either electronically or on paper, and then discuss the results with a trained staff member. School staff can use the results of the S2BI to select the appropriate level of care:

1. No use → Positive Reinforcement
2. Once or twice = No SUD → Brief Advice
3. Monthly use = Mild /Moderate SUD → Brief Intervention, Reduce use
4. Weekly or More = Severe SUD → Brief Intervention, Referral to Treatment

Brief Intervention:

Brief intervention focuses on early prevention designed to be a verbal discussion that offers positive reinforcement for healthy choices, education about substance use, and raises student knowledge and understanding about risks related to substance use. After establishing what level of risk a student falls into based on the S2BI, further assessment is performed using the CRAFFT to assess substance use behaviors and motivations. Any student who reports using more than once or twice in the past year should receive further assessment. Students who score within the low to medium range on the CRAFFT for drugs and alcohol are eligible to participate in the Substance Use Small

Group Sessions that are provided as a school level counseling intervention. The Small Group Sessions consists of four (4) to nine (9) students who will participate in at least five (5) group sessions facilitated by secondary school counselors at the school campus. These sessions focus on providing students with information on substance use topics including cravings, past experiences with substance use, interpersonal relationships, self-sabotage, short and long-term consequences, social pressures, and triggers. Students must be willing to participate, and parental informed consent is required. Small group sessions are non-judgmental, non-confrontational, non-punitive, and are grounded through supportive counseling and education.

Referral to Treatment:

Students who fall within the High Range on the CRAFFT 2.1 are referred to the School Based Behavioral Health (SBBH) program for an assessment to determine the appropriate treatment. SBBH clinicians provide assessments and group therapy. The Substance Use Intervention (SUI) program consists of 16 group therapy sessions that run between nine (9) to 16 weeks. The SUI focuses on an intensive discussion to address present substance symptoms, early substance recovery, readiness to change, relapse prevention and recovery environment for students. Students must be willing to participate in the group and parental informed consent is required.

SBIRT – SCREENING

Screener (s) for Substance Use must not be conducted when a student is intoxicated, appear under the influence of substances, or experiencing acute medical or behavioral symptoms.

Roles and Responsibilities for School Administrators

School administrators are important leaders in assisting their school counselors complete the S2BI and CRAFFT. They are responsible for ensuring secondary school counselors implement the S2BI and CRAFFT at their school campus at intervals designated by the GDOE's Student Support Services Division and in coordination with the GDOE's School Based Behavioral Health program. The role and responsibilities of the secondary school administrators include:

1. Recognizing and supporting the secondary school counselor's professional role to administer the screening tool.
2. Recognizing and supporting the need to implement the SBIRT process.
3. Ensuring sufficient staff resources are available for completing the SBIRT process.
4. Becoming informed about substance use, its particular risk of harm to adolescents, and the procedures, goals, and anticipated outcomes of conducting the screener in the school campus.
5. Ensuring the implementation of school policies for the screener and ensuring student confidentiality are met.
6. Informed Consent is required for partaking in screener for substance use, participating in small group sessions and Substance Use Intervention. Please refer to the Social and Emotional Chapter 17 regarding Informed Consent.
7. Emphasizing to parents and community members (e.g., coaches, club advisors,) that student screening results are to be kept confidential.
8. Emphasizing to faculty, administrators, and school staff that screening results will not be shared with them.
9. Ensuring that all secondary school counselors who conduct SBIRT regularly attend Professional Development.

10. Ensuring that all data collected during the screening are protecting student privacy and confidentiality (i.e., no identifiers on any data).

The role and responsibilities for School counselors

1. School Counselors will administer the substance use screener no later than 45 days after obtaining an Informed Consent For Mental Health Screeners signed by students' parents/legal guardians.
2. Offering positive reinforcement for students whose S2BI screening results are "never".
3. Offering cessation advice and facilitating a concise discussion of negative health consequences of substance use for students whose S2BI screening results are "once or twice".
4. Providing supportive counseling.
5. Provide small group sessions about substance use for students who score in the low to medium range on the CRAFFT 2.1.
6. Participating in receiving consultation from the SBBH clinicians and School Health Counselor to provide continuity of services to their students with substance use challenges.
7. Providing follow-ups for students identified as low to medium risk as a result of the screening tool (CRAFFT 2.1).
8. Providing referrals and follow-up to School-Based Behavioral Health and outside resources when screener results are High.
9. Providing consultations to teachers and other appropriate school staff as it relates to the social and emotional needs of students.
10. Providing crisis intervention and referral, as needed in their school site.
11. Participating in Professional Development for ongoing training.

The role and responsibilities of SBBH Program Coordinators (i.e., SSSD Program Coordinator)

1. Collaborating with school administrators to ensure that the screener(s) for substance use (CRAFFT 2.1) as well as Brief Interventions (Small Groups) are being utilized.
2. Creating and/or modifying forms for data collection.
3. Collecting and maintaining substance use and other SBBH data.

Students who receive an Office Discipline Referral for possession/distribution/or use of substances (i.e., alcohol, drugs, inhalants, etc.) are able to be administered the screener (s) for substance use (CRAFFT 2.1) no less than 45 days after an Informed Consent for Mental Health Screeners has been signed by student's parent/legal guardian.

SBRIT BRIEF INTERVENTIONS

Substance Use Small Group Sessions

1. School counselors and school administrators shall work collaboratively to address logistics for the Small Group Sessions. This includes identifying dates, times, and confidential spaces that are appropriate for the Small Group Sessions located at the school campus.
2. Small Group Sessions are available for students who score in the low to medium ranges on the CRAFFT 2.1. For CRAFFT 2.1 risk levels please see Appendix 5-4.
3. The number of students that may participate in the Small Group Sessions range from 3 to 9. Written consent from parents for students' participation in the Small Group Sessions must be obtained prior to the start of sessions.

Small Group Session Curriculum	
Small Group Session 1: Cravings	The purpose of this small group session is to discuss and teach students how to identify and cope with their feelings of wanting to use substances.
Small Group Session 2: Past Experiences	The purpose of this small group session is to allow students to discuss their past experiences with substance use. The group session also provides an opportunity for students to verbalize their thoughts about how substances have impacted an individual's life.
Small Group Session 3: Interpersonal Relationship	The purpose of this small group session is to assist students to increase their communication skills through sharing feelings and thoughts in order to refuse and avoid individuals who offer substances to them.
Small Group Session 4: Self Sabotage	The purpose of this small group session is to teach students how to stop self-sabotaging behavior and to explore reasons why people might self-sabotage. Student may learn how to detect signs and to overcome their self-sabotage behaviors.
Small Group Session 5: Short Term and Long Term Consequences	The purpose of this small group session is to discuss with students the short term and long term psychological and medical effects of substances. A discussion on the legal consequences is also discussed.
Small Group Session 6: Social Pressures	The purpose of this small group session is to discuss various social pressures that may lead to substance use. Peer pressure is discussed in this group session.
Small Group Session 7: Triggers	The purpose of this small group session is to help students discuss internal and external triggers for substance use. Coping with triggers will also be part of the focus of the group.

SBIRT REFERRAL TO TREATMENT

Referral Procedures for Substance Use (SU) Assessment

1. School counselors will identify students who fall within the High Range in the *Substance Use Screener, CRAFFT 2.1* (Form 5-3).
2. School Counselor will inform the student that his or her responses to screener questions falls in the High-Risk Range and student may benefit from further assessment to determine what level of treatment would be most appropriate.
3. The School Counselor must obtain student permission to involve School Based-Behavioral Health Services and to sign a *Consent to Exchange Confidential Student Information* (Form 3-4) in the referral process.
   a. If the student does not grant permission, the School Counselor will provide the student with Brief Intervention through the Small Group Sessions.
   b. If student refuses Small Group Sessions, school counselor shall provide individual supportive counseling to increase student's readiness to change.
4. Once the student completes a *Consent to Exchange Confidential Student Information*, the school counselor shall complete the *Referral for SUI Assessment* (Form 5-4) form and send it to the SBBH Program Coordinator.
5. The school counselor shall hand deliver the document to Student Support Services Division (SSSD) at GDOE Building B, 3rd floor. The referral form should be in a sealed envelope and addressed to the SBBH Program Coordinator.
6. SBBH Program Coordinator will contact parents within ten (10) business days to coordinate SUI Assessments with SBBH providers.
7. SBBH Providers will obtain parent informed consent and complete the SUI Assessment.
8. Once Assessments are completed, SBBH Program Coordinator will follow-up with the school counselor of the student's disposition. Dispositions by the SBBH Provider may include any of the following:
   a. Individual Supportive Counseling – GDOE School Counselor
   b. Small Group Sessions – GDOE School Counselor
   c. Substance use Intervention – GDOE's School Based-Behavioral Health Program
   d. Individual Therapy – GDOE's School Based Behavioral Health Program
   e. Referral to Sanctuary Incorporated Guam – For Substance use Treatment – Programs include Sagan Na' Homlo (Residential), High Hopes (Intensive outpatient), Pathways (non-intensive outpatient)
   f. Referral to primary health provider
   g. Referral to Guam Behavioral Health and Wellness Center

Students in need of Substance Use Treatment will be referred to Sanctuary Incorporated Guam in cases where GDOE's SUI Program is not available.

SUBSTANCE USE INTERVENTION PROGRAM

GDOE offers a Substance Use Intervention Program to middle and high schools. The program provides substance use group therapy to students who score within the high ranges on the CRAFFT 2.1 screener conducted by their school counselor. Students may be self-referred, or they may be referred to the program through Office Discipline Referrals or the Child Study Team Process.

The SUI Program utilizes the Adolescent Recovery Plan Curriculum for Substance use that comes from the Hazeldan Experiential Learning Program. This evidence-based curriculum provides quality information and support to students – including education, intervention, treatment, recovery, and personal growth.

The curriculum is made up of a broad-based cognitive and experimental approach to recovery described as the Four Phases of Growth: Accepting Responsibility, Deciding to make changes, Making Important

Changes, and Preventing Relapse. The curriculum includes sixteen (16) group therapy sessions for students and seven (7) group therapy sessions involving parents.

The SUI program is approximately nine (9) to sixteen (16) weeks long. Each session is 2 hours for both the student program (32 total hours) and the combined student and parent sessions (14 total hours). The program's group therapy sessions are open to a maximum of 15 students. Once sessions begin, the program will not allow new students to enter the group until the next cycle commences. Students who miss 3 consecutive sessions or a total of 4 sessions will be dropped from the program and placed on a waiting list.

Student Eligibility for SUI Group Therapy

1. SUI Assessment from GDOE SBBH Providers must be conducted.
2. Student must meet criteria for a Substance use Disorder noted within the Diagnostic and Statistical Manual for Mental Disorder-5 (DSM-5).
3. Student meets the level of appropriate treatment for the SUI within the ASAM dimensional criteria for admission as determined by SBBH Providers.
4. Student must agree to participate in SUI.
5. Students and Parents have signed the *Substance use Intervention (SUI) Program Agreement Form* (5-5) and attended the SUI Program Orientation.
6. The SBBH providers must consider the exclusion criteria listed below when determining suitability of SUI Group.

a. Student does not meet criteria for a DSM-5 substance use diagnosis. In this case, the student will be referred back to the school counselor for Brief Intervention, which may include small group sessions or individual supportive counseling.
b. Student has severe psychiatric symptoms (Mania, Depression, Psychosis, Anxiety)
c. Students with cognitive challenges or intellectual deficiency.
d. Students who are in the pre-contemplation stage of the *Stages to Change* model. In this case, student may benefit from individual counseling sessions using motivational interviewing or a referral to Sanctuary Incorporation Guam.
e. Students with lack of social skills and severe behavioral challenges.

SUI Program – Roles and Responsibilities

The Student Support Services Division (SSSD) facilitates, coordinates, and monitors the SUI program. The District Psychologist/Clinical Director is the *lead facilitator* for the sessions with the School-Based Behavioral Health (SBBH) Clinical Interns and School Psychologists serving as facilitators. Description for these roles are listed below:

1. Clinical Director of SBBH (i.e., a District School Psychologist) – oversees the entire SUI Program and supervises Clinical Interns. Other District School Psychologist will be conducting groups as a facilitator.
2. The Facilitator (i.e., a District Psychologist or a SBBH Clinical Intern) – conducts American Society of Addiction Medicine (ASAM) Criteria/Assessment on students, facilitates SUI Program sessions, maintains student charts, writes progress notes for sessions, and documents student treatment into PowerSchool.
3. SBBH Program Coordinator (i.e., SSSD Program Coordinator) provides the following services:

a. Utilizes data to inform progress of the SBIRT process, SUI programs, and other SBBH services.
b. SBBH Program Coordinator will contact parents within ten (10) business days to coordinate SA Assessments with SBBH providers.
c. Once Assessments are completed, SBBH Program Coordinator will follow-up with the school counselor of the student's disposition.
d. Maintains list of students who have completed the SA Assessment and are eligible for SUI Group Therapy.
e. Coordinates with school administrators regarding the SUI Parent and Student Orientation notice letter and SUI Orientation meeting.

f. Assists SBBH providers to ensure all pertinent documents are reviewed, completed, and signed by student and parent.
g. Tracks SUI Student information including demographics, drug of choice, ASAM Level of Care, DSM-5 Diagnoses, Legal Status, Treatment Session Hours, (completed, non-completed, and repeated treatment), and the Number of Cycles.
h. Coordinates SUI Commencement Ceremony, develops, and provides Certificate of Completion for each student.

Curriculum Details, Types of Offenses, and Program Procedures for the SAI Program

Student Curriculum Component	
Phase I: Accepting Responsibility	The primary goals are to break through the rigid set of denials and dishonesty that has kept the adolescent from making positive change and to take full responsibility for recovery. *The phase will include four (4) sessions: Getting Honest, The Cost of Drug Use, The Facts of Drugs, and The Disease of Addiction.*
Phase II: Deciding to Make Changes	The primary goals are to build trust in self and other people, and to break the adolescent's refusal to accept help. *The phase will include four (4) sessions: Upward Pathways, Learning to Trust Again, I'm Note Perfect, So What? and Rediscovering Me.*
Phase Three: Making Important Changes	The primary goals are to identify and confront self-defeating habits that enables the abuse and to replace them with positive alternatives. *The phase will include five (5) sessions: Getting the Stink Out of My Think, Getting Real About How I Feel, Successful Relationships, Family Relationships, and The Miracle of Forgiveness.*
Student Curriculum Component	
Phase IV: Preventing Relapse	The primary goal is to practice the new skills until discomfort, uncertainty, and conflict associated to the abuse change into strengths that support the recovery. *The last phase will include three (3) sessions: Bridging the Gulf of Relapse, My Plan Against Relapse, and Lessons Learned and Closure.*
Parent Curriculum Component	
Parent and Family Sessions will be conducted in seven (7), two-hour group sessions. The goals for these sessions are to recognize the disease, break the denial that comes with it, and make the changes to truly recover from substance abuse. The sessions include *Denial Trap, The Cost of Drugs, The Facts About Drugs, The Disease of Addiction, Fearless Family Inventory, Miracle of Forgiveness, and Our Family's Plan Against Addiction.*	
Types of Substance Abuse Offenses	
Use/Possession/Distribution of Alcohol Products	
Intoxication	
Use/Possession/Distribution of Contrabands/Drugs	
Use/Possession/Distribution of Inhalants	

SUI Program Procedures

1. The School Administrator must identify a Discipline Principal as the *school designee* for the SUI program.
2. School must identify two (2) School Counselors as *co-facilitators* for the initial meeting and sessions. Co-facilitators are responsible for observing and assessing students' behaviors and emotional responses, escorting student(s) to the restroom, and providing 1:1 support for students who are having difficulty with the topic. They are also responsible for providing support and follow-up to students post intervention.
3. SBBH Program Coordinator shall arrange an **Initial SUI Logistics Meeting** with the identified SUI Facilitator, School Designee, and School Counselors. The *Substance use Intervention (SUI) School Agreement Form* (Form 5-2) must be reviewed and signed by school counselors and administrator.
4. *SBBH Program Coordinator* coordinate the following:
   a. Identify the SBBH provider (*Facilitator*) who will be assigned to the school for the program.
   b. Confirm Intervention Schedule and provide the dates when the sessions will take place at the school.
   c. Provide the dates when the District Psychologist (*Lead Facilitator*) *and Facilitator* will conduct the American Society of Addiction Medicine (ASAM), a patient placement criteria/assessment. The ASAM help determines the severity and level of functioning, needs and resources, and problems and strengths of students seeking substance use services. Administration time for the ASAM is approximately 45 minutes per student.

Please note: Should a school have a SUI group session taking place at a time a student commits offense for that same school, the student will be placed on the next scheduled cohort for the school, or the student will be referred to Sanctuary Incorporated Guam – Substance use Treatment.

5. *School designee* must ensure parent and student complete the following forms after intervention schedule has been confirmed by the *SBBH Program Coordinator:*
   a. *Substance use Intervention Program Student Parent Agreement Form* (5-5)
   b. *Consent to Release Confidential Information* (5-8)
   c. *School Based Behavioral Health and Psychological Services Informed Consent for Evaluation, Treatment, and Services for Adult Child/Adolescent* (5-7).

The Consent to Release Confidential Information ensures all information provided during the SUI Program is protected as stated in state and federal (Federal Regulations – 42 CFR) statutes. The Informed Consent for Evaluation, Treatment, and Services for Adult/Child Adolescent allows student and parent to give permission to the department to provide treatment and services to student for substance use. The original Agreement Form should be filed in the student's Discipline Folder at the school and a copy should be provided to the *SUI Coordinator* to be placed in the SBBH district files. The *Informed Consent for Evaluation, Treatment, and Services for Adult/Child or Adolescent* and the *Consent to Release Confidential Information* forms must be provided to the *SUI Coordinator* to be placed in the SBBH district files. Copies of the latter forms **should not** be made nor placed at the school site.

6. School designee must provide the *Statement of Consumer Rights and Responsibilities* (Appendix 5-3) to student and parent for reference of their rights.
7. At the completion of the 16 sessions, the *SBBH Program Coordinator* will notify the *school designee* of the completion, and a certificate of completion will be provided to the school and a copy will be placed in the SBBH district file.
8. At the completion of parent component, the *SBBH Program Coordinator* will provide a certificate of completion for the parent to the school and a copy will be placed in the SBBH district file.

9. School counselors (*co-facilitators*) must provide support and follow-up from the time the SUI is completed to ensure student is progressing.

GDOE BRIEF TOBACCO INTERVENTION PROGRAMS

The Guam Department of Education's Brief Tobacco Intervention Program has several interventions to help students deal with tobacco and nicotine abuse. GDOE's BTI program focuses on two goals: to give students the support and information they need to stop using tobacco and nicotine and 2) provide a diversionary process that leverages suspension days, so students do not miss instructional time in school. The program has two intervention programs for students who are interested in quitting tobacco and nicotine: *School Counselor's Brief Tobacco Intervention* (SCBTI) and *QuitCoach BTI*. For students who do not want to participate in the intervention programs, a school administrator is required to review the *BTI Tool Kit* with the student and parent and have them sign a Declination Form refusing the services. The information below lists GDOE's BTI interventions, program descriptions, and referral procedures:

School Counselor's BTI

School counselors trained in Brief Tobacco Intervention (BTI) will be able to work with students in the *School Counselor's Brief Tobacco Intervention* (SCBTI). The SCBTI is a brief intervention approach that provides students with information regarding the harms of tobacco and nicotine use, benefits for quitting, and referrals to programs that help with quitting. The SCBTI is brief and lasts between 5 – 20 minutes. The main goal of the SCBTI is to assess student's readiness to change and to connect student to the most appropriate intervention possible (e.g., Quitcoach BTI or Fresh Start Cessation).

QuitCoach BTI

Students in the QuitCoach BTI course who are first time offenders complete five (5) counseling sessions with a certified QuitCoach coach or a Tobacco Cessation facilitator. For subsequent offenses, the number of counseling sessions increase with the hope of helping students learn and understand the root cause of nicotine addiction and improving coping skills for stress and anxiety. The program requires that both student and parent register for the program. Once registered, the student is assessed by a QuitCoach provider to determine what specific service and the amount of sessions are best for the student. QuitCoach BTI is quite versatile in how it is delivered. Students can choose to participate over the phone with a QuitCoach provider or face-to-face with a facilitator at their school.

The referral procedures for the QuitCoach BTI program is listed below:

1. Student is referred to a School Administrator for tobacco or nicotine use and/or possession. Tobacco and nicotine possession also involves possession of tobacco/nicotine delivery devices, i.e., Vaporizers and E-Cigarettes.
2. School Administrator adjudicates and finds the student guilty of the offense.
3. School Administrator introduces *QuitCoach BTI* as an intervention in lieu of suspension.
4. Student/Parent agrees to participate in the program and is ready or open to quitting. **Note: Parent must consent to having the student participate in *QuitCoach BTI*.**
5. School Administrator reviews the *QuitCoach BTI Student and Parent Agreement Form* (Form 5-5) with the student and parent.
6. School Administrator has the student/parent complete the *Tobacco Free Guam Quitline Fax Referral Form* (Form 5-7).
7. School personnel will email or fax (735-7500) the completed *Tobacco Free Guam Quitline Fax Form* and the *BTI Student and Parent Agreement Form* to Ms. Elizabeth Guerrero, elizabeth.guerrero@dphss.guam.gov from the Department of Public Health and Social Services (DPHSS).
8. Ms. Elizabeth Guerrero will identify a QuitCoach for the student and work with the student's school counselor to select an appointment time for the initial meeting.

9. The designated QuitCoach will meet with the student and School Counselor and determine the most appropriate *QuitCoach BTI* service:
    a. *QuitCoach BTI* via the Quitline (telephone services)
    b. *QuitCoach BTI* via face-to-face cessation counselling with a Tobacco Cessation Facilitator (QuitCoach).
10. The QuitCoach will then finalize BTI Session dates and times as well as discuss the expectations of the program. The *BTI Counseling Session Form* (Form 5-10) is completed during this session. The student's school counselor is responsible for providing a copy of the *BTI Counseling Session Form* (Form 5-10) to the QuitCoach, emailing the completed form to Ms. Elizabeth Guerrero at DPHSS, and filing the form in the student's Discipline Folder.
11. The number of sessions is progressive and increases the more the student is adjudicated for tobacco and nicotine offenses. Please refer to the "Intervention" section in the *BTI Student and Parent Agreement Form* for more information regarding counselling sessions.
12. When the student completes the recommended *QuitCoach BTI* sessions, the student's school counselor must notify Ms. Elizabeth Guerrero at DPHSS. Once the sessions are verified, Ms. Guerrero will email a certificate of completion to the school counselor and the coordinating school administrator. All forms should be placed in the student's discipline folder.

BTI Tool Kit

On January 1, 2018, Public Law 34-01 raised the minimum age of legal access to all tobacco products to 21. At the same time, the law requires that we provide violators with a tobacco education program. The BTI Tool Kit was created by GDOE to ensure that students have an opportunity to educational materials on tobacco use even for those who refuse to participate in the *School Counselor BTI* and the *QuitCoach BTI* programs described above. The BTI Tool Kit includes the *Why Should I Stop Using Tobacco* booklet (Appendix 5-3) and the *Declination of GDOE Brief Tobacco Intervention Services* Form (Form 5-8). The booklet provides information on Guam Tobacco laws, the harmful effects of tobacco use, and contact information to agencies and providers that may help students reduce and stop tobacco and nicotine use. The *Declination Form* (Form 5-8) documents that the *QuitCoach BTI* was offered to the student but the parent chose not to have their child participate in the program. The school administrator is responsible for reviewing the BTI Tool Kit with the parent and student as well as ensuring that the parent signs the *Declination Form*.

CHAPTER 5
FORMS

NOTE: Forms contained in SOP 1200-023 are subject to updates based on changes to laws, GEB policies, and outside agency changes. For the PDF fillable version of the forms listed in this chapter, refer to the Student Support Services Division website.

FORM 5-1

PHYSICAL ASSESSMENT

CHECKLIST for

SUSPECTED SUBSTANCE USE

School: _____

NAME:	**GR/RM #:**		**Time In:**	**Time Out:**
	DOB:	**M / F**	**VITALS**	
			BP:	**T:**
Dear Parent/Guardian: Your child reported to the Health Counselor's Office today for the following reason(s).			**O2 Sat:**	**P:**
			Pain Scale:	**R:**
Medical History:	**Referred by:**		**Allergies:**	**Other:**
Behavior/ Appearance & Level of Consciousness	( ) Alert & oriented ( ) Angry ( ) Agitated/ Argumentive ( ) Anxious ( ) Belligerent ( ) Bored ( ) Combative /violent		( ) Drowsy ( ) Confused ( ) Cooperative ( ) Dazed ( ) Disoriented ( ) Irritable ( ) Hallucinations	( ) Lethargic ( ) Stuporous ( ) Obtunded ( ) Jittery ( ) Paranoid ( ) Poor Coordination ( ) Restless ( ) Scared ( ) Sense of Euphoria Feeling high ( ) Other
Odor:	( ) Tobacco		( ) ETOH	( ) Other
Gait:	( ) Steady		( ) Weaving/needs help to walk	( ) Holding or reaching
Eyes: & Pupils:	( ) Wide eye ( ) Pinpoint		( ) Droopy eye ( ) Dilated ( ) Blank stare	( ) Red ( ) Watery ( ) Glassy
Speech:	( ) Normal		( ) Rapid/ raspy ( ) Incoherent ( ) Mumbling	( ) Slow ( ) Slurred ( ) Loud noisy
Other Signs and Symptoms	( ) Excessive perspiration		( ) Flushed face	( ) Frequent trips to restroom
( ) Chills and sweating	( ) Dizziness		( ) Dry mouth	( ) Tremors ( ) Twitching
( ) Muscle cramping	( ) Teeth Clenching		( ) Nausea	( ) Vomiting
( ) Nystagmus	( ) Seizures		( ) Dizziness	( ) Other

How do you feel?

_____

Do you know why you have been referred to the School health counselor office?

_____

History:

Are you currently ill? **Y / N** Explain:

_____

Have you ever had a seizure? **Y / N** Explain:

_____

Have you ever had a head injury? **Y /N** Explain:

_____

Are you on any medications? **Y / N** Name of medication(s): _____

Have you taken any drugs or alcohol? **Y / N** What kind? _____

What time did you wake up today? _____ How many hours of sleep did you get last night? _____

Comments: _____

_____

_____

Instructions/Recommendations/Disposition	
	Recommend rest and fluids.
	I recommend that you observe your child carefully and take him/her to the doctor if deemed
	I recommend that you take your child and this form to the doctor or clinic as soon as possible.
	Your child may return to school when fever free for 24 hours without fever reducing
	Must provide a written clearance from a doctor or medical provider before returning to school.
	Head injury precautions: Be alert for symptoms that worsen over time. Take your child to the ER right away if you observe any loss of consciousness, convulsions, headaches, dizziness, nausea, vomiting, slurred speech, drowsiness, and/or changes in personality.
	Please keep injury clean and dry and observe for signs of infection (redness, swelling, yellow discharge, increased pain and temperature)
	Student was referred to School Administrator Time:
	911 called Time:_____Time EMS arrived at school: _____ School Personnel Accompany EMS:
	Refused EMS Transport: _____ _____ Print Name Signature Relationship
School Officials Signatures	
School Administrator/Designee Name and Signature:	
School Health Counselor (SHC) or: **Licensed Practical School health counselor (LPN) name and signature:**	

FORM 5-2

Screening to Brief Intervention (S2BI) Tool

The following questions will ask about your use, if any, of alcohol, tobacco, and other drugs. Please answer every question by checking the box next to your choice.

IN THE PAST YEAR, HOW MANY TIMES HAVE YOU USED:

Tobacco?

- ☐ Never
- ☐ Once or twice
- ☐ Monthly
- ☐ Weekly or more

S2BI Tool developed at Boston Children's Hospital with support from the National Institute on Drug Abuse.
It is best used in conjunction with "The Adolescent SBIRT Toolkit for Providers" mass.gov/maclearinghouse (no charge).

Alcohol?

- ☐ Never
- ☐ Once or twice
- ☐ Monthly
- ☐ Weekly or more

Marijuana?

- ☐ Never
- ☐ Once or twice
- ☐ Monthly
- ☐ Weekly or more

***STOP** if answers to all previous questions are "never." Otherwise, continue with questions on the back.*

OVER

Prescription drugs that were not prescribed for you (such as pain medication or Adderall)?

- ☐ Never
- ☐ Once or twice
- ☐ Monthly
- ☐ Weekly or more

Inhalants (such as nitrous oxide)?

- ☐ Never
- ☐ Once or twice
- ☐ Monthly
- ☐ Weekly or more

Illegal drugs (such as cocaine or Ecstasy)?

- ☐ Never
- ☐ Once or twice
- ☐ Monthly
- ☐ Weekly or more

Herbs or synthetic drugs (such as salvia, "K2", or bath salts)?

- ☐ Never
- ☐ Once or twice
- ☐ Monthly
- ☐ Weekly or more

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SA3542
MAY 2015

FORM 5-3

The CRAFFT Interview (version 2.1)

To be orally administered by the clinician

Begin: *"I'm going to ask you a few questions that I ask all my patients. Please be honest. I will keep your answers confidential."*

Part A

During the PAST 12 MONTHS, on how many days did you:

1.	Drink more than a few sips of beer, wine, or any drink containing **alcohol**? Say "0" if none.	# of days
2.	Use any **marijuana** (weed, oil, or hash, by smoking, vaping, or in food) or "**synthetic marijuana**" (like "K2," "Spice") or "vaping" **THC oil**? Put "0" if none.	# of days
3.	**Use anything else to get high** (like other illegal drugs, prescription or over-the-counter medications, and things that you sniff, huff, or vape)? Say "0" if none.	# of days

Did the patient answer "0" for all questions in Part A?

Yes ☐ → **Ask CAR question only, then stop**

No ☐ → **Ask all six CRAFFT* questions below**

Part B		No	Yes
C	Have you ever ridden in a **CAR** driven by someone (including yourself) who was "high" or had been using alcohol or drugs?	☐	☐
R	Do you ever use alcohol or drugs to **RELAX**, feel better about yourself, or fit in?	☐	☐
A	Do you ever use alcohol or drugs while you are by yourself, or **ALONE**?	☐	☐
F	Do you ever **FORGET** things you did while using alcohol or drugs?	☐	☐
F	Do your **FAMILY** or **FRIENDS** ever tell you that you should cut down on your drinking or drug use?	☐	☐
T	Have you ever gotten into **TROUBLE** while you were using alcohol or drugs?	☐	☐

***Two or more YES answers suggest a serious problem and need for further assessment. See back for further instructions →**

NOTICE TO CLINIC STAFF AND MEDICAL RECORDS:
The information on this page is protected by special federal confidentiality rules (42 CFR Part 2), which prohibit disclosure of this information unless authorized by specific written consent. A general authorization for release of medical information is NOT sufficient.

FORM 5-4

DEPARTMENT OF EDUCATION

Student Support Services Division

501 Mariner Avenue, Barrigada, Guam 96913
Telephone: (671) 475-0504 or 300-1623/24
Fax: (671) 472-7888

REFERRAL FOR SUI ASSESSMENT

Date: _____

Referring School: _____

Administrator: _____ **Phone #:** _____

School Counselor: _____ **Phone #:** _____

STUDENT INFORMATION

First Name:
Last Name:
Student ID#:
Date of Birth:
Gender: ☐ Male ☐ Female ☐ Other
Grade:
Reason for Referral: Referral for assessment.

FORM 5-5

DEPARTMENT OF EDUCATION
Office of the Administrator
Student Support Services Division
501 Mariner Avenue, Barrigada, Guam 96913
Telephone: (671) 475-0504 or 300-1623/24
Fax: (671) 472-7888

JON J.P. FERNANDEZ
Superintendent of Education

CHRISTOPHER J. ANDERSON
Administrator

SUBSTANCE USE INTERVENTION (SUI) PROGRAM
STUDENT AND PARENT AGREEMENT FORM

Student Name (Print) _____

Parent Name (Print) _____

Parent Initial	Student Initial	Agreement
		Parent and student signed the Agreement Form acknowledging the program's expectations.
		Parent and student agreed to participate in the SUI Program *in lieu of suspension* and/or *as an intervention* for the offense of substance use.
		Parent and student understands the program provides both parent and student life skills in the areas of acceptance, informed decisions, and healthy relationships.
		Parent and student will be active participants during the group therapy sessions.
		Parent and student agreed to participate in the intervention schedule: (check one only) ( ) Student will only participate in the intervention that would include 16 sessions. ( ) Parent and student will participate in the intervention that would include 16 sessions for the student and 7 sessions for both parent and student.
		Parent and student completed and signed the following forms: 1. Consent to Release Confidential Information: Ensures all information provided during the SUI Program is protected and disclosed by state and federal. 2. Informed Consent for Evaluation, Treatment, and Services for Adult Child/Adolescent: Allows student and parent to give permission to the department to provide treatment and services to student for substance use.
		The Statement of Consumer Rights and Responsibilities was provided to student and parent.
		Parent and student understand the group therapy sessions will be held on school premises during school hours.

Student Signature & Date: _____

Parent Signature & Date: _____

Administrator Signature & Date: _____

FORM 5-6

SUBSTANCE USE INTERVENTION (SUI) SCHOOL AGREEMENT FORM

Schools participating in the SUI program must designate the School Administrator for Discipline (or a designee) and to include School Counselor to coordinate the program with the SUI Program Coordinator and School-Based Behavioral Health Services (SBBH) Clinical Director (or their designees). SUI Coordinator will coordinate with the participating school 2 months in advance. All critical action steps are required of both school and program personnel in order for the program to be effective as well as providing standard of care in service delivery to our students.

School Name: _____

Initial ADMIN	Initial School Counselor	Substance use Intervention (SUI) Checklist for Schools
		1. School shall identify 25 students who may be at risk for substance use challenges and who may benefit from the SUI Program. ODRs, self-referrals, and child study team data must be used in the identification of students. 2. Schools are responsible for completing the Verbal Substance Use Screening (CRAFFT 2.1) and referrals for Substance use (SA) Assessments with SBBH Providers.
		3. School shall support and collaborate with the SBBH Program Coordinator to coordinate the Parent and Student Orientation Meeting for SUI Program.
		4. School must ensure that the procedures and required documents in the Student Procedural Assistance Manual (SPAM) are completed: a. *Informed Consent for Mental Health Screener Form* (SPAM, Form 17-1) b. *SUI Program Student and Parent Agreement Form* (SPAM, 5-5) c. *School Based Behavioral Health and Psychological Services Informed Consent for Evaluation and Treatment Services for Adult/Adolescent Form* (SPAM, Form 5-7) d. *Consent to Release Confidential Information Form* (SPAM, Form 5-8) e. *Statement of Consumer Rights and Responsibilities* (SPAM, Appendix 5-3) f. *SBBH (School Based Behavioral Health) Refusal of Services form* (SPAM, Form 5-12)
		5. Schools must identify the students to participate in the program by _____. Schools need to provide a list of students and all signed consent forms to the SBBH Program Coordinator on this day. **Forms need to be completed at least one (1) week prior to date of ASAM.** **Scheduled date** _____
		6. Schools shall confirm two days and secure two hours for each day to hold the group therapy session. These sessions must be held during the morning hours. **Total number of hours to be completed: 32; 2 Hours per day = 16 sessions projected to begin the week of** _____ **and completed by the week of** _____ Please identify days and times: **M TU W TH F (Circle) Time(s):**_____
		7. Assigned school administrator or designee shall work with SBBH Program Coordinator to schedule the SA Assessment (ASAM) by the following date:_____ School should schedule students to complete ASAM in intervals of 45 minutes. The ASAM can be done through the week of _____. The SBBH Clinical team member, will conduct the ASAM.
		8. Students who are suspended while participating in the SUI Program are recommended to continue to attend the SUI group. Schools should allow suspended students to attend the SUI group on campus and then be picked up after the group session.
		9. School must identify a school counselor _____ as the co-facilitator for the group sessions. School counselors must participate and attend the entire group session.
		10. The school will send out the *Parent Notification Letter for SUI Orientation* (Appendix 5-5) two weeks prior to the scheduled SUI orientation for students and parents. If the parent(s) and student does not show up for the SUI orientation, the school must contact parent(s) and student to sign required forms.

		11. If attempts are unsuccessful the school shall submit a referral to the Student Parent Community Engagement (SPCE) program for follow-up. The SPCE personnel will be given all required documents to have parent(s) sign for SUI participation.
		12. Three (3) consecutive absences will result in student being dropped from the SUI group. Makeup for students who missed previous group should be allowed one makeup hour before the start of the next group session. Clinician to show up 1 hour prior to the start of group to conduct the makeup sessions. Four (4) absences will result in the removal from the program.
		13. Co-facilitator will continue to provide support and must conduct follow-ups to students post intervention.
		14. School administrator or designee and co-facilitator must attend the SUI Commencement Ceremony. The ceremony is usually scheduled during the last 20-30 minutes of the final session of SUI Group.
		15. SUI Groups shall occur during the morning time.
		16. Sessions will not be conducted during student lunch hours.
		17. The only authorized person to coordinate the scheduling of SUI sessions is the SBBH Program Coordinator.
		18. Any changes to the SUI treatment group (i.e., logistics, Facilitators) must be approved by the Clinical Director and SSSD Administrator.
		19. The school must identify a safe and secured room to store SUI materials for the duration of the SUI treatment program.

SCHOOL AGREES TO PARTICIPATE IN THE PROGRAM:

School Administrator Name, Signature & Date: _____

School Counselor Name (Co-Facilitator), Signature & Date: _____

SBBH Clinician Name, Signature & Date: _____

SBBH Program Coordinator, Signature & Date: _____

FORM 5-7

DEPARTMENT OF EDUCATION
Office of the Administrator
Student Support Services Division
501 Mariner Avenue, Barrigada, Guam 96913
Telephone: (671) 475-0504 or 300-1623/24
Fax: (671) 472-7888

JON J.P. FERNANDEZ
Superintendent of Education

CHRISTOPHER J. ANDERSON
Administrator

SCHOOL BASED BEHAVIORAL HEALTH AND PSYCHOLOGICAL SERVICES INFORMED CONSENT FOR EVALUATION AND TREATMENT
SERVICES FOR ADULT CHILD/ADOLESCENT

Last Name		First Name		Chart Number		DOB	

Consent to Evaluate/Treat: I voluntarily consent that I/my child will participate in behavioral health evaluations, treatment, and/or services by professional staff from the Guam Department of Education (DOE) – School Based Behavioral Health (SBBH). I understand that following the evaluation and/or treatment, complete and accurate information will be provided concerning the benefits of the proposed treatment/services.

Benefits to Evaluation/Treatment: Evaluation and treatment may be administered with interviews, assessments, testing, and other evidence-based practices. It may be beneficial to me/my child, as well as the referring professional, to understand the nature and cause of any difficulties affecting my/my child's daily functioning, so that appropriate recommendations and treatments may be offered. Uses of this evaluation include diagnosis, evaluation of recovery or treatment, and rehabilitation planning. Possible benefits to treatment include improved cognitive performance, health status, quality of life, and awareness of strengths and limitations.

Charges: There will be no fees for clinical services.

Confidentiality: Information from my/my child's evaluation, treatment, and/or services is contained in a confidential behavioral health record at GDOE, and I consent to disclosure for use by GDOE – SBBH staff for the purpose of continuity of my care/my child's care. I understand my/my child's provider(s) may need to discuss my/my child's protected health information (PHI) in a confidential manner with other GDOE professionals for the purpose of providing quality treatment and services. I am aware that additional professional staff may be asked to participate in the evaluation and treatment. I understand my/my child's PHI will be kept confidential unless I authorize that information be released or unless allowed by law. However, I do understand that there are limits to the confidentiality. In particular, I understand that protective action may need to be taken should I or my child reveal an intent to harm ourselves or others, or should we reveal any information regarding the abuse and/or neglect of a child, elderly, or disabled person.

Right to Withdraw Consent: I have the right to withdraw my consent for evaluation and/or treatment at any time by providing a written request to the Department or your treatment team.

Expiration of Consent: This consent will expire under a few conditions, including but not limited to: 1) You/Your child miss an appointment and do not respond to the staff's outreach efforts within a specified time frame, 2) You/Your child do not request or have not receive services for a continuous period of ninety (90)

days, 3) You/Your child relocate off island for more than ninety (90) days, 4) You/Your child do not need further treatment/services (i.e., completed treatment, stable, etc.) 5) You/Your child require/choose non-GDOE – SBBH services/provider, 6) You/ Your child refuse/chose to disengage in services by notifying the Department in writing.

Rights and Responsibilities: I acknowledge that I have been informed, understand, and have been given a copy of the Statement of Consumer Rights and Responsibilities.

By signing below, I have read and understand the above, have had an opportunity to ask questions about this information, and I voluntarily consent/ I voluntarily consent for my child to participate in behavioral health evaluations, treatment, and services at the Guam Department of Education – School Based Behavioral Health. I understand that I have the right to ask questions about the above information at any time.

*(*Note: GCA Ch. 19 allows consumers eighteen (18) years or younger, consenting to services that involve pregnancy related issues, HIV/AIDS/STDS, or substance use treatment, to sign this consent form)*

Signature of Consumer/Legal Guardian/Permitted Child	Date
Print Name	Personal Representative's Title (e.g., Guardian)

Witness Name	Witness Signature	Date	Time AM/PM

→**Routing:** Original to consumer's chart.

FORM 5-8

DEPARTMENT OF EDUCATION
Office of the Administrator
Student Support Services Division

501 Mariner Avenue, Barrigada, Guam 96913
Telephone: (671) 475-0504 or 300-1623/24
Fax: (671) 472-7888

JON J.P. FERNANDEZ
Superintendent of Education

CHRISTOPHER J. ANDERSON
Administrator

CONSENT TO RELEASE CONFIDENTIAL INFORMATION

This form is in compliance with the Federal Confidentiality Law
Government Substance use Patient Record (42 CFR Part 2) and Health Insurance Portability Accountability Act (HIPAA) 45 CFR

1. **Consumer Name and Mailing Address** **Medical Record #:** _____

_____

_____ **Date of Birth:** _____

2. **Name and Address of:**
   A. Requestor, if not the same as consumer: _____
   B. Institution holding and releasing information: _____
   C. Person or Institution to receive information: _____

3. **Type of Information (*Initial Below*)**
   A. Substance Use Information _____ D. Psychological Information _____
   B. HIV/AIDS Related Information _____ E. Medical Information _____
   C. Healing Heart Information _____

4. **Initial specific information to be disclosed & specify time period from _____ to _____**
   Summaries _____ Physical Examinations _____ Psychological Evaluations
   Demographics _____ Progress Notes Other _____

5. **Initial purpose for the release**
   Medical Follow-Up _____ Legal _____ Personal
   Other, explain _____

This consent has been made freely, voluntarily, and without coercion. Those who receive this information cannot disclose it to others unless permitted by Federal or State Law. This consent is subject to revocation at any time except to the extent that the program which is to make the disclosure had already taken action in reliance on it. This release is not valid after 12 months of the date of signature unless otherwise specified.

_____ _____
Date Signed Consumer's Signature

_____ _____
Date Witnessed Employee's Signature & Title

_____
Print Name & Title of the Employee Providing Information

_____ _____
Signature of Employee Providing Information Date

If date of revocation is prior to 12 months, complete this section.

_____ _____
Date Revoked Consumer's Signature

_____ _____
Date Witnessed Employee's Signature & Title

GDOE- SBBH 08/13/2016

FORM 5-9

TOBACCOFREE GUAM QUITLINE FAX REFERRAL FORM

Fax Number: 1-800-483-3114

FAX SENT DATE:_____/_____/_____

Provider Information:

CLINIC NAME: Department of Public Health and Social Services

CLINIC ZIP CODE:

CLINIC ADDRESS: 123 Chalan Kareta, Mangilao, Guam

CONTACT NAME: Elizabeth Guerrero / Christopher Sarla

FAX NUMBER: 671-735-7500

PHONE NUMBER: 671-735-7303 / 735-7334

I AM A HIPAA COVERED ENTITY – (PLEASE CHECK ONE) ☒ YES ☐ NO ☐ DON'T KNOW

Patient Information:

PATIENT NAME | DATE OF BIRTH | EMAIL

GENDER: ☐ MALE ☐ FEMALE PREGNANT: ☐ YES ☐ NO

ADDRESS and APT # (if any) | CITY | ZIP CODE

CONTACT NUMBERS: SCHOOL COUNSELOR NAME | SCHOOL COUNSELOR PHONE NUMBER

Calls will be made each week to support you. Please let us know what time you would like the Quitline to call you.

PICK A DAY: ☐ MONDAY ☐ TUESDAY ☐ WEDNESDAY ☐ THURSDAY ☐ FRIDAY

PICK A TIME BETWEEN 8AM AND 2PM GUAM TIME: _____

*Calls will be made no later than 15 minutes after the selected appointment time each week.

PLEASE CHECK YOUR PREFERENCE:

☐ I DO give my permission to Tobacco Free Guam Quitline to leave a message at the number listed above.

☐ I DO NOT give my permission to Tobacco Free Guam Quitline to leave a message at the number listed above when contacting me.
** *By not checking, you are giving your permission for the quitline to leave a message.*

LANGUAGE PREFERENCE (*PLEASE CHECK ONE*) ENGLISH ☐ SPANISH ☐ OTHER

____ I understand that this form registers me into Tobacco Free Guam Quitline and I will begin receiving phone calls as a (*initial*) participant in that program.

PATIENT SIGNATURE:_____ DATE:_____/_____/_____

Additional Information:

TOBACCO TYPE (check primary use): ☐ Cigarettes ☐ e-Cigarettes ☐ Smokeless Tobacco ☐ Cigar ☐ Pipe

HOW DID YOU HEAR ABOUT THE PROGRAM? _____

HAS YOUR DOCTOR EVER TOLD YOU THAT YOU HAVE THE FOLLOWING CONDITION(S)? (Check all that apply.)

☐ Asthma ☐ Chronic Obstructive Pulmonary Disease (COPD) ☐ Diabetes ☐ Heart Disease ☐ Does not know ☐ None

WHEN ARE YOU THINKING ABOUT QUITTING TOBACCO? ☐ Less than 24 hours ☐ 24 hours to less than 7 days

☐ 7 days to less than 1 month ☐ 1 month to less than 6 months ☐ 6 months or more

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Confidentiality Notice: This facsimile contains confidential information. If you have received the facsimile in error, please notify the sender immediately by telephone and confidentially dispose of the material. Do not review, disclose, copy, or distribute.

FORM 5-10

********Insert SCHOOL letter Head********

BRIEF TOBACCO INTERVENTION (BTI)
STUDENT & PARENT AGREEMENT

Dear Student/Parent,

When students are found guilty of using, possessing, or distributing tobacco/nicotine and/or delivery devices (e.g., E-cigarette), SOP 1200-018 requires a schedule of suspensions depending on the frequency of violation:

1st Offense	3 Days
2nd Offense	6 Days
3rd Offense	9 Days
4th Offense or more	10 Days

In lieu of suspensions, students can complete the Brief Tobacco Intervention Program. To participate, they must either be ready to quit or open to the idea of quitting the use of tobacco or nicotine delivery devices. Please refer to the intervention schedule below:

1st	**Evaluation with Tobacco Cessation Facilitator. Quitline registration with 5 follow up counseling sessions with a Quit Coach**
2nd	**Quitline re-registration repeat/ (5) Counseling Sessions with a Quit Coach**
3rd	**Quitline re-registration repeat/(5) + Counseling session with a Quit Coach + Full Day of BTI Class + Parent Engagement (required) + Community Tobacco Initiatives**
4th	**Completion of Adolescent Tobacco Cessation Program – (5 Week Program; 5hrs of contact time with a Tobacco Cessation Specialist) + Parent Engagement (required) + Community Tobacco Initiatives**

***Note: The duration of counseling sessions may vary but the student must be willing to dialogue with the Quit Coach. If at any time the Quit Coach believes that the student is not cooperative in the process, the session may be cancelled. Three (3) Counseling cancellations will result in intervention not completed and reinstatement of suspension days.*

Instructions: Please review and have parent and student initial each box.

Parent Initial	Student Initial	
		The Department of Public Health and Social Services (DPHSS) and GDOE will monitor students completing the counseling sessions and interventions monthly and provide schools with a student summary. Upon completion of the intervention, Department of Public Health and Social Services (DPHSS) will email the school a certificate of completion. It is the responsibility of the student and parent to follow up and ensure it is received by the school.
		Students have eight (8) weeks from the date the *BTI Student and Parent Agreement Form* is signed to ensure BTI sessions with the QuitCoach are completed. If the student misses three (3) sessions through cancellations or for lack of effort or attendance, the student will automatically be dropped from the program. This may result in the school reinstating the suspension dates.

Parent Initial	Student Initial	
		QuitCoach will meet with the counselor and student to complete the *BTI Counseling Session Form*.
		The student is responsible for notifying the school counselor if he or she will not be able to attend a session. The school counselor will notify the QuitCoach or Ms. Elizabeth Guerrero regarding canceled or re-scheduled appointments.
		To ensure success of the intervention, it is important for GDOE to share information with the Department of Public Health and Social Services, the Guam Behavioral Health and Wellness Center and agency partners including Take Care FHP and Guam Regional Medical Center (GRMC). A signature from both the parent and student below provides consent for this communication.
		At the 3rd and 4th offense, student and parent are required to participate in counseling sessions. Additionally, student and parent are required to participate in various tobacco initiatives if the length of BTI intervention sessions coincide with one or more of the listed Tobacco Initiatives: National Recovery Month, Red Ribbon, Great American Smoke Out, Kick Butts Day, Youth Awareness, Youth-for-Youth, Youth Fest, World Health Organization – No Tobacco Day.
		When the student completes the BTI program, the school counselor will notify Ms. Elizabeth Guerrero at DPHSS via email that the student has fulfilled and completed the BTI Requirements.

We have read and understand the Brief Tobacco Intervention Program requirements and agree to the terms and conditions stated above.

Student Name (Print)	Signature	Date
Parent Name (Print)	Signature	Date
School Administrator Name (Print)	Signature	Date

Note:

1. The *Tobacco Free Guam QuitLine Fax Referral Form* and the signed *BTI Student and Parent Agreement Form* must be forwarded to Ms. Elizabeth Guerrero via email elizabeth.guerrero@dphss.guam.gov or fax (671-735-7500). The original forms must be placed in the Student's Discipline Folder.
2. When the school counselor, QuitCoach, and student conduct the initial meeting and complete the *BTI Counseling Session Form*, the school counselor will make a copy of the form for the QuitCoach, forward a copy to Ms. Elizabeth Guerrero at DPHSS, and file the original form in the Student's Discipline Folder.

FORM 5-11 *****Insert School Letterhead*****

BTI Counseling Session Form			
Student's Name		Grade	

	1st Offense: Quitline-Intake Registration with Tobacco Cessation Facilitator and 5 counseling sessions with a QuitCoach.
	2nd Offense: Quitline-Intake Registration with Tobacco Cessation Facilitator and an additional 5 counseling sessions with a QuitCoach.
	3rd Offense: Quitline-Intake Registration with Tobacco Cessation Facilitator, 5 + counseling sessions with a QuitCoach, + Full-Day of BTI Class, + Parent Participation (Required) + Community Tobacco Initiatives.
	4th Offense or more: Quitline-Intake Registration with Tobacco Cessation Facilitator, Completion of Adolescent Tobacco Cessation Program (5 week – 5 hours or more intense counseling that includes contact time with a Tobacco Cessation Specialist) + Parent Participation (Required), + Community Tobacco Initiatives.

Students have eight (8) weeks to complete the QuitCoach Program.

☐ Individual face-to-face Counseling (4 Sessions at 180 minutes)
☐ Telephonic with *Consumer Wellness* (5 Sessions at 150 minutes)

1st and 2nd Offense			3rd Offense or More		
Session 1:	Date:	Time:	Session 1:	Date:	Time:
Session 2:	Date:	Time:	Session 2:	Date:	Time:
Session 3:	Date:	Time:	Session 3:	Date:	Time:
Session 4:	Date:	Time:	Session 4:	Date:	Time:
Session 5:	Date:	Time:	Session 5:	Date:	Time:

Community Tobacco Initiatives for 3 or More Offenses Only: List locations, dates, and times attended in the spaces provided.
National Recovery Month (September):
Red Ribbon (October):
Great American Smoke Out (November):
Kick Butts Day (March):
Youth Awareness, Youth for Youth, Youth Fest (April):
World Health Organization-no tobacco day (May):

I understand the dates and times scheduled to complete the required counseling sessions with a QuitCoach. If I am unable to make it to a scheduled appointment, I agree to contact my counselor to schedule an alternate date. Lastly, I understand that I have eight weeks after registration to complete 5 counseling session. If I do not adhere to this contract and complete the program within the time frame, I understand that the school may reinstate the suspension dates.

Print Student Name	Date	Student's Signature	Date
Print Counselor Name	Date	Counselor's Signature	Date
Print QuitCoach Name	Date	QuitCoach Signature	Date

FORM 5-12

DEPARTMENT OF EDUCATION
Office of Deputy Superintendent
Educational Support & Community Learning
501 Mariner Avenue Barrigada, Guam 96913
Telephone: (671) 300-1631 Email: krsukola@gdoe.net

DECLINATION OF GDOE
BRIEF TOBACCO INTERVENTION SERVICES

Name of Student: _____ Date of Birth: _____

I, _____ understand that my child was adjudicated for a
(Name of Parent/Guardian or Student over the age of 18)
disciplinary offense involving tobacco or nicotine. I have been notified about GDOE's Brief Tobacco Intervention Programs (BTI): *QuitCoach BTI* and *Second Chance BTI*. At this time, I have decided **not** to allow my child to participate in any of the GDOE BTI programs listed above.

I understand that tobacco and nicotine use and/or possession, inclusive of their delivery devices (e.g., vaporizers or e-cigarettes), are prohibited for students under the age of 21, as per Public Law 34-01.

I also understand that anyone who is in violation of the law must attend an approved tobacco education program.

I understand that the booklet provided to my child and I includes the following information:

Initial in the box below to acknowledge receipt of information.

☐ Tobacco Control Policies	☐ Helpful Tips
☐ Health Effects from Smoking	☐ Vaping Quiz
☐ Guide to Facts About Tobacco	☐ Secondhand Vaping and Other Risks of E-Cigarettes
☐ Help Your Teen Quit Smoking	

I understand that the tobacco and nicotine information booklet was provided to meet the educational requirements of Public Law 34-01.

If I need information regarding tobacco and nicotine prevention and cessation, I can call the Tobacco Quitline at 1-800-QUIT-NOW or visit the website www.livehealthyguam.com.

Parent/Guardian: (Print Name)	Signature	Date
Student: (Print Name)	Signature	Date
School Administrator: (Print Name)	Signature	Date

FORM 5-13

DEPARTMENT OF EDUCATION
Student Support Services Division
501 Mariner Drive
Tiyan, Barrigada, Guam 96913

SCHOOL BASED BEHAVIORAL HEALTH REFUSAL OF SERVICES FORM

Name of Student: _____ Date of Birth: _____

I, _____ have been notified that my child was
(Name of Parent/Guardian)
recommended to participate in the Guam Department of Education's School Based Behavioral Health Program (SBBH). I understand that the **benefits of the SBBH program may include improvements in my child's:** 1) psychological health; 2) physical health; and 3) overall well-being. I understand that the **risks of the SBBH program may include**: 1) Desired outcomes may not be achieved and 2) Behaviors/Symptoms may get worse during the course of services.

I willingly have decided for my child to (please check all applicable boxes):

- ☐ Refuse Service and Support Plan
- ☐ Refuse Intake Assessment
- ☐ Refuse Counseling Services: Individual, Group, and Family
- ☐ Refuse Emergency Crisis Services
- ☐ Refuse Substance use Services
- ☐ Refuse Other (Please Specify): _____

Potential consequences of refusal (i.e., worsening of mental health condition, etc.) explained to the individual and parents: _____

Parent/Guardian: (Print Name)	Signature	Date
Clinician: (Print Name)	Signature	Date

CHAPTER 5

APPENDIX

NOTE: Forms contained in SOP 1200-023 are subject to updates based on changes to laws, GEB policies, and outside agency changes.

Appendix 5-1

Drug Matrix: **(Informational use only)**

Drug matrix	Depressants	Stimulant	Hallucinogens	Dissociative anesthetics	Narcotic analgesics	Inhalants	Cannabis
Pupil size	Present	Dilated	Dilated	Normal	Constricted	Normal	dilated
Lack of convergence	Present	None	None	Present	None	Present	none
Reaction to light	Slow	Slow	Normal	Normal	Little or none visible	Slow	Normal
Pulse	Slowed	Raised	Raised	Raised	Slowed	Raised	raised
Blood pressure	Slowed	Raised	Raised	Raised	Slowed	Up/ down	raised
Body temp	Normal	Raised	Raised	Raised	Lowered	Up/ down	raised
Muscle tone	Flaccid	Rigid	Rigid	Rigid	Flaccid	Flaccid/ normal	normal
Symptoms	Uncoordinated Disoriented Drowsiness Droopy eyelids Slurred speech Lethargic Appears "drunk"	Restless/ excited Runny nose Muscle tremors Grinds teeth Irritable Loss of Appetite Insomnia	Dazed look Hallucinates Body tremors Paranoia Perspiring Memory loss Goose bumps	Perspiring Warm to touch Blank stare Repetitive speech Moon walking Cyclic behavior Chemical odor Violent combative	On the nod Droopy eyelids Low raspy voice Track marks Itching Dry mouth Thirsty	Residue odor Disoriented Flushed face Nausea Confused Red/ watery eyes Headache	Odor Red eyes Loss of inhibitions Eyelid tremors Muscle tremors Possible paranoia Increase appetite

Appendix 5-2

CROSSFADED: COMBINING AND OVERINDULGING IN ALCOHOL + MARIJUANA

Alcohol and Marijuana are the two most commonly used **in-toxi-cants** throughout the U.S. and also right here on Guam, according to Scientific American Journal. People who use both are twice as likely to use them simultaneously – rather than on its own:

- **crossfaded**- an overindulgence of marijuana and alcohol
- in a nutshell, crossfaded is being both high and drunk at the same time
- the controversy surrounding both short-term and long-term effects of combining alcohol and marijuana is scientifically backed by numerous studies and alarming statistics
- it goes without saying that if you combine 2 substances that have opposite effects on the body
- You are bound to get some unpleasant and risky side effects
- Alcohol and THC combination use will produce a more potent additive effect in adolescence

Alcohol is a well-known depressant on the central nervous system that has a direct impact on a person's **walking, talking, and communication**

- with slurred speech and a wobbly unsteady gait

On the other side, **marijuana directly affects the brain itself** – because it's a **psychoactive mood-altering drug** that leads to cognitive effects such as paranoia, anxiety, panic and sometimes visual delusions

- according to a recent study done at Duke University, combining alcohol and marijuana actually increases the amount of THC in the bloodstream, almost by double when compared to those who only smoked pot.

Signs to look out for:

- when a student displays crossfaded symptoms, they are at a greater risk of serious injury, because both cognitive and physical abilities are affected refer to SHC for assessment
- if you suspect a student is crossfaded with severe disorientation – if the person is completely **"out of it."** – call 911 and the School Health Counselor (SHC)
- other symptoms could include:
  - extreme anxiety
  - paranoia
  - panic
  - shortness of breath
  - rapid heart rate
  - low blood pressure
  - sweating

- dizziness
- nausea
- vomiting

How will you help a person exhibiting <u>crossfaded symptoms?</u>

- first, remain calm
- Call your SHC for an assessment
- try to put the person in a dark, quiet and relaxing environment where they feel safe – preferably indoors if possible
- encourage the person to drink water and eat food
- discourage continued use of alcohol or marijuana – referral to School Counselor
- both booze and pot consumption can cause orthostatic hypotension – low blood pressure – because the THC or alcohol is absorbed causing the blood vessels to dilate and unexpectedly the blood pressure suddenly drops
- a decreased blood flow to the brain can lead to fainting or passing out; its unpredictable and occurs without warning
- if the student is unresponsive, completely out-of-it call 911 and the SHC

APPENDIX 5-3

DEPARTMENT OF EDUCATION
Office of the Administrator
Student Support Services Division

501 Mariner Avenue, Barrigada, Guam 96913
Telephone: (671) 475-0504 or 300-1623/24
Fax: (671) 472-7888

JON J.P. FERNANDEZ
Superintendent of Education

CHRISTOPHER J. ANDERSON
Administrator

STATEMENT OF CONSUMER RIGHTS AND RESPONSIBILITIES

The Guam Department of Education (GDOE) – School Based Behavioral Health (SBBH) has adopted the following consumer rights and responsibilities; and SBBH staff performing consumer treatment activities and/or services shall observe the following consumer rights:

Statement of Consumer Rights

The Statement of Consumer Rights includes, but is not limited to, the consumer's right to:

- A safe environment that meets the needs of the consumer and ensure the greatest amount of freedom and opportunity with the least amount of risk.
- Participate fully in decisions about treatment and services, to the extent permitted by law; this includes the right to refuse medication, treatment/services (unless ordered by the Court to participate), etc.
- Adequate routine and behavioral health services, as needed.
- Have all information and records kept confidential except for cases outline in the Department Notice of Privacy Practices.
- Become informed of his/her rights as a consumer in advance of, or when discontinuing services. The consumer may appoint a representative to receive this information should he/she so desire.
- Exercise these rights without regard to sex, race, national origin or cultural, economic, educational or religious background or the source of payment for treatment/services.
- Considerate, dignified and respectful treatment, provided in a safe and humane environment, free from all forms of abuse (including physical, sexual, emotional, or psychological abuse), neglect, harassment and/or exploitation.
- Have his/her cultural, psychosocial, spiritual and personal values, beliefs and preferences respected. To assure these preferences are identified and communicated to staff, a discussion of these issues will be included during initial assessments.
- Receive treatment in the least restrictive setting- one that provides the most freedom appropriate for his/her treatment needs.
- Access protective and advocacy services of his/her choice or have these services accessed on the consumer's behalf.
- Have access and accommodation for religious and spiritual services attendance.
- Remain free from bodily restraint of any form that are not clinically necessary or are used as punishment, in lieu of habilitation or skills training, as a behavior support plan, or as a learning-based contingency to reduce the frequency of a behavior.
- Knowledge of the name of the Provider who has primary responsibility for coordinating his/her treatment and the names and professional relationships of other Providers who will see him/her.
- Receive information from his/her Provider about his/her mental health status, purpose and course of treatment, his/her prospects for recovery, and possible consequences of treatment in terms that he/she or the consumer's representative can understand.
- Obtain information on the Department's Notice of Privacy Practices regarding the confidentiality and disclosure of protected health information (PHI).
- Have his/her family involved in treatment, if he/she chooses.
- Full consideration of privacy concerning his/her treatment. Case discussion, consultation, examination and treatment are confidential and shall be conducted discreetly.

- The consumer has the right to be advised as to the reason for the presence of any individual involved in his/her treatment planning.
- Receive information in such a manner, as to promote a complete understanding of the treatment, including the right to consult with his/her Provider.
- Reasonable responses to any reasonable request he/she may make for service.
- Reasonable continuity of treatment.
- Make complaints, have them heard, get a prompt response, and not receive any threats or mistreatments as a result.
- Be advised of GDOE – SBBH grievance process, should he/she wish to communicate a concern regarding the quality of the treatment he/she receives.
- Be informed by his/her provider or another treatment team member of the continuing treatment requirements following his/her discharge from the SBBH.
- Exercise all civil and legal rights afforded to citizens of the United States; (i.e. voting, marriage, drivers' license, etc.)
- Know which DOE –SBBH rules and policies apply to his/her conduct while a consumer at DOE – SBBH.
- Have all consumer rights apply to the person who may have legal responsibility to make decisions regarding behavioral health treatment on behalf of the consumer.

The Statement of Consumer Responsibilities

The outcome of treatment depends partially on the consumers' effort. Therefore, in addition to these rights, a consumer has certain responsibilities as well. These responsibilities should be presented to the consumer in the spirit of mutual trust and respect. The consumer's responsibilities include, but are not limited to:

- The consumer has the responsibility to provide accurate and complete information concerning his/her present complaints, past illnesses, medications and other matters relating to his/her health.
- The consumer is responsible for reporting perceived risks in his/her treatment and unexpected changes in his/her condition to the responsible treatment team member.
- The consumer and family are responsible for asking questions about the consumer's condition, treatments, and procedures.
- The consumer and family are responsible for asking questions when they do not understand what they have been told about the consumer's treatment or what they are expected to do.
- The consumer and family are responsible for immediately reporting any concerns including reporting all allegations of abuse, neglect, and exploitation by staff or another consumer and reporting allegations of rights violations while receiving treatment at DOE – SBBH.
- The consumer is responsible for following the treatment plan established by his/her treatment team.
- The consumer is responsible for keeping appointments and for notifying SBBHCT when he/she is unable to do so.
- The consumer is responsible for his/her actions should he/she refused treatment or not follows his/her treatment team's orders.
- The consumer is responsible for following GDOE – SBBH policies and procedures.
- The consumer is responsible for being considerate of the rights of other consumers and GDOE staff.
- The consumer is responsible for being respectful of his/her personal property and that of other persons at GDOE. The consumer is responsible for dressing appropriately (i.e. no bare feet, no swimsuit, etc.) and not bringing contraband in to the Department (i.e. weapons, drugs, alcohol, etc.).

APPENDIX 5-4

Substance Use Screener (CRAFFT 2.1): Procedure

1. School Counselors will introduce the Screening to a student at a private room: "I am going to ask a few screening questions about alcohol and other drug use that we are asking all students in your grade. You are not in trouble with me. This screening will help you to determine if there are any support services that maybe beneficial for you."
2. Address Confidentiality: "There is no written record of this screening that includes information that specifically identifies you. Anything you tell me will be kept as confidential as possible. One reason why this information would not be kept confidential is if something you say indicates that there is an immediate risk to your safety or someone else's safety. Additionally, you, your parent, or your guardian, could request the information we discussed today. In any case, we would figure out next steps for support together. Do you understand?"
3. Define Substances: "By alcohol we mean beer, wine, wine coolers, or liquor. By drugs we mean anything that one might use for the feeling it causes including: Marijuana, Heroin, Amphetamines, Prescription Drugs like Xanax, Ativan, Seroquel, Aderol, OxyContin, etc."
4. School Counselors will utilize a copy of the CRAFFT 2.1 screener in their computer as a guide to verbally screen their students. To protect the student privacy and confidentiality, no names should be written on the screening tool.
5. Ask CRAFFT 2.1 Questionnaire: SBIRT in School: "During The Past 12 months, On How Many Days Did You"...
    1. Drink more than a few sips of beer, wine, or any drink containing alcohol?
    2. Use any marijuana (for example, weed, oil, or hash by smoking, vaping, or in food) or "synthetic marijuana" (for example "K2" or "Spice")?
    3. Use a prescription medication or pill that was NOT prescribed to you or MORE than was prescribed to you (for example, prescription pain pills or ADHD medications)?
    4. Use anything else to get high (for example, other illegal drugs, over-the-counter medications, and thing that you sniff, huff, or vape)?
    5. If student answered ZERO (0) or NO days of use for the questions listed above (Part A), then ask the CAR question only (CAR question corresponds to letter "C" listed in section 6 below), then STOP.
    6. If student answered "YES" to any days of use, ASK ALL CRAFFT questions BELOW:

C. Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?

R. Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?

A. Do you ever use alcohol or drugs while you are by yourself, or ALONE?

F. Do you ever FORGET things you did while using alcohol or drugs?

F. Do you FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?

T. Have you ever gotten into TROUBLE while you were using alcohol or drugs?

Substance Use Screener: Scoring Procedure

1. **School counselor will count each "YES" response to the six (6) CRAFFT 2.1 questions.**
2. **Each "Yes" response is 1 point.**

Substance Use Screener: Interpretation

CRAFFT SCORE	RISK LEVEL
Low	No use in past 12 months and CRAFFT score of 0
Medium	No use in past 12 months and "Yes" to CAR question only OR Use in past 12 months and CRAFFT score < 2
High	Use in past 12 months and CRAFFT score ≥ 2

****Disclaimer****

Substance Use Screening should not be conducted when a student is intoxicated, appear under the influence of substances, or experiencing acute medical or behavioral symptoms. To protect the student privacy and confidentiality during the screening process, student's names and other identifying information should not be written on the screening tool.

APPENDIX 5-5

********Insert letter Head********

JON J.P. FERNANDEZ
Superintendent of Education

PARENT NOTIFICATION LETTER FOR SAI ORIENTATION

<<<<<<INSERT DATE>>>>>>

Dear Parent/Guardian and Student,

The Guam Department of Education (GDOE) provides Substance Abuse Intervention (SAI) Programs in all middle and high schools identified in need of support. The SAI program is approximately eight (8) weeks long and each two hour group session is conducted during the school day.

Your child has been identified to participate in the SAI program designed to provide group counseling that focuses on accepting responsibility, making important changes, and preventing relapse. The goal of the group is to learn social skills and provide support. The group counselling sessions will be facilitated by a School Based Behavioral Health Clinician from the Student Supports Services Division and co-facilitated by a school counselor.

To further discuss the goals and objectives, provide an overview of the SAI program, and securing signatures on required documents, there will be a required orientation for parent(s)/legal guardian(s), and student(s).

The Orientation is scheduled as follows:

Where:
When:
Time:
Place:

We are hopeful that the SAI program will have a positive impact on everyone who participates. Thank you for taking the time to review the letter of invitation and we look forward to meeting you at the orientation.

Should you have any questions or concerns please feel free to contact _____ at your convenience.

_____

School Principal

Student Procedural Assistance Manual

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 for and who are not the biological parent. 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 the student's parent/guardian who has a Power-of Attorney authorizing the adult to care for the child. For the purposes of the Department of Education, a 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 interest of the child and must include education and medical care. A Power-of-Attorney cannot be used as a basis for enrollment for Out-of-Attendance Area, pursuant to Board Policy 318.
3. Caretaker: Based on an excerpt from 17 GCA §6102, a caretaker is 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).
    b. The child's parents/guardians are physically or emotionally incapable of caring for the child. In situations where 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. In some cases, adult caretakers may register students, but are required to submit a power-of-attorney within 30 business days and complete the *Student Registration by Caretaker Form* (Form 11-1). Refer to *Chapter 11: Registration, Transfer, and Withdrawal* in this manual for more information regarding student registration by caretakers.
    c. The child's parents/guardians refuse to care for the child.

When a power-of-attorney cannot be provided or if it does not authorize the adult to make medical and educational decisions for the child, the *Medical Treatment and Education Consent Form* (Form 6-1) should be used. This form permits the adult to make medical and educational decisions for the identified student. The form must be completed by the child's parent or legal guardian and notarized.

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 Power-of-Attorney documents 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 where 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.

CHAPTER 6

FORMS

NOTE: Forms contained in SOP 1200-023 are subject to updates based on changes to laws, GEB policies, and outside agency changes. For the PDF fillable version of the forms listed in this chapter, refer to the Student Support Services Division website.

FORM 6-1

DEPARTMENT OF EDUCATION
501 Mariner Avenue
Barrigada, Guam 96913

MEDICAL TREATMENT AND EDUCATIONAL CONSENT FORM

I hereby certify that:

1. I am the natural parent/legal guardian of: _____, whose
(Name of Child)

birth date is _____.

** A copy of either the minor's birth certificate or a court order which granted legal guardianship to someone other than a parent must be included with this document. This form will be considered valid only if: 1) the person who signs this form is the same person named on either the birth certificate as a parent or the court order as a legal guardian, and 2) this form has been notarized.

My complete current residential or mailing address is:

_____

_____

_____

and my current telephone number is: _____ .

2. I authorize _____ to:

a) Consent to the provision of medical care to the above minor, inclusive of but not limited to surgery, hospitalization, or administration of medication, and

b) Enroll the above minor in any school, receive all reports or documents issued by the school, consent to any types of testing needed or requested by the school, and to make all decisions, regarding the minor's educational needs.

_____
Name of Parent/Guardian (Print)

_____
Signature of Parent/Guardian

SUBCRIBED AND SWORN TO before me on this _____ day of_____ , 20_____

Student Procedural Assistance Manual

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 and SOP 1200-018.

REQUEST AND APPROVAL

Only parent/guardian or students 18 years or older can initiate request 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

A. Any absences due to off-island travel, which has the prior approval of the school administrator, are excused. However, parents shall withdraw their child from school if their child's absences exceed 25 or more days due to off-island travel.

B. For students with serious medical issues, please reference Standard Operating Procedures *1200018: Chapter 2 – Absences and Truancy*.

Student Procedural Assistance Manual

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 caretakers who are caring for them while parents or guardians are not on-island. This chapter applies only to students who live in out-of-attendance areas and are seeking to enroll in school.

PROCEDURES

Step 1: The parent/guardian of the student must complete the *Out-Of-Attendance-Area Enrollment Application* (Form 8-1).

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 reasons(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 as well as assuming full responsibility for transporting their child to and from school as the Department of Public Works bus transportation is not available for students in out-of-attendance areas.

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 infractions or poor academic performance, may be required to return to their district school.

CHAPTER 8

FORMS

NOTE: Forms contained in SOP 1200-023 are subject to updates based on changes to laws, GEB policies, and outside agency changes. For the PDF fillable version of the forms listed in this chapter, refer to the Student Support Services Division web-site.

FORM 8-1

OUT-OF-ATTENDANCE-AREA ENROLLMENT APPLICATION

The Department of Education can make accommodations for students in out of attendance area. Board Policy 318 guides the out-of-district school enrollment with the primary focus on ensuring adequate enrollment capacity for in-district students in our schools.

Priority Consideration for Accepting Out-of-District Students:

1. Principal's discretion
2. Student's prior participation and expected on-going enrollment in academic and career-oriented programs not offered at other schools, including but not limited to GCC programs, JROTC, Robotics, or certain AP/Honors.
3. Parent is an employee at the school site, upon approval.
4. Student's being transient or homeless

Part I: Student Information (To be completed by Parent or Legal guardian; please print clearly):

Check one: ☐ Returning Student ☐ New Student

Current Grade Level _____

Child's Legal Name: _____
LAST FIRST M.I.

Part II: conditions for Acceptance and Continued Enrollment:

I hereby request from the Principal of _____/ Department of Education to
Name of School

authorize my child named above, who currently resides in the village of _____ and is in the

attendance area served by _____, to enroll as an out-of-district student for
Name of School in the current attendance area

SY_____.

The specific reason for which I am requesting authorization for Out-of-District enrollment is as follows:

_____

_____

_____

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 organizations 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*).

_____

Print Parent/Legal Guardian's Name

Parent/Legal Guardian's Daytime Contact Number: _____

Parent/Legal Guardian's Alternate Contact Number: _____

Contact Email Address: _____

_____ _____

Parent/Legal Guardian's Signature Date

TO BE FILLED OUT BY SCHOOL PERSONNEL

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**

Student Procedural Assistance Manual

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. 17 GCA §6102 requires students who are at least five (5) years of age and have not reached the age of eighteen (18) to attend school. However, students who turn five after July 31 cannot be enrolled in Kindergarten for that school year (17 GCA §6105.1).
2. The office of Civil Rights has established criteria for determining the proper placement of all students. (17 GCA §6102).

PROCEDURES

The following procedures are aligned with the two principles above:

A. Students can be placed into kindergarten based on the following:
   1. Student is five (5) years of age by July 31; or
   2. Student transfers from another school in which they were enrolled in the kindergarten program within the same school year regardless of the age five (5) requirement.

B. If student has been promoted from kindergarten during the prior school year, he or she should be placed into the first (1st) grade.

C. Students Age 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 Students in Age-Appropriate Grades

   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 to 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 have not attended school for one year or more into the grades in which they would be enrolled if they had attended school at age five based on the Guam law and continuously attended school without having been retained.

1. Students who turn five (5) after July 31 and are six (6) years old should be placed in the age-appropriate grade, kindergarten.
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.

GUIDANCE FOR PLACEMENT OF STUDENTS WITH DISABILITIES OR SUSPECTED DISABLILITIES

Two federal laws, the Individuals with Disabilities Education Act (IDEA) and Section 504 of the Rehabilitation Act of 1973 (Section 504), require that students with disabilities be educated along with nondisabled students to the maximum extent appropriate to the needs of the students with disabilities. This means that students with disabilities must be assigned to regular courses or classes if the students' needs can be met there. Also, decisions on academic placement must be based on an individual student's needs.

IDEA is a federal law that requires the district to identify and evaluate and develop an Individualized Education Program (IEP) that will support the education of students eligible. Section 504 is a federal law that prohibits discrimination against individuals with disabilities – a physical or mental impairment that substantially limits one or more major life activities. Both laws require the district to identify and evaluate students who have or may have a disabilities. Under IDEA, students receiving special education services will have written educational plan, Individualized Education Program. Whereas students under Section 504 have an accommodation plan.

The following are the requirements of placement and evaluation of students into IDEA/Special Education or Section 504 programs:

1. Students who transfer into the GDOE school district with an IEP must provide services immediately that are comparable to the services in the previous IEP at other school. The Division of Special Education will conduct evaluations, if needed.
2. Schools are required to accept and follow a Section 504 Plan for students who transfer into one of the 41 schools from a school within the school district or another school district. School are only required to follow the plan for 30 days from the date the student registers into the school. After the 30th day, schools must begin the Section 504 process to determine eligibility into the program. Schools should reference SOP 1200 -012.

Source: https://www2.ed.gov/about /offices/list/ocr/docs/edlite-FAPE504.html

Student Procedural Assistance Manual

CHAPTER TEN

Guidelines for Dealing with Parents Officially Prohibited from Associating with Their Children

STANDARD OPERATING PROCEDURES
GUAM DEPARTMENT OF EDUCATION

CHAPTER 10
GUIDELINES FOR DEALING WITH PARENTS OFFICIALLY PROHIBITED 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 or children.

PROCEDURES

A. Schools are required to prohibit parents from associating with their children whenever:
   1. The school is presented with a court order which specifies that such an association is prohibited; or
   2. The school is presented with a divorce decree which specifies that the parent who desires to associate with the student either:
      a. Does not have custody of the student; or
      b. 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.

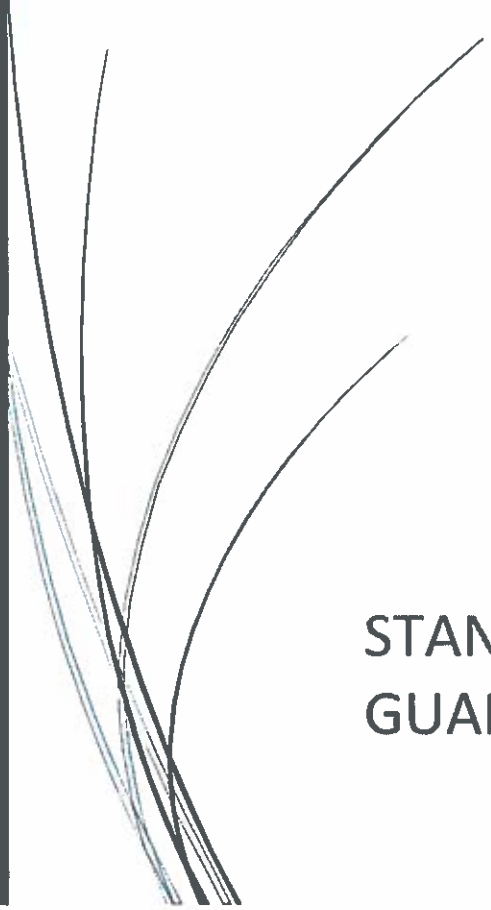
B. **Joint Custody**: In situations where parents or guardians both have joint custody of the child but do not agree on the child's current placement, schools should keep the child enrolled in the current school. The school will need to explain to the parents or guardians that they will need to submit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

C. Consequently, schools cannot prohibit parents from associating with their children in any circumstance where one of the three criteria described above does not apply. Some examples where schools must disregard requests for a parent to be prohibited from associating with a child are listed below:
   1. 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;
   2. 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;
   3. A government agency wants a parent kept away from a child but cannot provide a court order as described above.
   4. A parent has joint custody and wants to withdrawal his/her child from school.

Student Procedural Assistance Manual

CHAPTER ELEVEN

Registration, Transfer, and Withdrawal



STANDARD OPERATING PROCEDURES
GUAM DEPARTMENT OF EDUCATION

CHAPTER 11

REGISTRATION, TRANSFER, AND 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 eighteen (18) 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..."

Parents and students who are 18 years of age 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, especially in cases involving homeless families 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 (i.e., an icon in PowerSchool that flags school personnel district wide of the incomplete transaction).**

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 provided 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 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 appropriated to keep track of the situation and use the appropriate Alert icon in PowerSchool.
3. <u>AFTER 30 DAYS HAS LAPSED, SCHOOL MAY INITIATE REFERRAL TO CPS:</u>
    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. <u>DEALING WITH ATTEMPTS BY MINORS TO REGISTER CHILDREN</u>
    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.

REGISTRATION AND HOMELESS FAMILIES

Statutory authority for the McKinney-Vento program: the program is authorized under Title VII-B of the McKinney-Vento Homeless Assistance Act 45 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 documents (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 another person's 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 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) or GDOE School Resource Officer/School Attendance Officer 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) or GDOE School Resource Officer/School Attendance Officer should follow their procedures for assisting the family with housing, immunization, etc.
   3. 30 days after the referral to SPCEP or GDOE School Resource Officer/School Attendance Officer, 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.

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 FOR STUDENT REGISTRATION

All schools are required to use the standardized packet found in Form 11-1 at the end of this Chapter.

**New Students only: Students transferring from another school do not need to complete a registration packet unless there is information missing or not updated in PowerSchool.

A. For Head Start, Pre-Kindergarten, Universal Pre-School and Kindergarten through Twelve (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 - must be official with either an embossed raised seal or official ink stamp. Any birth certificate bearing alteration marks may be deemed unacceptable. 2. Parent/Guardian valid photo identification (i.e., Passport, Driver's License, Guam or Military ID)
3. Court appointed guardianship document, if applicable
4. Official transcript
5. Student's PowerSchool Attendance and Discipline Profile
6. Proof of Residency, **ONLY ONE** of the following is required.
    a. Mayor's Verification – to include name 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 of staying with a family/friend – homeowner to provide a notarized letter.

If a school administrator needs to further validate residency requirements, or if the family is homeless, the *Certification of Residency* Form (Form 11-3) may be used. Personnel from the GDOE's Student Parent Community Engagement Project (SPCE) and School Resource Officers/School Attendance Officers under the Student Support Services Division are authorized to use Form 11-3.

7. 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, updated copies of the following documents should be included:

a. Individualized Education Plan, Agency letter of placement, or court order if applicable
b. Education Accommodation Plan (EAP)
c. Individual Health Plan
d. English as a Second Language (ESL) modifications must be identified, reviewed and implemented.

B. Health Requirements for Students:

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 below:

GRADE (Include eligible Head Start and PreKindergarten)	**IMMUNIZATION**	**REQUIRED DOSES/COMPLETED SERIES**	**RECOMMENDED IMMUNIZATION SCHEDULE** (AGE GROUP)
K-12	Diphtheria Tetanus Pertussis	**4-5 Doses**: at least one dose after the 4th birthday (DTAP/DTP/DT/Td) **1 Dose:** Td is required if 10 years elapsed since last DTP/DTaP/DT	a. Dose at 2 months b. 4 months c. 6 months d. 15-18 months e. 4-6 years old f. 11-12 years old
	Tetanus Booster		
K-12	Polio	**3-4 Doses**	a. 2 months b. 4 months c. 6-18 months d. 4-6 years
K-12	Measles /Mumps Rubella (MMR)	**2 Doses** Both after 1st Birthday	a. 12-15 months b. 4-6 years old
K-12	Hepatitis B	**3 Doses**	a. At birth b. 1-4 months c. 6-18 months

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 above)

b. TB Requirements in accordance with 10 GCA §3329, 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) 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 10mm 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* is done annually. Parent/Guardian is responsible for providing updates on address and contact information changes as soon as possible. Refer to SOP 1200-020.

f. **Religious Beliefs:** Students are exempt from receiving immunizations based on their religious beliefs. Please refer to *Board Policy 337: Health Requirements for Students* for more information.

C. Student Identification Number

Once the new student registration process is completed, the registrar or computer operator shall request from FSAIS a *Student Identification Number* at the web address listed below: https://sites.google.com/a/gdoe.net/powerschool/request-to-enroll-new-students

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. Definition of Withdrawal

The term "Withdrawal" refers to students who are separating from the Department of Education in the ways listed below:

1. Student will attend another school district on or off-island.
2. Student will attend private school.
3. Student will attend Home school.
4. Students **18** years or older (i.e., Voluntary or Involuntary Withdrawal).

Students under the age of 18 are not authorized to withdrawal from GDOE schools to attend Adult Education or General Education Diploma (GED) programs.

B. Definition of Transfer

The term "transfer" refers to students moving from one GDOE school to another GDOE school.

C. Withdrawal and Transfer Procedures

1. Parent, guardian, or caretaker request to withdraw the student from school with the school registrar or designated person.
2. School registrar must generate the Withdrawal Form (Form 11-2) via PowerSchool. The form is a system generated report found in PowerSchool.
   **Form 11-2 should only be used if PowerSchool is not available due to power outage.
3. The Registrar or designated personnel of the school where parent is initiating a transfer to **another GDOE public school**, is responsible for verifying the correct school based on the new address provided by parent/guardian. It is the sending schools responsibility to verify the correct school based on the new address provided by the parent/guardian. If the parent is not able to provide sufficient documentation of the new attendance area, the withdrawal process should stop until the parent is able to do so. In addition, the sending school is responsible for contacting the Registrar of the new receiving school to verify the correct attendance area before releasing the record in PowerSchool.
4. The school shall update all required information in PowerSchool and provide the Withdrawal Form (Form 11-2) to the parent/guardian within two (2) business days. There may be unforeseen circumstances when the school is not able to complete or provide a withdrawal packet within the two (2) day timeframe. If applicable, 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, and breakfast and lunch IOUs. The Withdrawal Packet shall include a copy of the electronic Withdrawal Form printed from PowerSchool, a copy of the child's birth certificate (provided by parent), parent/guardian photo ID (provided by parent), and proof of attendance area (provided by parent). Whatever information that is not updated in PowerSchool copies should also be attached to the withdrawal form (Form 11-2).
5. Upon release of the complete withdrawal packet, the releasing school should inform the parent, guardian, or caretaker that it is their responsibility to report to the transferred school to register their child within two (2) business days and that the child's attendance record shall reflect unexcused absences for each day thereafter. Once the record is released in PowerSchool, the receiving school must continue to follow-up with the parent, guardian, or caretaker to ensure that the student is attending school. The receiving school must use the date on the withdrawal form as a guide in ensuring that attendance is recorded in PowerSchool accurately.
6. The student/family transferring to another GDOE school does not have to fill out a new Registration Form for the receiving school.
7. If the student/family is withdrawing to a Non-GDOE school, the Registrar from the sending school will complete a withdrawal packet, however, they will wait for the receiving school to request for the student cumulative record before sending.

D. Transfer of Students In Transition Grades (Head Start, GATE Pre-School, Universal Pre-School, 5th and 8th grades):

Computer Operators/Registrars are to follow the procedures below when students matriculate from Head Start, GATE Pre-School, Pilot Pre-School, Special Education Pre-School, 5th and 8th grades to the next grade:

1. Verify students are already enrolled in PowerSchool and have met the requirements for immunization, physical exams, and attendance area (e.g., Mayor's Verification). Head Start, GATE Pre-School, Pilot Pre-School, and Special Education Pre-School students do NOT need to provide an updated PPD and physical exam, however, students transitioning from 5th to 6th and 8th to 9th must provide an updated TB skin test and physical exam as per Board Policy 337 and SOP 1200-020.
2. Upon completion of Head Start, GATE Pre-School, Pilot Pre-School, Special Education PreSchool, verify the following:

   a. If student is within the attendance area of the current school.

      i. If yes, students will automatically transition into kindergarten for that school.
      ii. If the student is not within the attendance area, the sending school will confirm with the parent/guardian the attendance area by reviewing the appropriate document referenced in this chapter and confirm with the Computer Operator/Registrar from the identified receiving school. Once confirmed, the sending school will electronically transfer the student in PowerSchool to the appropriate school.
3. Parents/Guardians with students in transition grades do not need to register as a new student, however, they do need to provide updated information as needed by the receiving school.
4. Ensure that cumulative records (to include the Health Record, Attendance/Discipline folder, etc.) for the students in transition grades are sent to the receiving school.

PowerSchool Guidance for both Withdrawals and Transfers

1. Computer Operator/Registrars shall verify that all information in PowerSchool is updated before electronically releasing the record. Please note the following guidance from FSAIS
2. Contact current "Next School Indicated" to allow school to REMOVE Course Request / Schedule BEFORE the INDICATOR is CHANGED.
3. The use of the "TRANSFER OUT OF SCHOOL" Function in PowerSchool to transfer students out of current school student is attending because student residence changed and is NO LONGER in the current school district or student was approved for OUT OF DISTRICT attendance (ES to ES, MS to MS, HS to HS, or if student is NOT ATTENDING A GDOE SCHOOL.) The CURRENT school the LAST Known GDOE school for that STUDENT.
4. Use the "TRANSFER TO ANOTHER SCHOOL" function in PowerSchool to select the School that is in the district of student's physical address or was approved for Out of District Attendance.
5. Under Scheduling Setup in PowerSchool, use the "NEXT SCHOOL INDICATE" for students transitioning from Pre-K to K, ES to MS, & MS to HS. Transition students will NOT BE TRANSFERRED OUT of the school unless they are leaving GDOE.

E. Voluntary/Involuntary Withdrawal Procedures or Non-Compulsory Aged Students (18yrs of age and older):

Please be advised that this guidance applies to all instances related to students of noncompulsory 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. Guidance from the Superintendent dated May 5, 2015 regarding Board Policy 330 can be found in Appendix 11-1 at the end of this Chapter. High schools that exercise Board Policy 330 must adhere to the following:

1. Upon turning 18, 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 allow students in school as many opportunities to complete their high school diploma.
3. If schools have concerns about students continued attendance due to the health and safety of others, then the procedures for alternative placement or expulsion must be followed. Schools should not 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 "Presigned" 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).
7. Note that the Board Policies that allow for involuntarily withdrawing students for attendance or academic purposes (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. Complete all requirements stipulated in BP 330 and submit the required documents for approval by the DSESCL before initiating any action. 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/studentssupportservices/voluntary-involuntary-wd-form

Withdrawal Codes for Power School are listed on the *Withdrawal/Transfer Form-Part B* in the Forms section of this chapter.

****Joint Custody Note:** 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.

CHAPTER 11
FORMS

NOTE: Forms contained in SOP 1200-023 are subject to updates based on changes to laws, GEB policies, and outside agency changes. For the PDF fillable version of the forms listed in this chapter, refer to the Student Support Services Division web-site.

FORM 11-1

Guam Department of Education
Student Registration Packet

Student Name: _____

School Name: _____

PLEASE READ THIS INFORMATION BEFORE COMPLETING THE REGISTRATION FORM

Before a student can be enrolled into a school, a *Student Registration* must be completed and signed by parent or legal guardian. A Caretaker can register a student, but the registration is only good for up to 30 days. The Student Registration is used to enroll a student who is new to the Guam Department of Education, or who is returning to the school district.

The forms that are included in the Student Registration are:

1. Part A: Board Policies – Parent Acknowledgement (Page 2)
2. Part B: Student Information
3. Part C: Parent or Guardian and/or Caretaker Information
4. Part D: Attendance Zone
5. Part E: Ethnicity and Race Identification
6. Part F: Home Language Survey
7. Part G: Student Home Map & Other Information
8. Part H: High School Course Assessment Form *(only for enrolling a high school student and if necessary)*
9. Part I: Student Record Request *(only complete if necessary)*
10. Part J: Emergency Information & Health Form
11. Part K: School Counseling Services and Confidentiality Guidelines and Confidentiality Guidelines for All Students
12. Part L: SWIFTK12 Parent Contact Preference Form
13. Part M: Education Technology Use Policy – User & Parent/Guardian Agreement
14. Part N: Media/Photo Release Permission
15. Part O: Truancy Prevention Notice To Parents
16. Part P: Student Registration by Caretaker Form *(only complete if necessary)*

With the guidance of the School Registrar, parent or legal guardian (or caretaker) must complete all the required forms.

Registration Checklist

Student Name (Last, First, Middle Initial):	
Student #:	**Date of Birth:**

The checklist is to guide schools on the registration process regarding the required documents. School officials must date and initial all the required documents that have been submitted by parent/guardian upon registration.

Administrative Office and/or Curriculum Office	**Date Received**	**School Official Initial**
1. Parent/Legal Guardian/Caretaker (under 18 years) Present		
2. Completed School Registration Forms		
3. Official Birth Certificate		
4. Parent/Legal Guardian/Caretaker Photo Identification		
5. Court Appointment Guardianship (if applicable)		
6. Official Transcript and Official Withdrawal *from previous school*		
7. Proof of Residency (select only one item needed) a. __ Mayor's Verification – names of parents/legal guardians and children; or b. __ Copy of Mortgage Settlement/Deed to Property/Lease Agreement, Base Commander's Certification clearly showing complete home address; or c. __ Utility Bill (Power, Water, Telephone); or d. __ Living arrangements if staying with a family/friend – homeowner to provide a notarized letter; or e. __ Deemed Homeless. (form from SPCE)		
8. Program Placement: IEP/EAP, ESL (current) or Agency Letter of Placement (if applicable)		
9. Parent Acknowledgment for Student/Parent Handbook/Student Achievement		
10.		
School Health Counselor Office	**Date Received**	**School Official Initial**
1. Immunization Record (Title 10 GCA § 3322) – current and copy for submittal		
2. Tuberculosis Requirement (Title 10 GCA § 3329)		
3. Physical Examination *or Appointment Card*		
4. Emergency Form		

Part A: Board Policies/Standard Operating Procedures – Parent Acknowledgement (Page 1)

Attendance Area *(For more information, please reference Board Policy 411.)*

"The Superintendent is authorized to establish attendance areas," pursuant to 17 GCA §6102. 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:

1. His/her parents or guardians* live; or
2. 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 GDOE 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.

For Adults Who Are Caretakers of the Children They Register

(For more information, please SOP 1200-023, Chapter 11)

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 and you are not the child's guardian. As a caretaker, 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.

Caretakers must complete the *Student Registration by Caretaker Form* found in the packet. 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. (19 GCA §13201)

Uniform Policy (Board Policy 401) *(For more information, please reference Board Policy 401.)*

The Board recognizes that school uniforms enhance the learning environment. The intent of the policy is to promote the following: improve student behavior, promote appropriate attire, promote unity and pride, promote safety and security of all school personnel, minimize and or eliminate any socio-economic distinction, and promote an environment free of harassment. The following guidelines for students to follow:

1. No hats or bandanas are to be worn on school campus;
2. Pants/shorts/skorts do not need to be vendor-specific, but need to be the same color as required by the school;
3. Any color undershirt can been worn, as long as there is no obscene language or picture or unless there is a reason to believe it is gang-affiliated;
4. No revealing clothing blouses, spaghetti straps, and high heels; and no open toe shoes; and
5. Also, schools may apply additional restrictions as per BP 400 to meet their school's mission.

The two exemptions for the policy include: provisions for medical reasons or school-wide general dress-down approved by school principal.

Uniform Bag Policy *(For more information, please reference Board Policy 401.1.)* Secondary students are allowed to use any school bag of their choice as long as it abides by the following restrictions:

1. No vulgar language/inappropriate images.
2. No secret/hidden pocket(s).
3. No connected articles that express violence

Part A: Board Policies – Parent Acknowledgement (Page 2)

FOR HIGH SCHOOL STUDENTS ONLY:

Service Learning Requirements for High School Students (For more information, please reference Board Policy 381)
The Guam Education Board and the Superintendent of the Guam 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.

Graduation Requirements for High School Students (For more information, please reference Board Policy 351.4)

Required Courses	College Preparatory Credits	Career Preparatory Credits
Language Arts	4	4
Social Studies	4	3
Math	4	3
Science	4	3
Health	1	1
Physical Education	1	1
Chamorro	1	1
Fine Arts	1	1
Total Core Requirements	**20**	**17**
Career Preparatory Courses	**0**	**4 – 6**
Selected Site-based Courses	**4**	**1 – 3**
TOTAL CREDITS	**24**	**24**

I acknowledged that I have read and understand the above language regarding policies pertinent to my child's enrollment at Guam Department of Education.

Parent/Guardian Print Name: _____

Parent/Guardian Signature: _____ Date: _____

Part B: Student Information

Student Demographics

Student Name: _____
Last Name, First Name, Middle Initial

Circle One: Grade Level: Date of Birth: _____ Place of Birth: _____
Month/Day/Year U.S. Territory/State/Other Country

Male or Female _____

Home Address: _____
House # Street Name Village Zip Code

Mailing Address: _____
P.O. Box Village Zip Code

Student resides with: (Check all that applies)

( ) P Parents ( ) M Mother Only ( ) F Father Only
( ) GP Grandparents ( ) GM Grandmother ( ) GF Grandfather ( ) G Guardian

School History: (Select one of the following)

1. **[ ] For student entering kindergarten: If student attended one of the following early childhood program, please select program:**
   ( ) Guam Head Start Program ( ) GDOE Pre-Gate Program ( ) GDOE Preschool-K Program
2. **[ ] For all other students, please indicate name and address of last school attended:**

_____
Name of School Address of School

Student Placement: Please check (√) the service/s your child is receiving or has received –

( ) Special Education Services ( ) Section 504 Accommodations
( ) English as a Second Language ( ) Individualized Health Plan
( ) Other: _____ ( ) None

For School Registrar to complete and select (√) the Type of Enrollment Code that applies.

( )E1: Original Entry/First-Time Entry
Completed registration for a first-time student enrollment to GDOE. *(Used primarily by elementary schools.)*

R3: Entry/Re-Entry from Guam non-public school Completed registration process for a student from a Guam non-public school (private/non-profit, charter, DODEA).

( )R5: Re-Entry from Another Guam School After Withdrawal or Expulsion
Completed registration process and has received school administrator's approval for re-entry of a student who has withdrawn or was expelled from another GDOE school.

R6: Re-Entry To Same School After Withdrawal or Expulsion
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 GDOE school.

( )R2: Entry/Re-Entry from another GDOE school
Completed registration process for a student from another GDOE school.

R4: Entry/Re-Entry from an off-island school Completed registration process for a student from an off-island school.

R5: Re-Entry from Another Guam School After Withdrawal or Expulsion
Completed registration process and has received school administrator's approval for re-entry of a student who has withdrawn or was expelled from another GDOE school.

R8: Re-Entry From Alternative Program School
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).

R10: Re-Entry From Home School
Completed registration of a student who has been attending home school.

Part C: Parent or Guardian and/or Caretaker Information

Father or Guardian and/or Caretaker Information:

Name:_____
Last Name, First Name, Middle Initial

_____ _____ _____
Home Phone Number | Mobile Phone Number | Email Address

Place of Employment: _____ _____
Work Phone Number

Home Address:_____
House # | Street Name | Village
Zip Code

Mailing Address: _____
P.O. Box | Village
Zip Code

Mother or Guardian and/or Caretaker Information:

Name:_____
Last Name, First Name, Middle Initial

_____ _____ _____
Home Phone Number | Mobile Phone Number | Email Address

Place of Employment: _____ _____
Work Phone Number

Home Address:_____
House # | Street Name | Village | Zip Code

Mailing Address: _____
P.O. Box | Village | Zip Code

Language Information

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

School Note:

If parent/guardian/caretaker, answers "no" for either #1 or #2 or "yes" for #3, the school must contact SPCE Social Worker and provide a copy of the registration for assistance with the registration process.

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 unenrolled and sent to his / her respective school attendance.

_____
Print Parent/Guardian/Caretaker Name | **Signature** | **Date**

Note: A registration by a caretaker is only good for up to 30 days.

Part D: School Attendance Zone

School to Insert Attendance Zone

Part E: Ethnicity and Race Identification

Section 1: The following two (2) tables pertains to the student for statistical purposes.			
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	I-20/Foreign Student/F-Visa	8	H-4 Visa

Ethnic Background: (Circle one)					
A	Chamorro	G	Korean	P	Vietnamese
AR	Rota	H	Hawaiian	Q	Hispanic
AS	Saipan	I	Samoa	R	American Indian/ Alaskan Native
AT	Tinian	J	Kosraean	S	Indonesian
B	Filipino	K	Pohnpeian	T	Other Pacific Islander
C	White (Non-Hispanic)	L	Chuukese	U	Mixed
D	African American	M	Yapese		Other
E	Japanese	N	Marshallese		
F	Chinese	O	Belauan		

Race: (Circle one)			
AM	American Indian or Alaskan Native (R)	AS	Asian (B) (E) (F) (G) (P) (S)
BL	Black or African American (D)	HI	Hispanic or Latino (Q)
HP	Native Hawaiian or Other Pacific Islander (A) (AR) (AS) (AT) (H) (I) (J) (K) (L) (M) (N) (O) (T)	MR	Other Ethnic/Mixed Categories (U)
WH	White (Non-Hispanic) (C)		

Section 2: The following information below pertains to the parent/guardian with whom the student is living with upon registration.					
Federal Status: (Circle one)					
A	Navy (Military)	H	Coast Guard (Civilian)	M	All Others
B	Navy (Civilian)	I	Marine Corps (Military)	N	Reserves (Inactive/PT)
C	Air Force (Military)	J	Marine Corps (Civilian)	O	National Guard (Inactive/Part-Time)
E	Army (Military)	K	Other Federal Agencies	P	Retried Military
F	Army (Civilian)	L	Student I-20	Q	Active Reserves/National Guard
G	Coast Guard (Military)				

Living Status: (Circle one)			
1	Live and Work on Federal Property	3	Live on Federal Property Low Cost Housing
2	Work on Federal Property	4	None-Federally Connected

Guam Department of Education

HOME LANGUAGE SURVEY

(Part F: Student Registration)

School: _____

Student's Name			Date of Birth	Grade
Last	First	MI		

Federal Law and Guam Education Policy Board/Guam Department of Education policy requires schools to determine the language(s) spoken at home by each student. This information is essential in order to provide meaningful instruction for all students. Your cooperation in helping us meet this important requirement is requested. Thank you for your help.

Please circle one for each question.

1. **Which language did your son or daughter speak when he or she first began to talk?**

10 Chamorro	39 Other Filipino Lang.	60 Vietnamese	75 Palauan
20 English	41 Mandarin	70 Carolinian	76 Pohnpeian
32 Ilocano	42 Cantonese	71 Chuukese	77 Yapese
35 Tagalog	45 Other Chinese Lang.	73 Kosraean	80 Japanese
37 Visayan	50 Korean	74 Marshallese	Other Language:

2. **What language does your son or daughter most frequently speak at home?**

10 Chamorro	39 Other Filipino Lang.	60 Vietnamese	Palauan
20 English	Mandarin	Carolinian	Pohnpeian
32 Ilocano	Cantonese	Chuukese	Yapese
35 Tagalog	45 Other Chinese Lang.	Kosraean	80 Japanese
37 Visayan	50 Korean	Marshallese	99 Other Language:

3. **What language does your son or daughter most frequently speak with friends?**

10 Chamorro	39 Other Filipino Lang.	60 Vietnamese	Palauan
20 English	Mandarin	Carolinian	Pohnpeian
32 Ilocano	Cantonese	Chuukese	Yapese
35 Tagalog	45 Other Chinese Lang.	Kosraean	80 Japanese
37 Visayan	50 Korean	Marshallese	99 Other Language:

4. **What language do you use most frequently to speak to your son or daughter?**

10 Chamorro	39 Other Filipino Lang.	60 Vietnamese	Palauan
20 English	Mandarin	Carolinian	Pohnpeian
32 Ilocano	Cantonese	Chuukese	Yapese
35 Tagalog	45 Other Chinese Lang.	Kosraean	80 Japanese
37 Visayan	50 Korean	Marshallese	99 Other Language:

5. **Name the language(s) most often spoken by adults at home.**

10 Chamorro	39 Other Filipino Lang.	60 Vietnamese	Palauan
20 English	Mandarin	Carolinian	Pohnpeian
32 Ilocano	Cantonese	Chuukese	Yapese
35 Tagalog	45 Other Chinese Lang.	Kosraean	80 Japanese
37 Visayan	50 Korean	Marshallese	99 Other Language:

_____ _____

Signature of Parent or Guardian Date

Should a school determine a student language is other than English, the school registrar must refer the student and parent/guardian to the ESL Coordinator and Guam ESL Procedural Manual. This form must be attached to the PEP form in the cumulative folder. This form was taken from the revised version on 12/18 – *Curriculum & Instruction*

Part G: Student Home Map & Other Information

For School Use Only:

Attendance Area Code: _____

Is student a car rider? (circle one) YES NO

Is student a walker? (circle one) YES NO

Is student a bus rider? (circle one) YES NO

Part H: High School Course Assessment Form

This assessment form should be used when official transcripts or report cards or progress reports are not available.

Student Name:	**Date of Birth:**
School Name:	**Date Form Completed:**

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 in 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:

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

School Year: _____		**School Year:** _____	
Courses	**Semester 1 st/2nd**	**Courses**	**Semester 1st/2nd**

_____	_____	_____
Student Name (Print)	**Student Signature**	**Date**
_____	_____	_____
Parent/Guardian Name (Print)	**Parent Signature**	**Date**

Part I: Student Record Request

Date: _____

To: **School Registrar**

_____
Name of Previous School

_____
Address/City/State/Zip Code

Subject: Request for Student Record

This is a written request for the official student record for student:

Name of Student: _____

Date of Birth: _____

Grade: _____

The student has enrolled at _____ on _____.
Name of School Date

Please send the complete transcript record, cumulative folder, test results, health record, or other information which will help determine his/her placement at the school. Should you have any questions, please call _____.

Thank you.

Sincerely,

_____
School Administrator/School Registrar

GUAM DEPARTMENT OF EDUCATION
Emergency Information & Health Form
Page 1
Part J: Emergency Information & Health Form

Mode of Transportation: [ ] Bus Rider [ ] Car Rider [ ] Walker

Student Name: _____ School Name: _____
Last First Middle Initial

Date of Birth: ____/____/____ Male or Female Grade: _____ Room: _____ Ethnicity: _____
Month Day Year (Circle one)

The information provided below will be used to update demographics on PowerSchool.

Father/Guardian: _____ Mother/Guardian: _____

Mailing Address: _____ Mailing Address: _____

Home Address: _____ Home Address: _____

Home Phone: _____ Home Phone: _____

Employer/Dept.: _____ Employer/Dept.: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

It is required to provide an alternate contact name and number of an adult who can pick your child up from school if you cannot be contacted. All adults will be required to show photo identification when picking up your child. Students will be released ONLY to those listed below.

	Name	Relationship to Child	Home Phone	Work Phone	Cell Phone
1					
2					
3					
4					

In the event of a food borne illness, DOE/DPHSS are authorized to obtain stool/vomit samples from the child in the interest of Public Health. [ ] Yes [ ] No

I give permission for the ambulance to transport my child to [ ] GMH [ ] Naval Hospital in a medical emergency [ ] GRMC

Insurance: _____

In case of an Emergency, DOE Reserves the Right to release contact information to your child's bus driver or the Superintendent of Operations, Department of Public Works. _____ (Parent/Guardian Initial)

My child is able to participate in regular PE class. [ ] Yes [ ] No If "no," a doctor's note is required.

Parent's Signature: _____ Date: _____

Emergency Information & Health Form (EIHF)

Page 2

Basic Health Data

(To be filled out by Parent/Guardian(s) to effectively meet the health needs of your school at school.)

Yes	No	Complete Checklist below regarding your Child
		Rheumatic Fever
		Diabetes
		Heart Disease
		Skin Problems [ ] Eczema [ ] Other:
		Seizures Date of Last seizure:
		Hearing Problem Hearing Aid: [ ] Yes [ ] No
		Vision Problem [ ] Glasses or [ ] Contact Lenses
		Asthma [ ] Inhaler [ ] Nebulizer Date of Last asthma attack:
		Allergy to: [ ] Food [ ] Drugs [ ] Other, specify:
		Allergy to: [ ] Bee Sting [ ] Insect Type of reaction:
		Epipen [ ] Yes [ ] No
		Current Medication(s): Reason:
		Other Serious Illness or Injury:

(Please Draw a Map to your Residence)

List the names of all your children who are attending this school (include Head Start) from the oldest to the youngest.

	Child's Name	Grade	Room
1			
2			
3			
4			

Part K: School Counseling Services and Confidentiality Guidelines

SCHOOL COUNSELING SERVICES AND CONFIDENTIALITY GUIDELINES

Dear Parent/Guardian:

Consistent with the American School Counselor Association (ASCA) Ethical Standards, it is important to inform parents/guardians, who have the legal and inherent right to guide their child's life, of the services offered by school counselors. Guam Department of Education (GDOE) school counselors offer short-term individual counseling to students, as well as small group counseling, aimed at the more effective education and socialization of a child within the school community. These services are not intended as a substitute for diagnosis or treatment for any mental health disorder. Parents/Guardians or school staff may refer students for counseling, or students may request counseling for themselves.

This school year, your child will be offered school counseling services at _____ (INSERT NAME OF SCHOOL) as part of the student's in-school program. The types of services include but are not limited to:

- ✓ Academic Counseling
- ✓ College and Career Counseling
- ✓ Personal/Social-Emotional Counseling (supportive and not therapeutic)
- ✓ Classroom Guidance Curriculum
- ✓ Virtual School Counseling
- ✓ Case Management/Coordination
- ✓ Meetings with Parents/Family
- ✓ Individual and Small Group Planning
- ✓ Individual and Small Group Supportive Counseling (not therapeutic)

Skill areas may be addressed in these settings but are **NOT limited** to the following: Friendship and Social Skills; How To Be Successful in School; Dealing with Anger; Dealing with Anxiety; Dealing with Death, Sadness, and Loss; Learning Self Control; Improving Self Esteem; Leadership Skills; Coping Skills for Social and Emotional; Social and Emotional Education; Other Groups

- ✓ *Screeners (require an Informed Consent Form)
- ✓ School Counselor Assessments (Functional Behavioral Assessment, *Columbia Risk Assessment, and *other assessments that require an Informed Consent Form).

*Require an Informed Consent Form to be completed

If you DO NOT want your child to participate in some or all of the counseling services, please contact your school counselor at _____ [INSERT SCHOOL PHONE NUMBER].

Disclaimers:

- ❖ If parents/legal guardians choose to exclude their child from academic, career, or personal/social-emotional counseling, they shall have the sole responsibility to ensure that all academic and graduation requirements are fulfilled, and that their child's personal/social-emotional well-being and needs are addressed.
- ❖ Should there be an emergency, or a school crisis and your child needs immediate supportive counseling, the refusal for counseling services does not apply. Parental permission is not required for counseling and/or crisis intervention needed to maintain order, discipline, or a productive learning environment.

CONFIDENTIALITY GUIDELINES FOR ALL STUDENTS

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:

5. 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.

6. 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.

7. 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.

To build trust with the student, the school counselor will keep information confidential, with some exceptions. Because these services are provided to minor children in the school setting, the school counselor may share information with parents/guardians, the child's teacher, and/or administrators or school personnel who work with the child on a need to know basis, so that they may better assist the child as a team. The school counselor is also required by law to share information with parents or others in the event the child is in danger of harm to self or others. The school counselor will make the child aware in an age appropriate manner of the limits of confidentiality and will inform the child when sharing information with others.

Part L: SWIFTK12 Parent Contact Preference Form

Dear Parents/Guardians,

The information below is necessary for your child's school to successfully send electronic notifications regarding emergencies, attendance, or general announcements. **Please note that for emergencies and attendance,** parent's will be contacted using all three methods; text messaging, phone call, and email (if applicable). However, for General Announcements, you are able to indicate a preference. The call out boxes to the right of each section are intended to provide a brief explanation.

If the contact information on this form is different from what was provided on the current school year Student Emergency Information Form, please submit an updated one. This form is only for SWIFTK12 purposes. Please have your child return the document to his/her school. If you have any questions or need assistance, please contact your school directly. Thank you for your assistance.

Student First Name_____ Middle Initial_____ Last Name_____

Send notices to both parents/guardians: YES ☐ NO ☐ (only fill out name of parent/guardian to receive).

Mother/Guardian First Name:_____ Middle Initial____ Last Name_____

Father/Guardian First Name:_____ Middle Initial_____ Last Name:_____

General Announcement Message Catgory (e.g., student bulletin, etc..) (Check each box you want)	
Text Messaging:	☐
Phone Call (Cellular):	☐
Phone Call (Home):	☐
Email:	☐

****For General Announcements ONLY, there are three (3) optional methods for sending out notifications; text, email, and voice calls to home or cellular. All three (3) methods will be used, unless otherwise specified.

Contact Field

Field	Information
Home phone	
Mother/Guardian Cell Phone	
Father/Guardian Cell Phone	
Mother/Guardian Email	
Father/Guardian Email	

**** The blank fields to the left are very important for the notifications to work successfully. Please provide current contact numbers for each field that applies. Phone numbers need to include area code plus number (e.g., 6714821267). Email addresses should be printed legibly. Please provide as much information as possible to increase success of electronic messages being received.

Student Registration Packet

Part M: Education Technology Use Policy – *User & Parent/Guardian Agreement*

A printed copy of the policy will be readily available upon registration for student, and parent/guardian to read and review prior acknowledging and signing this form. Student and parent/guardian may request with the school registrar for a copy of the policy at any time of the school year.

Education Technology Use Policy User Agreement

I have read, understand, and will follow Guam Education Board Policy 379 Education Technology Use Policy when using computers and other electronic resources owned, leased, operated by the Guam Department of Education and/or personal devices accessing the GDOE network. I further understand that any violation of the policy that is illegal, prohibited, immoral, and/or unethical may result in disciplinary actions up to and including suspension or expulsion, access privileges revoked, and/or legal action.

Student Name (Print)	Student Signature	Date
_____	_____	_____

Education Technology Use Policy Parent/Guardian Agreement

(Note: Student youths as defined under federal guidelines – are student youths 21 years of age or under.)

As a parent or guardian of [print the name of student] _____,
Name of Student (Print)

I have read the Guam Board of Education Policy 379 Education Technology Use Policy. I understand that this access is designed for educational purposes. _____ has taken
Name of School

Reasonable steps to control access to the internet, but cannot guarantee that all controversial information will be inaccessible to student users. I agree that I will not hold the _____
Name of School

Responsible for materials acquired on the network. I, hereby, give permission for my child to use network resources,
including the internet that are available through Guam Department of Education.

Parent Name (Print)	Parent Signature	Date
_____	_____	_____

Student Registration Packet

Part N: Media/Photo Release Permission

_____ will be reporting newsworthy events by film, photograph, audiotape, or
Name of School

videotape student's name, image, student work and performance to display, publish or distribute these for the purpose of publishing on the school-approved websites, school bulletin or on social media sites for broadcasting online, television or radio as determined by the school.

External media organizations may attend school events and may record, film, photograph, audiotape or videotape student's name, image, student work and performance for the purpose of being published or broadcast online, on television or radio.

The respectfully requests your permission to use such picture/video. If, however, you do not feel comfortable granting this permission, we will respect your privacy.

Please check one option below and sign and date below:

( ) **I DO** allow the school to release my child's name, photograph and/or work to be used as described above.

( ) **I DO NOT** allow the school to release my child's name, photograph and/or work to be used as described above.

Name of Child (Print)	
Parent/Guardian Name (Print)	
Parent/Guardian Signature	
Contact Number	
Date	

JON J.P. FERNANDEZ
Superintendent of Education

DEPARTMENT OF EDUCATION
STUDENT SUPPORT SERVICES DIVISION
501 Mariner Ave., Barrigada, Guam 96913
Telephone: (671) 300-1623/1624
Email: cjanderson@gdoe.net

CHRISTOPHER M. ANDERSON
Administrator

TRUANCY PREVENTION NOTICE TO PARENTS

To the parents of _____ (Name of Student), our records at _____ (Name of School) _____ Indicates that your child has accumulated _____ days of unexcused absences. It is your duty and responsibility to ensure your child attends school daily. If your child continues to incur more unexcused absences to the extent it reaches twelve (12) days, your child will be referred to the Family Court of Guam for truancy as required by law. Please review below the **GUAM ATTENDANCE LAW, TITLE 17 GUAM CODE ANNOTATED (GCA):**

Section 6102 Duty to Send Children to School.
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 reach the age of eighteen (18) years of age, 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, except that the starting date of school for children five (5) years of age shall be determined by the provisions of §6103 and 6107 of this Article.

The Superintendent is authorized to establish attendance areas. Any parent, guardian or other person having control or charge of any such child who is at least five (5) years of age, and has not reached the age of eighteen (18) years, who fails to comply with the provisions of this Section, *unless* excused or exempted therefrom, is guilty of a violation for the first offense, and subject to perform one hundred (100) hours of community service at the school of the student. For each subsequent offense, the person is guilty of a petty misdemeanor.

Section 6401 (c) Truant
"Truant" means a pupil found to be absent from school without a reasonable and bona fide excuse from a parent.

Section 6402. Habitual Truant
A pupil is a habitual truant if the pupil has incurred twelve (12) or more unexcused absences in a school year and is of compulsory attendance age. If any pupil is a habitual truant, the principal of the pupil's school shall request the Superintendent to file a petition concerning such habitual truant in the Family Court of the Superior Court of Guam.

Should you have any questions regarding this matter, please feel free to contact our off at:
_____.

Parent/Guardian Name (Print)	Parent Signature	Date
Administrator Name (Print)	Administrator Signature	Date

School Attendance Officer/Resource Officer Name

Part P: Student Registration by Caretaker Form (Page 1)

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: _____ Date: _____

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.

   _____

   _____

   _____

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 to question 4, please explain why.

   _____

   _____

Part P: Student Registration by Caretaker Form (Page 2)

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.

19 GCA §13201 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**

FORM 11-2

TRANSFER OUT / WITHDRAWAL FORM

Guam Department of Education Central Office
501 Mariner Avenue Barrigada, GU 96913-1609
Telephone: 671-632-5176

Student Q1 18-19 YR Transfer Out / Withdrawal Form

All withdrawals/transfers require up to two days to complete this form. Schools must ensure all student demographics are updated on PowerSchool, and clearances are provided by all offices/programs listed below. THE SCHOOL ADMINISTRATOR WILL SIGN THE FINAL CLEARANCE. *For any clearances with a "no", the office /program must ensure there is an attached document indicating what the student is pending to submit/complete.*

STUDENT NAME: **GRADE:** **DOB:** **STUDENT #:**

DATE OF REQUEST: _____ **Entry Date:** _____ **Withdrawal Date:** _____

Reason for Transfer/Withdrawal (CHECK Code that Applies):

[ ] W11-: To Guam Public School
[ ] W12 : To Guam Non-Public School
[ ] W14*: Voluntary Withdrawal
[ ] W16*: Involuntary Withdrawal
[ ] W15 : No Show after Enrollment
[ ] W18 : Unable to complete w/in 6 years
[ ] W19- : Off-Island Location
[ ] W21: Committed to Dept. of Correction
[ ] W23: To Home School
[ ] W24**: Expulsion
[ ] W25 : Graduated (High School Only)
[ ] W26***: Deceased Student
[ ] W27 : To alternative school

NOTE: TRANSFER/WITHDRAWAL CODES FOLLOWED BY A SPECIAL CHARACTER REQUIRES SUPPORTING DOCUMENT(s) BELOW:
(-) Proof of Residency/Out-of-District Approval (+) Travel Itinerary (*) DSE/SCL Approval (**) Superintendent Approval (***) Death Announcement/Obituary

TRANSFERRED TO SCHOOL: _____
Did transferring school contact receiving school about the transfer and validate the correct attendance areas based on new address? Yes / No (If No, STOP HERE until validated)

UPDATED PHYSICAL ADDRESS: _____
Is the Updated Physical Address the student's New Home Address? Yes / No

UPDATED FATHER INFORMATION: _____

UPDATED MOTHER INFORMATION: _____

UPDATED GUARDIAN INFORMATION: _____

PARENT(s)/GUARDIAN(s) Signature: _____ **Date:** _____

Per	Course Name	Q1 Grd	Q1 %	Q1 Cit.	Text Book Clearance Yes or $ Owed	Total UEX	Teacher	RM#	Initial

HEALTH COUNSELOR CLEARANCE: Yes / No_____ Shot Record (Updated): Yes / No___ IHP: Yes / No / NA___ IHP Date:_____ Medical Alert: Yes / No / NA___

CATE Clearance: Yes / No / NA_____ Attendance Logs Updated: Yes / No _____Date Updated_____

Library Clearance: Yes / No _____Amount Owed $_____ Discipline Logs Updated: Yes / No _____Date Updated_____

ESL: Yes / No / NA _____Date of LAS:_____ Service Learning (HS Only): Yes / No / NA _____

SPED: Yes / No / NA _____Date of IEP:_____ Report Card / Transcripts: Yes / No / NA _____

Section 504: Yes / No / NA _____Date of EAP:_____ SAO/SRO Signature _____

Equipment Clearance: Yes / No / NA _____Amount Owed $_____ Business Office Clearance: Yes / No / NA _____Amount Owed $_____

FINAL CLEARANCE:_____ DATE:_____
Principal

11-3

Jon J.P. Fernandez
Superintendent of Education

DEPARTMENT OF EDUCATION
EDUCATION SUPPORT & COMMUNITY LEARNING:
Student Parent Community Engagement Project
Tel: 300-1625
ddbukikosa@gdoe.net
svpangelinan@gdoe.net

Kelly R. Sukola
Deputy Superintendent,
Education Support & Community Learning

STUDENT PARENT COMMUNITY OUTREACH PROGRAM
CERTIFICATION OF RESIDENCY

Student Name: _____ DOB: _____

Father/Guardian Name: _____ Contact #: _____

Mother/Guardian Name: _____ Contact #: _____

Home address: _____ School: _____

REMARKS: _____

_____

_____

Certified by: _____ Confirmed by: _____
SPCEP/GDOE SRO/SAO Worker Name (Print/Sign/Date) SPCEP SW Name/Signature/Date

***NOTE:** This document is the intended for the sole purpose of School Registration.

Map to residence

CHAPTER 11
APPENDIX

NOTE: Forms contained in SOP 1200-023 are subject to minor updates based on changes to laws, GEB policies, and outside agency changes.

APPENDIX 11-1

DEPARTMENT OF EDUCATION
OFFICE OF THE SUPERINTENDENT

www.gdoe.net
500 Mariner Road, Barrigada Guam 96913
Telephone: (671)475-0457 or 300-1347/1536•Fax: (671)472-5001
Email: jonfernandez@gdoe.net

JON J. P. FERNANDEZ
Superintendent of Education

May 5, 2015

MEMORANDUM

TO: **High School Administrators**

FROM: **Superintendent of Education**

SUBJECT: **Guidance Regarding Board Policy (BP) 330**

Buenas and Hafa Adai! Central to the Department's mission to Prepare All Students for Life, Promote Excellence, and Provide Support is the assurance that every student receives maximum opportunities to earn their high school diploma. As you may know, Board Policy 330 (Entrance and Attendance Ages: Registration and Removal) allows for schools to drop or involuntarily withdraw non-compulsory aged students (16 years and older) from school for the balance of the academic school year when **all** the following conditions have been met:

- The student has accumulated 25 days of absence (13 days for a 4x4 block schedule).
- The school has formally established a School Level Support Team to identify and monitor interventions that address absences and academic failure.
- The student has failed all classes despite interventions outlined by the School Level Support Team.

It has come to my attention that students have been dropped from high school without the requirements of BP 330 being met. In addition, I have learned that schools may be requiring students and parents to pre-sign withdrawal forms and contracts with the understanding that they would be dropped for discipline violations, attendance issues, or other forms of contractual non-compliance. This practice will be reviewed in line with the department's mission, and further guidance will be provided this summer.

To ensure the consistent application of BP 330, all withdrawals shall be reviewed and approved by the Superintendent, or my designee, before schools proceed with the action. At this juncture, I am hereby designating Erika Cruz, Deputy Superintendent for Educational Support and Community Learning, to conduct the review and approval of proposed withdrawals. Effective immediately, schools are required to submit the following packet of information for review and approval:

- A copy of the non-compulsory Student Withdrawal Approval Form.
- A copy of the initiated withdrawal form.
- A copy of the student's complete grades for the current school year.
- Copies of all completed Office Truancy Forms (OTRFS) submitted for the student.
- Meeting notes from the School Level Support Team that document the interventions identified to mitigate absences and academic failure.

If your school has withdrawn students since April 15, 2015, you are required to prepare the packet of information, based on the guidelines above, and submit to the Deputy Superintendent, Educational Support and Community Learning (DSESCL) no later than close of business, Tuesday, May 12, 2015. We will be reviewing this information to inform our assessment of current practices at the school level.

I have tasked the DSESCL to form a committee to review existing policies and procedures impacted by this issue. However, until such time that changes are made, this guidance remains in effect. Should you have any questions or need further clarification, please contact Mrs. Erika R. Cruz at your convenience. Thank you for your immediate attention.

JON J.P. FERNANDEZ

Attachment:
- Board Policy 330
- Non-Compulsory Student Withdrawal Approval Form

Cc: DSESCL

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

CHAPTER 12

RESPONDING TO CRITICAL INCIDENTS IN SCHOOLS

INTRODUCTION

A Critical Incident is a school-wide crisis that can impact the emotional functioning of members of a 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." Critical incidents may include a 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 suicide death or attempts, 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 to provide assistance and support during a critical incident. These professionals include school counselors, social workers, district psychologists, and school health counselors. For the purposes of this chapter, these personnel will be referred to as the school's mental health staff.

During a critical incident, the Incident Command System* (ICS) should assess the needs of the school community and strategically plan for an appropriate response with a section that covers behavioral health aspects for the incident. 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.

**Note: For more information regarding the Incident Command System, please see GDOE SOP 1300-002.

PROCEDURES FOR RESPONDING TO 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.

A. **Day One Procedures**

1. Notify the District
    a. The School Level Administrator, who is the Incident Commander (IC), or a designee must complete the *Critical Incident Assessment Tool* (CIAT) (Appendix 12-1).
    b. The CIAT must be submitted to the Deputy Superintendent of Educational Support and Community Learning (DSESCL) within 24 hours of learning about the incident.
2. Conduct a Strategic Assessment
    a. Assess Damage – The first step is to understand what has happened and who potentially may have been impacted. Those that have been impacted could be siblings attending another school. It is important to make sure that all impacted by the critical incident are provided support and services. Lastly, identify past traumatic events of the school and community as they might impact the recovery process. Consider emotional as well as physical injuries.
    b. Assess Internal Resources – Begin with the ICS team and assess the resources available within the affected school.

i. The Crisis Emergency Response Team (CERT) – creates a strategic plan in response to a critical incident (Appendix 12-3).

1. It is recommended that a CERT include, at minimum, the school administrator, school counselor, and school health counselor. Other school personnel may be included as appropriate.
2. Depending on the incident, this team may be school based or districtwide.
3. CERT assignments should take priority over fixed job assignments so that the team can convene quickly when necessary.

ii. Make note of natural supports for the affected students, which may include a favorite teacher, coach, or advisor.

c. Assess External Resources – Recourses from other schools within the district might be available. Contact the DSESCL for guidance and support. These may include the local Community Mental Health Center, CERT or other agencies where relationships have been created.

d. See Appendix 12-2, *Need Areas for School Personnel, Students, Parents, and Community,* for more information regarding critical incident assessments.

3. Create a Strategic Plan

a. Use the *Critical Incident Assessment Tool* (CIAT) (Appendix 12-1) and the *School Administrator Critical Incident Procedure Checklist* (Form 12-1) to create a strategic plan.

b. Include recommendations from the DSESCL and the CERT.

c. The strategic plan should be developed for the first day after the school learned of the critical incident.

d. For the days proceeding, revise the Strategic plan based on the needs of the students and faculty.

e. Have phone tree in place so that the communication happens smoothly, efficiently, and correctly. Consider activating the emergency alert system if applicable via phone, email, etc.

4. Announcement to School Community

a. Only after the details of the incident have been confirmed and the CIAT has been completed the school administrator shall determine how the delivery of the news of the critical incident will happen.

b. Individual classroom announcements to students following a staff meeting with teachers are recommended.

c. Announcements over the loudspeaker or large assembly notifications **are not recommended.**

5. Counseling Services and Support
    a. Be certain to have sufficient support staff to assist students, faculty, and parents after the announcement has been made. This will include CERT members, personnel from other schools, and other professionals.
    b. The District Psychologist will be responsible for coordinating the Critical Incident Stress Debriefing (CISD) services as well as providing consultation for the strategic plan upon activation by the DSESCL.
    c. On-site school counselors 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. Special considerations should be given to those who were close to the deceased.
    d. 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. Special considerations should be given to those who were close to the deceased.
    e. School counselors will provide emotional support to the students, faculty, staff, and parents until support from off-site counselors arrive.
    f. The school administrator will determine how classes will be run. If the crisis involves the death of a student, issues such as personal belongings, desks, and lockers of the deceased 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 students and school personnel requesting to go home.
    g. On-site school counselors will be responsible for coordinating the logistics for the CISD sessions. *Refer to "Day Two Procedures, Critical Incident Stress Debriefing" section below.
    h. The School counselors facilitating CISD will be responsible for communicating logistical details with the CERT.

6. Addressing Media and Cell Phones

    School administrator should discuss the responsible use of cell phones and social media with students and school personnel to prevent rumors and misinformation. The DSESCL will coordinate with the Public Information Officer (PIO) to facilitate communication with the community.

7. Communication with Parents and School Personnel
    a. School administrator can 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) so that updates and relevant information can be shared.
    b. School administrator should inform staff and parents about how the school is handling the incident. The administrator should also include resources for

immediate connection to external teams, or community agencies that may be of assistance.

c. Letters/Memos to Faculty and Parents Regarding a Critical Incident and Relevant Resources

Review and prepare memos, sample letters, and handouts to distribute to faculty members, students and parents after a critical incident. These documents can be adjusted to meet the specific needs of the school and the unique aspects of the event.

i. **Letters to Faculty/Parents and Communication Recommendations** – The attachments listed below provide sample letters the CERT can use to inform faculty and parents of the critical incident and the interventions that will be provided. In addition, guidance to how the school can best connect and communicate with parents is included in *Addressing Parental Concerns*.

1. *Sample Memos to Faculty Regarding a Critical Incident* (Appendix 12-4)
2. *Sample Letters to Parents Regarding a Critical Incident* (Appendix 12-6)
3. *Addressing Parental Concerns* (Appendix 12-5) ii. **Expected Reactions Following a Critical Incident and Self-Care** – The attachments in this section provide information on age appropriate reactions to critical incidents, guidance regarding memorial services, and self-care recommendations.

1. *Common Student Reactions to Grief* (Appendix 12-7)
2. *After the Disaster* (Appendix 12-8)
3. *Children's Reaction to Disaster* (Appendix 12-9)
4. *Parent Considerations for Children Attending Services* (Appendix 12-10)
5. *Self-Care Suggestions* (Appendix 12-11)

8. Progress Meeting

A brief staff meeting at the end of the day should be held to allow faculty to review progress, share information and resources, and discuss stress/grief reactions and coping strategies.

B. Day Two Procedures

1. Strategic Plan
   a. School administrator will continue to monitor the Strategic Plan. The plan can be adjusted as necessary to ensure appropriate responses to the incident.

b. Assess whether continued staff meetings are needed.

c. Depending on the nature of the event, regular staff meetings allow connection, information sharing, and continued planning.

2. Critical Incident Stress Debriefing (CISD)

The CISD is a specific 7-phase, small group, supportive crisis intervention process. This process does not constitute any form of psychotherapy and it should never be utilized as a substitute for psychotherapy. CISD is a supportive crisis focused discussion of a traumatic event (Appendix 12-12).

a. CISD sessions are recommended to be conducted after the *Critical Incident Assessment* Tool (CIAT) (Appendix 12-1) has been submitted to the DSESCL.

b. School counselors from the critical incident school site are responsible for coordinating the CISD logistics to include all CISD forms, documents, and session rooms.

c. The *Critical Incident Stress Debriefing School Counselor Assessment Tool* (Form 12-2) should be used to identify impacted students and school personnel as well as coordinate CISD sessions.

d. CISD sessions will be facilitated by assisting school counselors from supporting schools. School counselors from where the critical incident occurred **should not** facilitate or co-facilitate any CISD sessions.

e. CISD sessions are recommended to be held in small groups with a maximum of 15 participants with at least one group facilitator and co-facilitator.

f. CISD for students should be held separately from sessions with other school personnel.

g. **Critical Incident Stress Debriefing (CISD) Forms:** CISD forms and documents should be prepared by the school site counselors. School sites should keep original CISD forms and copies of completed forms should be filed with the District Psychologist at the Student Support Services Division.

i. The *Crisis Response/Critical incident Debriefing Report* (Appendix 12-13) should be completed for each CISD session by the CISD facilitator. The Completed report should be submitted to the school-site counselor to conduct follow-up supportive counseling with students identified as at-risk. Additionally, a copy of the completed report should be submitted to the school-site counselor to conduct follow-up supportive counseling with students identified as at-risk. Additionally, a copy of the completed report is to be filed with the district psychologist at SSSD.

ii. The *Critical Incident Stress Debriefing Roster* (CISDR) (Appendix 12-14) should be completed for each CISD session by the CISD co-facilitator. The completed CISDR should be submitted to the school-site counselor to conduct follow-up supportive counseling with students identified as at-risk. Additionally, a copy of the completed CISDR is to be filed with the District Psychologist at SSSD. iii. The *Critical Incident After Action Review*

(CIAAR) (Appendix 12-15) should be completed by the CISD facilitator and should include feedback for the overall critical incident response. The completed CIAAR should be submitted to the school administrator and the DSESCL. Additionally, a copy of the completed CIAAR is to be filed with the District Psychologist at SSSD.

3. 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.
4. Continue to assess students and school personnel especially those most closely impacted or otherwise at-risk.
5. Determine the school's involvement in the funeral or memorial service.

GUIDANCE FOR FUNERALS, MEMORIAL SERVICES, AND DEATH ANNIVERSARIES Funerals

Parents and caretakers may be asking you if it is appropriate for their child to attend a 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 for their child's development, temperament and capabilities should all be considered when making the decision regarding their attendance.

School's Attendance at Memorial Services

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 or 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.

School Memorials

Gifts and memorials are 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 a scholarship, etc. Examples of sudden deaths schools are faced with include:

1. Death from cancer or other medical condition.
2. A drug overdose death. Suicide death**.
3. A homicide death.
4. Death of an individual killed by a drunk driver.
5. Death of a drunk driver who killed another individual.

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.

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.

When a person has died by suicide, the issues of memorials become complicated by the need to prevent romanticizing or glamorizing the death. Care should be taken to reduce the risk for contagion among survivors. How an individual is memorialized may inadvertently increase the chance that other youth, who are already at risk, may act on their suicidal thoughts. It is recommended that any activity chosen be a one-time event. Memorials for suicide might be donations of blood to the Red Cross or contributions to a suicide prevention program. Contact the District Psychologist for guidance regarding strategies on how to reduce risk and promote healing after a suicide. **See Appendix 12-18, *Suicide Considerations*, for further information.

Ongoing and 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 12-15, *Critical Incident after Action Review.*
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.

Death 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.

1. 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 a behavioral health professionals in the building to check in with teachers between phone calls can be quite helpful.
2. 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.

SUICIDALITY: GUIDELINES FOR ITS PREVENTION, ASSESSMENT, & TREATMENT

****Note: Students shall not be prevented from returning to school because they were not cleared by a medical professional** (Memo from the Superintendent, October 19, 2015). See Appendix 12-23 for the Superintendent's memorandum.

Suicide Risk: Signs and Symptoms

1. Long period of depression, other mental illness, or 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.
6. Refer to Appendix 12-16, *Risk factors for Suicide, for more information.*

Procedures for Managing Students at Risk for Suicide

1. Ensure Student Safety
    a. The school administrator will ensure the safety of the student at risk for suicide. Student should not be left alone and needs to be monitored at all times until supervision responsibilities are transferred to parent(s) or legal guardian.
    b. The school health counselor will assess for any medical concerns and provide appropriate care.
    c. Refer to Appendix 12-17, *Ensuring Student's Safety,* for further information.
2. Suicide Risk Assessment – To be conducted only by the **School Counselor**.
    a. The school counselor is responsible for conducting the following assessments:

i. *Assessing Suicide risk: Critical Questions* (Appendix 12-19)
ii. *Columbia Suicide Severity Rating Scale* (Appendix 12-20)

b. **CHECK** adequacy of assessment / management by completing the *Suicide Risk Assessment Checklist* (See Appendix 12-21)

c. Based on the results of the risk assessments, a safety plan with the student must be developed (See Appendix 12-22: *Student Safety Plan Template*). **Suicide Risk Recommendations: Low, Moderate, and High**

1. **Suicide Risk: Low** – Referral to Outside Agency (e.g., Guam Behavioral Health and Wellness Center (GBHWC) is **not warranted.**
   a. Develop Safety Plan with student (Appendix 12-22).
      i. File original safety plan in student's folder and ensure the student is given a copy.
   b. Notify parent/guardian of the student's level of suicide risk and review safety plan.
      i. Document name of parent/guardian, time, and date of notification.
   c. Provide daily supportive counseling until student is stabilized. The school counselor shall use the *Columbia Suicide-Severity Rating Scale* (Appendix 12-20) as needed to assess student's suicide risk.
   d. The District School Psychologist is available for consultation regarding assessments, safety plans, and referrals to GBHWC for services.

2. **Suicide Risk: Moderate** – Referral to Outside Agency (e.g., GBHWC) **MAY BE warranted.**
   a. Consult with District School Psychologist regarding student's suicide risk, safety plan, and appropriateness of referral to Guam Behavioral Health and Wellness Center (GBHWC).
      i. Document District School Psychologist name, date, and time of consultation.
   b. Develop Safety Plan with student (Appendix 12-22).
      i. File original safety plan in student's folder and ensure the student is given a copy.
   c. Notify parent/guardian of the student's level of suicide risk and review safety plan.
      i. Document name of parent/guardian, time, and date of notification.
   d. Provide daily supportive counseling until student is stabilized. The school counselor shall use the *Columbia Suicide-Severity Rating Scale* (Appendix 12-20) as needed to assess student's suicide risk.
   e. The identified school counselor will be the point of contact with outside agencies and is responsible for ongoing management of student's care.

3. **Suicide Risk: High** – Referral to Outside Agency (e.g., GBHWC) **WARRANTED.**

   a. Consult with District School Psychologist regarding student's suicide risk, safety plan, and appropriateness of referral to Guam Behavioral Health and Wellness Center (GBHWC).

      i. Document District School Psychologist name, date, and time of consultation.

   b. Develop Safety Plan with student (Appendix 12-22).

      i. File original safety plan in student's folder and ensure the student is given a copy.

   c. Notify parent/guardian of the student's **High** level of suicide risk, review safety plan, and make a referral to GBHWC's I Famagu'on-ta Program.

      i. Document name of parent/guardian, time, and date of notification. ii. Advise parent to pick-up student from school and bring student immediately to I Famagu'on-ta. iii. Provide parent/guardian with I Famagu'on-ta's contact information: 477-5338 or 300-4083.

   d. Establish daily supportive counseling until student is stabilized. The school counselor shall use the *Columbia Suicide-Severity Rating Scale* (Appendix 12-20) as needed to assess student's suicide risk.

   e. The identified school counselor will be the point of contact with outside agencies and is responsible for ongoing management of student's care.

4. Upon Return of Student

   a. School Level Management

      i. Make a safety plan with the student. ii. Refer student to the School Based Behavioral Health Clinical Team to be seen for follow up sessions.

      iii. Provide the Crisis Hotline phone number (647-8833) to student if long-term care is needed.

   b. Outside Agency

      i. Monitor the ongoing status of the student.

      ii. Formulate plan for referral process. iii. Make referral- phone referral details, including level of risk. iv. Ensure written referral details are also faxed/mailed.

      v. Ensure appropriate follow up has taken place. If imminent risk, ensure safety of student in interim and prompt follow up of student by the School Based Behavioral Health Clinical team.

      vi. Document assessment, management/referral details.

Basic Knowledge for School Administrator and School Counselor Regarding Suicide Risk

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 referrals 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.

CHAPTER 12

FORMS

NOTE: Forms contained in SOP 1200-023 are subject to updates based on changes to laws, GEB policies, and outside agency changes. For the PDF fillable version of the forms listed in this chapter, refer to the Student Support Services Division web-site.

FORM 12-1

SCHOOL ADMINISTRATOR
CRITICAL INCIDENT PROCEDURE CHECK LIST

	Complete the **Critical Incident Assessment Tool** (Appendix 12-1) and submit it to the Deputy Superintendent of Educational Support and Community Learning within 24 hours of learning about the incident.
	Contact and mobilize the Community Emergency Response Team (CERT) or Crisis Response Team (CRT). The CERT and CRT are usually made up of a School Administrator, School Counselor, and School Health Counselor.
	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).
	Review special considerations in managing the after math of a suicide to avoid copycat behavior.
	Develop talking points for first period teachers to share information with students regarding the incident.
	Convene initial faculty meeting and identify tasks and roles for school personnel.
	Identify private areas for individual supportive counseling sessions and locations for Crisis Incident Stress Debriefings (CISD) *CISD sessions are recommended to be conducted after the Critical Incident Assessment Tool has been submitted to the Deputy Superintendent of Educational Support and Community Learning
	Work with counselors, teachers, and other school personnel to identify and monitor at-risk students and faculty.
	Contact school counselor and health counselor at schools where any siblings or family members of the deceased are enrolled.
	Coordinate CISD sessions for students, faculty, and other school personnel. *CISD sessions are recommended to be conducted after the Critical Incident Assessment Tool has been submitted to the Deputy Superintendent of Educational Support and Community Learning.

	Assign a 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 behavioral health resources and support groups.
	Provide handouts of stress management and self-care techniques for faculty (See Appendix 12-9)
	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.
	Provide memos/letters for release to faculty (Appendix 12-4) and parents (Appendix 12-6).
	Plan strategy to respond to requests from parents for information.
	Keep an informal log of response activities.
	Relay information about funeral services to students, staff and community as it becomes available.
	Review the section, "Guidance for Memorialization" and prepare to respond to requests for memorial services from students, school personnel, and parents.
	Meet with faculty, CERT, or CRT at the end of each critical incident day to monitor progress and address concerns.

FORM 12-2

CRITICAL INCIDENT STRESS DEBRIEFING
SCHOOL COUNSELOR ASSESSMENT TOOL

Use the tool below to identify students, faculty, and other school personnel in need of Critical Incident Stress Debriefing.

1.	**Identify the deceased:** (i.e., student, teacher, school aid, counselor)	**Name:**
2.	List the classes and school organizations (e.g., student government, clubs, sports teams, groups of friends) that the identified person was affiliated with.	1. 2. 3. 4. 5. 6. 7. 8. 9. 10.
3.	How many students have been identified:	
4.	How many school personnel have been identified:	
5.	How many Critical Incident Stress Debriefing sessions (CISD) would be needed? **Note: 15 participants per group. 2 CISD co-facilitators **(must be school counselors)**	
6.	List the rooms available for the Critical Incident Stress Debriefing	1. 2. 3. 4. 5.
7.	Materials and supplies needed for CISD:	1.Tissue 2.Water for students 3. 4.

Critical Incident Stress Debriefing Plan: _____

_____

_____

_____

CHAPTER 12

APPENDIX

NOTE: Forms contained in SOP 1200-023 are subject to updates based on changes to laws, GEB policies, and outside agency changes. For the PDF fillable version of the forms listed in this chapter, refer to the Student Support Services Division web-site.

APPENDIX 12-1

CRITICAL INCIDENT ASSESSMENT TOOL

Instructions: Complete form and submit it to the Deputy Superintendent of Educational Support and Community Learning within 24 hours of learning about the incident.

Date:

Person Completing the Assessment:

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

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

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

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

5. **Were there witnesses to the incident?**

6. **If the incident involved a student(s):** Was he, she, or they involved in any sports, clubs, band/choir, PEAK, etc.? If yes, please list below.

    6a. Does the student(s) involved have siblings?

    6b. Which schools do they attend?

    6c. Have they been notified?

    6d. What supports are available for them?

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

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

9. **What behavioral health supports are available?** (District School Psychologist, Community Mental Health Centers, Churches, DBHRT, Victims Inc.,)?

10. **How many people have been affected by the incident and would benefit from the Critical Incident Stress Debriefing?** Review responses from question 6 of this assessment tool.

List the total number of school personnel:

Recommendations:

Key Contacts and Phone numbers:

1.

2.

3.

APPENDIX 12-2

NEED AREAS FOR SCHOOL PERSONNEL, STUDENTS, PARENTS, AND COMMUNITY

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 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.

APPENDIX 12-3

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) 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.

APPENDIX 12-4 SAMPLE MEMOS TO FACULTY REGARDING A CRITICAL INCIDENT

Confidential Faculty Memorandum, Death of a Student

To: Faculty and Staff

From: Community Emergency Response Team / Crisis Response Team / 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 Crisis Emergency Response Team (CERT) 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 the following in mind:

General Letter – Pick and choose sentences that fit the situation to form the body of the letter:

- 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 he/she 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.

Sample Faculty Letter, Death of a Student

To: Faculty and Staff

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

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

This is a loss for 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.

Sample Faculty Letter, Death of a Student

To: Faculty and Staff

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

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, she / 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 Death

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 subjugated 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.

APPENDIX 12-5

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 settings, sharing a consistent message and information.

The school administration should decide fi 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 to 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 case 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 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 like to talk to someone about this tragedy, please call during the school day."

APPENDIX 12-6: SAMPLE LETTERS TO PARENTS REGARDING A CRITICAL INCIDENT

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 around the district 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

APPENDIX 12-7

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

Emotional responses for each individual 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, stomachaches, 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 12-8

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 form 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 12-9

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, and nightmares.
- Clinging/fear of being left alone, regression to previous behaviors, and fighting
- Inability to concentrate, withdrawal and isolation, not wanting to attend school, and headaches.
- Changes in eating and sleeping habits and 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 he/she is safe and the family is 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 12-10

PARENT CONSIDERATIONS FOR CHILDREN ATTENDING MEMORIAL 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 raise 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.

APPENDIX 12-11

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 and 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 attitude 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 omit 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 your and set yourself manageable goals.

APPENDIX 12-12

CRISIS INCIDENT STRESS DEBRIEFING-MITCHELL MODEL

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, homogenous groups who have encountered a powerful 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 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, preincident 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 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:

Critical incident Stress Debriefing (CISD) is a structured process that includes the cognitive and effective 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 psychoeducational 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 of your most prominent thought one 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 return 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 questions 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 explanation, 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.

APPENDIX 12-13

DEPARTMENT OF EDUCATION
OFFICE OF THE ADMINISTRATOR
STUDENT SUPPORT SERVICES DIVISION

www.sssd.net
501 Mariner Avenue Barrigada, Guam 96913
Telephone: (671) 475-0504 or 300-1623 / 1624
Fax: (671) 472-7888

Email: cjanderson@gdoe.net

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:

_____

_____

_____

_____

_____

_____

RECOMMENDATION and / or DISPOSITION

1. 4.

_____

2. 5.

_____

3. 6.

_____

APPENDIX 12-14

CRITICAL INCIDENT STRESS DEBRIEFING ROSTER

School: **Incident:**

Name of Students	Grade	Designated Teacher Assigned Counselor Secondary	Relationship to deceased	Disposition and or Recommendations

Date: _____

Facilitators: _____

APPENDIX 12-15

CRITICAL INCIDENT 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?

Name: _____ **Date:** _____

APPENDIX 12-16

RISK FACTORS FOR SUICIDE

Risk factors that all school counselors should be aware of:

1. Other serious mental illness: e.g., Bipolar (Manic-depressive) Disorder; Schizophrenia; Schizoaffective 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 regarding criminal offense/custody; failure to meet family/peer expectation; 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)

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*)

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)

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.

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, and 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. Reckless 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 interest in music, art, poetry, prose etc.
    h. Appearance (e.g. shaving head, wearing black – not related to fashion)
    i. Giving away/selling possessions

APPENDIX 12-17

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 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 Base 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 cooperation 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 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 and 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 counselor 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.

APPENDIX 12-18

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

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 U.S. 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 you 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. Over simplification of suicide in any of these ways can mislead people to believe that if 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 description 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.

Acknowledgement:

Suicide Prevention Resource Center, www.sprc.org 877-GET-SPRC (877-438-7772) Educational Development Center, Inc. 55 Chapel Street, Newton, MA 02458-1060

APPENDIX 12-19

ASSESSING SUICIDE RISK: CRITICAL QUESTIONS

Student Name: _____ **School:** _____

School Counselor: _____ **Grade:** _____ **Age:** _____

Critical Questions: The questions listed below are important in finding a student's overall risk of suicide. Please be sure to ask all 16 questions and write the response in the space provided.

1) Can you tell me how long you have had this feeling? _____

_____

2) Do you have friends, family, grandparents, or others that you feel comfortable talking to?

_____

3) Who do you live with? _____

_____

4) Have you spoken to anyone about your suicidal intent? _____

_____

5) Have you made previous attempts? _____

_____

6) If student answers yes to the item above (i.e., item 5) ask how? What stopped you? _____

_____

7) What precautions would you take or have you planned to take against being found? _____

_____

8) How do you see the future for yourself? _____

9) Can you identify reasons why you have the suicidal ideation (i.e., psychological, physical, relationship, work, or financial)? _____

10) Can you tell me ways which you have previously coped with your difficulties? _____

11) Do you use any drugs or alcohol to cope with these difficulties? _____

12) Can you tell me what help you need at this time? _____

13) Who else do you wish to involve? (i.e., significant others, relatives, grandparents)

14) How much time have you spent in thinking about suicide? _____

15) Do you have the means available to you? (i.e., do you have a gun, rope, or pills) _____

16) Have you left any notes or made recorded messages? _____

Recommendations:

School Counselor Signature: _____

Date: _____

APPENDIX 12-20

COLUMBIA SUICIDE SEVERITY RATING SCHOOL

SUICIDE IDEATION DEFINITIONS AND PROMPTS

Ask questions that are bolded and underlined.	**PAST MONTH**	
Ask questions 1 and 2	**Yes**	**No**
1) Wish to be Dead: Person endorses thought about a wish to be dead or not alive anymore or wish to fall asleep and not wake up. **Have you wished you were dead or wished you could go to sleep and not wake up?**		
2) Suicidal Thoughts: 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. **Have you actually had any thoughts of killing yourself?**		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to questions 6	**Yes**	**No**
3) Suicidal Thoughts with Method (without Specific Plan or Intent to Act): 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." **Have you been thinking about how you might kill yourself?**		
4) Suicidal Intent (Without Specific Plan): Active suicidal thoughts of killing oneself and patient reports having some intent to act on such thoughts, as opposed to "I have the thoughts but I definitely will not do anything about them." **Have you had these thoughts and had some intention of acting on them?**		
5) Suicide Intent (without Specific Plan): Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out. **Have you started to work or worked out the details of how to kill yourself? Do you intend to carry out this plan?**		

6) Suicide Behavior Questions: **Have you ever done anything, started to do anything, or prepared to do anything to end your life?** 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. **If Yes, ask: <u>How long ago did you do these?</u>** Over a year ago? Between three months and a year ago? Within the last three months?		

SUICIDE IDEATION DEFINITIONS AND PROMPTS	**Since Last Visit**	
Ask questions that are bolded and <u>underline.</u> Ask questions 1 and 2	**Yes**	**No**
1) Wish to be Dead: Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up. **<u>Have you wished you were dead or wished you could go to sleep and not wake up?</u>**		
2) Suicidal Thoughts: 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. **<u>Have you actually had any thoughts of killing yourself?</u>**		

If YES to 2, ask questions 3, 4, 5, and 6. If No to 2, go directly to questions 6	Yes	No
3) Suicidal Thoughts with Method (without Specific Plan or Intent to Act): 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" **Have you been thinking about how you might kill yourself?**		
4) Suicidal Intent (without Specific Plan): Active suicidal thoughts of killing oneself and patient reports having some intent to act on such thoughts, as opposed to "I have the thoughts but I definitely will not do anything about them." **Have you had these thoughts and had some intention of acting on them?**		
5) Suicide Intent with Specific Plan: Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out. **Have you started to work or worked out the details of how to kill yourself and do you intend to carry out this plan?**		
6) Suicide Behavior: **Have you done anything, started to do anything, or prepared to do anything to end your life?** 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 12-21

SUICIDE RISK ASSESSMENT CHECKLIST

Put a '✓' in the appropriate box.

Performance /Degree	RISK PRESENT, BUT LOWER (Score for each ☑= 1)	MEDIUM (Score for each ☑= 2)	HIGHER RISK (Score for each ☑= 3)
1. Suicide Plan			
a. Details	☐ Vague	☐ Some what specific	☐ Well thought out, knows, when, where, and how
b. Availability of Means	☐ Not available, will have to get	☐ Available, have close by	☐ Have in hand
c. Time	☐ No specific time	☐ Within a few hours	☐ Immediately
d. Lethality of Method	☐ Pills, slash wrists	☐ Drugs and alcohol, car wreck, carbon monoxide	☐ Drug, charcoal, hanging, jumping
e. Chance of intervention	☐ Others present most of the time	☐ Others available called upon if	☐ No one nearby; isolated
2. Previous Suicide Attempt	☐ None or one of low lethality	☐ Multiple of low lethality or one of the medium lethality, history of repeated threats	☐ One high lethality or multiple of moderate
3. Stress	☐ No significant Stress	☐ Moderate reaction to loss and environmental changes	☐ Severe reaction to loss or environmental changes
4. Symptoms			
a. Coping Behavior	☐ Daily activities continue as usual with little change	☐ Some daily activities disrupted; disturbance in eating, sleeping, school, and work	☐ Gross disturbances in daily functioning
b. Depression	☐ Mild, feels slightly down	☐ Moderate, some moodiness, sadness, irritability, loneliness and decrease energy	☐ Overwhelmed with hopelessness, sadness and feels worthless

5. Resources	☐ Help available; significant others concerned and willing to help	☐ Family and friends available but unwilling to consistently help	☐ Family and friends not available or are hostile, exhausted, injurious
6. Communication Aspects	☐ Direct expression of feelings and suicidal intent	☐ Inter-personalized suicidal goal ('They'll be sorry- I'll show them')	☐ Very indirect or non-verbal expression 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
Sub-total	(A)	(B)	(C)
Total score	**(A+B+C)/ 3 =** _____		

Suicide Risk Assessment Checklist
Scoring Guide

Level	Score	Interpretation / Recommendation
Low	**1-6**	To maintain a close home-school communication; observe and provide counseling to student
Medium	**7-10**	To refer to social workers or student guidance personnel for further assessment and intervention
High	**11-13**	To seek professional advice, community resources and appropriate support immediately

IMPORTANT

The completion of this assessment checklist is to indicate concern
for a possible suicide attempt.

Even if the assessment indicates a low risk,
There is a risk present.

The above checklist is adapted from *Dallas Independent School District Suicide Risk Assessment Worksheet - Probability of Attempt

APPENDIX 12-22

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, physical activity):

1. _____
2. _____
3. _____

Step 3: People and social settings that provide distraction:

1. Name_____ Phone _____
2. 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:

1. Clinician Name_____Phone_____
   Clinician Pager or Emergency Contact # _____
2. Clinician Name_____Phone_____
   Clinician Pager or Emergency Contact # _____
3. Local Urgent Care Services _____
   Urgent Care Services Address_____
   Urgent Care Services Phone _____
4. Suicide Prevention Lifeline Phone: **1-800-273-TALK (8255)**

Step 6: Making the environment safe:

1. _____
2. _____

Safety Plan Template ©2008 Barbara Stanley and Gregory K. Brown, is reprinted with the express permission of the authors. No portion of the Safety Plan Template may be reproduced without their express, written permission. You can contact the authors at bhs2@columbia.edu or gregbrow@mail.med.upenn.edu.

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

_____ _____

Student Signature **Date** **Parent Signature** **Date**

APPENDIX 12-23

Superintendent's October 19, 2015, Memorandum: Support and Protocols for Students with Suicidal Behaviors

DEPARTMENT OF EDUCATION
OFFICE OF THE SUPERINTENDENT
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500 Mariner Avenue
Barrigada, Guam 96913
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JON J. P. FERNANDEZ
Superintendent of Education

October 19, 2015

MEMORANDUM

TO: School Administrators

FROM: Superintendent

SUBJECT: Support and Protocols for Students with Suicidal Behaviors

Buenas! As you are all are aware suicidal behaviors (ideation, attempts and death) are a serious issues on Guam. According to statics from the Guam Behavioral Health and Wellness Center (GBHWC), there is one death by suicide every two (2) weeks on our island. As leaders of your school community, I am encouraging you to continue taking these behaviors seriously and to be vigilant and sensitive to the issue.

All administrators, school counselors, school health counselors and as many faculty and staff possible, should be trained in suicide prevention, intervention and postvention. The GBHWC-PEACE office offers free training for DOE personnel and is coordinated through the Student Support Services Division. Attached, is the current list of DOE personnel who have been trained in Applied Suicide Intervention Skills (ASIST), SafeTalk, Connect, and the Lifelines Curriculum. Please review the list to determine who has been trained to better support your school community. You can also use the list to update your school level Emergency Response Plan as required by BP 500.

The Student Procedural Assistance Manual (SPAM) contains protocols for managing suicidal behaviors (2011-001-SPAM). An excerpt from the section on suicide states, "*Regardless of whether arrangements have been made for the student to meet with a professional psychotherapist, have a guidance counselor meet with the student a couple of times a week for several weeks to provide support and mentoring to the student. Have the counselor during these follow-up meetings whether he/she has seen a professional therapist or whether arrangements have been made to do so. If this is not the case, have the guidance counselor attempt to contact the parents/guardians again to impress upon them the importance of professional therapy.*"

Although the SPAM does not specifically provide guidance on whether schools can exclude students from returning to school until cleared by medical professionals, my position is that students are safer in school. The objective is to keep students in school and to provide support for those experiencing difficulty with social and emotional issues. When it becomes necessary to make a referral to an outside agency, it is ultimately the family's prerogative to seek or accept professional help. However, schools should work collaboratively with the student and family upon return to implement a safe plan.

No student shall be prevented from returning to school because they were not cleared by a medical professional. If the school has exigent circumstances that need to be considered contrary to this position, the Deputy Superintendent, ESCL will review the situation and determine whether or not to exclude the student. If the student has not been seen by a medical professional/psychiatrist or other licensed professional, the school counselor shall work with the school administrator to continue to encourage the parent/guardian to seek professional help. Provide the student and parent/guardian with the following information: Help Crisis hotline number: 647-8833 and the National Suicide Prevention Lifeline: 1-800-273-TALK (8255), as resource that parents and child can access together. Attached are other resources that your school can provide to students, parent/guardians and family members to get them connected with outside agencies for additional support.

Your support and cooperation is expected. If you have any questions, please do not hesitate to contact Deputy Erika Cruz.

Jon J.P. Fernandez

ATTACHED:

- PEACE Office Brochure
- ISA Brochure
- List of DOE personnel trained in:
  - ASIST
  - SafeTalk
  - Connect
  - Lifelines Curriculum

cc:
Deputy Superintendent,
ESCL
SSSD Administrator
All School Counselors
All School Health Counselors

APPENDIX 12-24

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
3. 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/, *a copy of Managing Anxiety in Times of Crisis.*
5. www.naminh.org, NAMI New Hampshire, The National Alliance on Mental Illness.
6. www.NCTSNet.org, National Child Traumatic Stress Network.
7. http://helping.apa.org/, American Psychological Association Help Center.
8. www.childgrief.org, Child Grief Education Association.
9. 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, Mental Health America, *Helping Children Handle Disaster Related Anxiety.*
11. www.parentingpress.com/violence/10tips.html, Parenting Press, *10 Tips to help your Kids Deal with Violence.*
12. www.ed.gov/emergencyplan, U.S. Dept. of Education.
13. www.fema.gov/kids/teacher.htm, Resources for Parents and Teachers, Includes Disaster Resources, Terrorism-Related Resources.
14. www.schoolsecurity.org, National School Safety and Security Services
15. www.naspweb.org, National Association of School Psychologists
16. http://www.focus project.org, The FOCUS Project (Families over Coming under Stress).
17. 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, 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 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 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 *SOP 1200-018: Student Conduct Procedural Manual*. Any decisions made in relation to addressing challenging behaviors should be clearly documented and discussed with the student's parent or guardian. In cases where school level interventions are ineffective and additional supports are needed, follow the procedures outlined in *Chapter 15: Child Study Team*.

A STAGED RESPONSE

Where students repeatedly demonstrate challenging behavior, schools should implement more structured interventions 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 does it serve?)
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 a 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 challenging behaviors.

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 that poses the following:

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.

**Note: 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 provides 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, and 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. All students and staff have the right to feel safe and supported in their school environment.
    b. Behavioral interventions used in schools should emphasize prevention and supporting the development of positive behavior.
    c. Staff working with students with violent or dangerous behaviors of concern should be supported to implement prevention and de-escalation strategies, and when necessary, undertake training in the safe environment of physical interventions.
    d. Physical interventions are not to be used to discipline a student.

e. School staff owe a duty of care to all of the students under their care. Professional judgement is required to balance the care requirements of all student at any given time.

PREVENTION/EARLY INTERVENTION, DE-ESCALATION, INCIDENT INTERVENTION, AND RESPONSE RECOVERY

Interventions to prevent, de-escalate, and respond to violent and dangerous student behaviors are outlined below:

Prevention and Early Intervention

Behavioral strategies in schools should always have a focus on promoting positive behavior, addressing underlying behavioral issues, and intervening early to prevent foreseeable behavioral problems. Focusing on those areas 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:

A. Assess Student Need and Risk

It is important that schools are aware of the educational and behavioral needs of all student, 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.

B. Seek Additional Information about the Student

Where appropriate, and with the permission of the student, parent, or caregiver, 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.

C. 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.

D. 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.

E. Develop a Behavior Intervention Plan

A Behavior Intervention Plan (BIP) is a school-based document designed to assist individual students. BIPs 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.

F. 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.

1. 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.

2. 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 Intervention 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 to 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 a 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 intervened 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 or caregiver.
    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 caregivers 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. SWPBS 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 should be supervised by the School Health Counselor.

NON-SUICIDAL SELF-INJURY (NSSI) IN SCHOOLS (Adapted from Cornell Research Program):

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.

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.

****Please refer to the last section of this chapter, *School Protocol Process for Students with Self Injurious Behaviors*, for protocols dealing with self-injurious behaviors.**

Not all NSSI are equally severe. Below lists three (3) levels of severity:

1. Superficial (Mild Severity)
    a. Low lifetime frequency of self-injury (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.

2. Self-Battery and light tissue damage (Moderate Severity)
    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 inn 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 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)

Identifying Self-Injury Behaviors: Signs and Symptoms

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.

How to Respond to a Student with NSSI and Who to Notify

If a staff member learns or suspects that a student is self-injuring, he or she should notify the school administrator and a referral to the School Health Counselor should be made. It is critical that those who are first to respond to the self-injury disclosure be emotionally calm, kind, and non-judgmental. 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. They should assure the student, however, that 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.

Self-Injury Assessment

When a self-injury incident occurs, the student's injury must be immediately assessed by the School Health Counselor. Kind and calm attention to assuring that all physical wounds are treated and the student is safe should be the school's first goal. Once medically cleared, an assessment by the School Counselor should be conducted to find out if other risks exist (i.e., suicide risk, self-injury among other students). School counselors must consult with their school's assigned District Psychologist or a Licensed Clinical Provider for recommendations. The wound severity, methods used for harming self, location of the injury, and observed number of scars from old wounds can all be noted during assessment and discussed with the designated School-Based Behavioral Health Clinical team when triaging next steps.

Asking straightforward medically-focused questions at this stage may also be appropriate if the student is calm and willing to share. Questions of value in assessing severity and next steps include:

1. Where on your body do you typically injure?
2. What do you typically use to injure?
3. What do you do to care for the wounds?
4. Have you ever hurt yourself more severely than intended?
5. Have your wounds ever become infected?
6. Have you ever seen a doctor because you were worried about a wound?

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.

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 risk assessments should occur immediately and, if suicidality is detected, suicide protocols should be followed from this point forward by referring to the section entitled, *Suicidality: Guidelines for its Prevention, Assessment, and Treatment* in *Chapter 12: Responding to Critical Incidents* of this manual. 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 that suicide may become an option later, especially if the distress underlying self-injury is not adequately addressed.

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 the following areas: 1) history; 2) frequency; 3) types of methods used; 4) triggers; 5) psychological purpose; 6) disclosure; 7) help seeking and support; and 8) 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 professional's (i.e., school counselor, district psychologist, or SBBH provider) 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 a *Safety Plan* (Appendix 12-22). The *Safety Plan* should help the student recognize times when they are at risk for self-injury, identify a trusted adult they can turn to, and healthy coping alternatives for dealing with stress and conflicts. Monitoring student behaviors through observation, teacher reports, and periodic check-ins is also warranted for a brief time following a self-injury event.

2. Moderate to High-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 will elicit 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. At the very least, it is important to work with the student to come up with a *Safety Plan* (Appendix 12-22). The *Safety Plan* should help the student recognize times when they are at risk for self-injury, identify a trusted adult they can turn to, and healthy coping alternatives for dealing with stress and conflicts. Referrals to the school's assigned district psychologist or behavioral health counselling programs (e.g., GDOE's SBBH program or I Famaguo'on-ta) should be included in the student's safety plan. Monitoring student behaviors through observation, teacher reports, and frequent check-ins are also warranted.

Engaging Parents Regarding NSSI

Ideally, the student should be encouraged to call his or her parents to talk about what occurred. A meeting with parents to discuss the next steps in care and support should take place. The meeting should include the student, parents, and relevant school personnel (i.e., school counselor or SBBH provider). 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.

Resources for parents. 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.

Counseling Support. Parents should be encouraged to seek 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.

Legal issues surrounding parent notification and self-injury. When the situation is deemed to require additional intervention, the student's parents or guardians must be notified. The American School Counselor Association (ASCA) 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 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 Child Protective Services.

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:

1. Initiate outpatient counseling for the child and/or family.
2. Agree to have the child receive enhanced academic and/or counseling supports within the school itself.
3. 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.

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.

1. 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.
2. How should we deal with parents that have extreme reactions?
    - The school's job is to gently suggest that the parents seek counseling (e.g., SBBH program or I Famagu'on-ta) for dealing with their child.
3. How can we encourage collaboration?
    - Schools must encourage parents and students to use teachers and staff as resources.
4. 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.

Identifying Appropriate Referrals

For students who are found moderate to high risk for self-injury, a Child Study Team (CST) should be conducted. The procedures for a CST is outlined in *Chapter 15: Child Study Team* of this manual. Below is a list of possible resources for consultation and referrals:

1. GDOE District Psychologist from the Student Support Services Division – *SOP 1200 – 019: Psychological Services* outlines the steps for making a referral to the district psychologist.
2. School Based Behavioral Health Program (SBBH) – GDOE's SBBH program provides individual, group, and family counseling to students at the school site. To access this program a referral to the school's assigned district psychologist must be made using *SOP 1200 – 019:*

Psychological Services. The assigned psychologist will review the student's referral and, if appropriate, forward it to the SBBH Program.

3. Child and Adolescent Division (I Famagu'on-ta) of the Guam Behavioral Health and Wellness Center (GBHWC) – A referral to the district psychologist through *SOP 1200 – 019: Psychological Services* is required before any referrals to I Famagu'on-ta is made. The school's designated psychologist will review the student's referral and determine if the referral is appropriate.

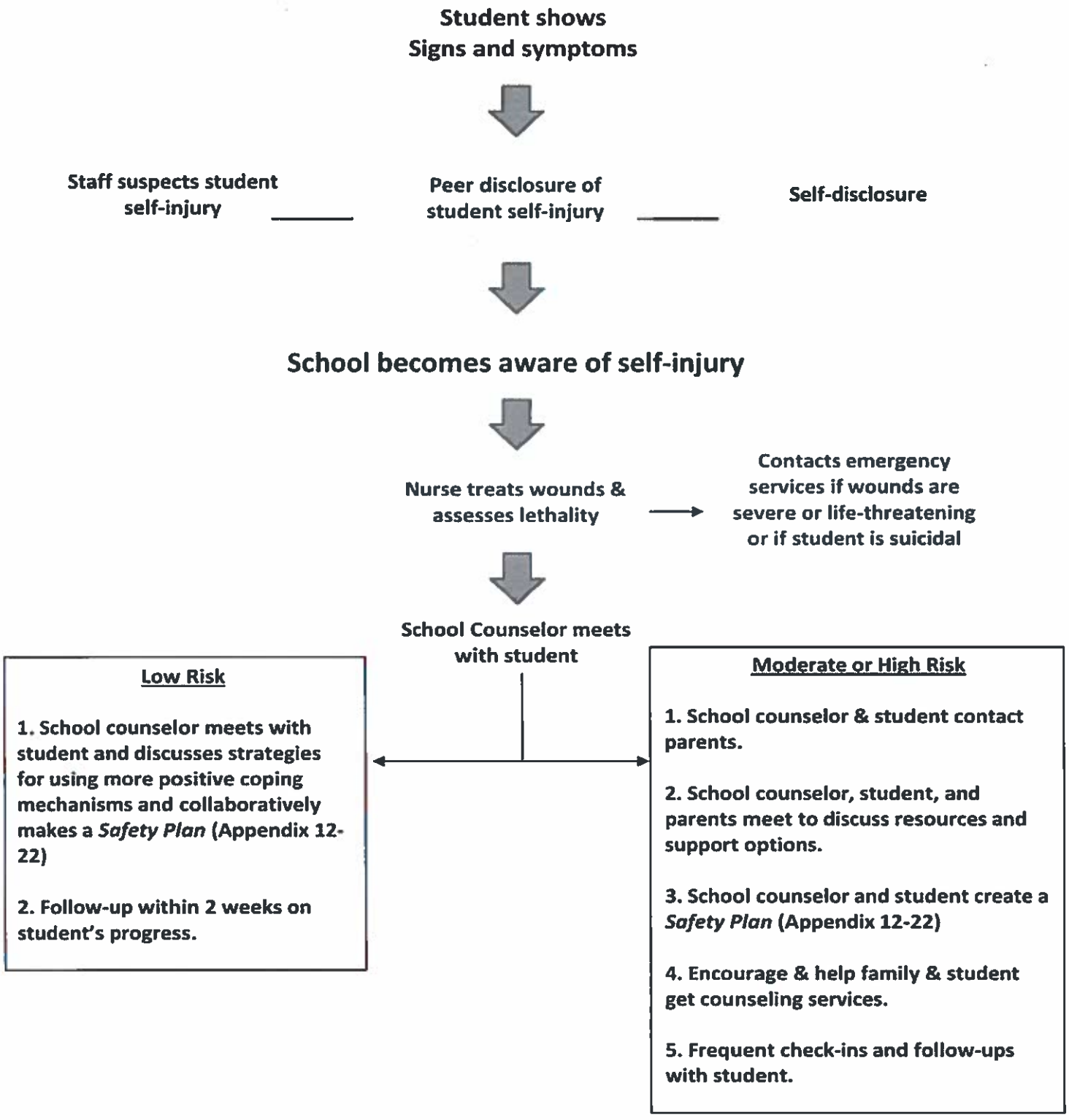
Social Contagion

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. Sometime, behaviors can be unintentionally reinforced by people outside of the group, including adults.

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.

SCHOOL PROTOCOL PROCESS FOR STUDENTS WITH SELF INJURIOUS BEHAVIORS

The following flow chart is the recommended course of action for schools when responding to a student engaging in self- injury behaviors:



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

Ambulances operated by the Government of Guam can transport students to the hospital for medical assessments and/or treatment. Students cannot be transported to the hospital in private vehicles. Refer 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 in SOP 1300-002: *Emergency Response Plan*.

PERSON ACCOMPANYING STUDENT(S) IN AN AMBULANCE OR OTHER AUTHORIZED VEHICLES

Make arrangements for a GDOE employee 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.
   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 from or Accident Report.
2. Be provided with all information available to the school relative to contacting a parent /guardian, i.e. telephone number for the parent/guardian and for persons whose names appear on the Emergency Card (Refer to SOP 1200-020) as being authorized to transport student.
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. The School Administrator is responsible for ensuring this procedure is completed.

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 above 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.

BUS ACCIDENT MANAGEMENT WITH INJURIES

The following protocol is an excerpt with SOP 1300-002 with regard to transporting students to the hospital subsequent to a bus accident.

1. **Superintendent of Education** receives call from DPW Superintendent (Bus Operations), Asst. Superintendent Special Education, (DOE Bus Operations), or Private Bus Operations regarding bus crash with injuries and/or death.
   a. Superintendent notifies Deputy Superintendents of Educational Support and Community.
   b. DSESCL (primary) DSAA (secondary) or designee will report to Incident Command Post as the DOE IC and provide hourly updates to the Superintendent and Deputies on the Management Chat.
   c. Brief GEB members.

2. **Morning Run:**

   DSESCL Reports to Scene of Accident and Contacts:

   a. **School Administrator** to report to Incident Command Post (ICP) at the scene of the accident. (Emergency information binder must be available at the school site for staff to contact parents).

      Note: it is the responsibility of the School Administrator to location of the binder and to ensure that personnel managing phone calls are providing the latest updated information.

   b. **CH&NSA** report to the scene of the accident or hospital as directed by Deputy Superintendent.
   c. **Safety Liaison Officer/Attendance Officer Supervisor-** support crowd control at the reunification center, if requested by DSESCL or principal.
   d. **Student Parent Community Engagement Supervisor** – report to the school and provide support for parent notification & reunification, if requested by DSESCL or principal.
   e. **Deputy Superintendents of Accountability & Assessment (DSAA), Curriculum & Instruction Improvement (DSCII) and Finance and Administrative Services (DSFAS)** to report to an assigned hospital to assist with managing student information and receiving parents. Each Deputy will provide periodic SITREPS to DSESCL (Incident Commander) and Impacted School Principal via Emergency Chat Group, if multiple hospitals are involved taking care of injured students:

      i. First hospital: DSAA
      ii. Second hospital: DSCII
      iii. Third hospital: DSFAS iv. Fourth hospital: CH&NSA
      v. Fifth hospital: Student Support Services Division (SSSD) Administrator

f. **District Psychologist-** if activated to provide Crisis Management at the reunification site (in the event of death and/or severely injured students/staff) or hospital.

Agency Protocols:

a. GFD assess all students and transports students to the nearest hospital(s).
b. DSESCL and School Administrator will receive a Bus Accident Injured Students Log (Refer to 1300-002-appendix B) or if no injuries, issue an EMS Pre-Hospital School Bus Accident Response Release of Service Form (Refer to 1300-002 appendix B) from IC and briefing on students disposition (school administrators will secure a copy and keep a file at respective school)
c. The school principal is responsible for relaying information regarding students impacted and hospital location to school administrators assigned to the reunification center. School personnel will contact impacted parents to report to the reunification center to receive updates and direction on whether to hold or proceed to the assigned hospital.
d. School administrators assigned to the reunification center will relay information to the school principal who will in turn relay to the Incident Commander/Deputies via the School Emergency WhatsApp group.
e. Media release via DSAA as needed.
f. All impacted DOE personnel activated need to submit an After Action Report (AAR) and submit to DSESCL within 48 hours.
g. DSESCL and DSAA will schedule a debriefing to review AAR and discuss the strengths of the operation and what to improve, if needed.

3. **Bus Accident during a Field Trip**

Before a bus or buses leave with students going on a field trip or school sponsored trip, a list of riders for each bus will be left with the school secretary/clerk in the main office. The list will include parent phone numbers and emergency contact numbers. **A copy** of the riders' list **must** be with the Chaperone/Teacher on the bus and a copy to be provided to the bus driver.

Follow all protocols listed above for Bus Accidents with or without injuries regardless of whether the incident occurred in the morning or afternoon.

Student Procedural Assistance Manual

CHAPTER FIFTEEN

Child Study Team Process

STANDARD OPERATING PROCEDURES
GUAM DEPARTMENT OF EDUCATION

CHAPTER 15

CHILD STUDY TEAM PROCESS INTRODUCTION

The Guam Department of Education (GDOE) recognizes that a substantial number of students experience challenges that potentially limit their ability to progress from grade to grade or to graduate. These challenges are associated with many variables that negatively impact a student's access to a free and appropriate public education. GDOE has adopted a standardized Child Study Team (CST) process to assist schools in identifying what supports, interventions, and services are needed for students. The universal process is to be used when a student is identified as needing Tier II or Tier III supports addressed by the Division of Special Education, SOP 1200-012: Section 504 Procedural Manual, the Inadahi: Toliayi' Mo'na initiative, and the School-Based Behavioral Health program.

PURPOSE

Child Study Teams (CST) are designed to provide teachers and school staff with instructional supports and strategies for helping students in need of assistance. CST members provide ideas and methods for helping at risk students who are experiencing academic, behavioral, health, social/emotional, communication, fine/gross motor skills, or other concerns.

Schools shall collaborate with appropriate team members and identify strategies that result in targeted, school-level interventions. The CST process may consist of multiple staffing meetings that involve school level personnel over a reasonably, calculated time frame that allows the team to review, develop, and/or monitor an intervention plan. Documentation regarding interventions should be written, implemented, monitored for effectiveness, and reviewed continuously until the student shows improvement or until the team determines that other referrals are needed.

The list below are possible outcomes of a CST meeting:

- ✓ Provide assistance to teachers for immediate interventions for students experiencing academic difficulties;
- ✓ Develop strategies and interventions for teachers who are faced with challenges in meeting the needs of students;
- ✓ Implement and document general education interventions prior to seeking SPED services and/or Section 504 accommodations;
- ✓ Implement and document interventions for those students being considered for expulsion from school, suspended three or more times and/or students with nine (9) or more unexcused absences, and/or excessive absences;
- ✓ Screening process for identifying students that may be in need of special education and related services or Section 504 accommodations in cases where a disability is clearly documented;
- ✓ Assists school administrators in determining personnel training needs;
- ✓ Analyze the student's learning and behavioral characteristics and needs (i.e. Planning and execution of Functional Behavioral Assessments and Behavioral Intervention Plans, supportive counseling, peer mediation, etc.);
- ✓ Assess aspects of the curriculum, teaching methods and materials, environmental factors and other settings in school and home that influence the student's learning and adjustment;
- ✓ Develop, implement, and monitor written instructional accommodations in the regular education program to improve student performance; and
- ✓ Determine and justify the need for formal assessment, with documentation of unsuccessful results of CST efforts.

CST TRAINING

All schools administrators are responsible to ensure that all key personnel are properly trained on the purpose and use of the CST forms. Training is provided by the Student Support Services Division for key personnel at the school-level; school administrators, school counselors, school health counselors, and teacher leaders. Subsequently, those trained are to provide awareness training for other school stakeholders.

REFERRAL TO CHILD STUDY TEAM

The reasons to initiate a CST can be but is not limited to: student's need in the area of academic, behavior, and social-emotional challenges. A teacher, parent(s)/guardian(s), student, other school personnel, representatives of community agencies, or others may refer a student to a Child Study Team. The referral may be hand written or done electronically using *FORM ONE- A & B: Child Study Team Referral & Parent/Guardian Information*. The referral is submitted to the school administrator for review. The school administrator will identify a designated school personnel to serve as the CST Coordinator.

The following items list references that schools can use to determine when to initiate a CST meeting:

1. GDOE Special Education Handbook: **FEDERAL STATUTE:** Sec. 1412 (a) (3)(A) Child Identification: All children with disabilities residing in the State, including, children with disabilities who are homeless children or are wards of the State and children with disabilities attending private schools, regardless of the severity of their disabilities, and who are in need of special education and related services, are identified, located, and evaluated;
2. Guam Education Board Policy 330- Entrance and Attendance Ages; Registration and Removal;
3. Guam Education Board Policy 339: Promotion and Retention Early Granting of Credits;
4. Current and past grades listed on the PowerSchool online program (grade point average below 60% and/or performing 2 or more years below grade level);
5. SOP 1200-012: Section 504 Procedural Manual regarding Child Find;
6. SOP 1200-018: Regarding discipline and truancy. Students with 3-5 office discipline referrals, 6-9 unexcused absences, students who have been suspended more than twice and, students who are recommended for expulsion;
7. SOP 1200-023: Student Procedural Assistance Manual regarding students with challenging behaviors and/or as a response to critical incidences;
8. PULSE: Risk Analysis Report regarding students at risk or high risk.

CHILD STUDY TEAM STAFFINGS/MEETINGS

The CST process includes both staffing(s) and meeting(s). The difference between the two is outlined below:

CST STAFFING

The goal of the CST staffing is to address the main concern stated in the *Child Study Team Referral FORM ONE-A.* A CST staffing may consist of a series of meetings that CST members complete in preparation for the CST meeting with parent(s)/guardian(s). The CST Coordinator and other CST members ensure that data and information needed for a CST meeting are current, accurate, and meaningful. Staffing(s) are primarily conducted without parent(s)/guardian(s) to ensure that school-level personnel have the

necessary knowledge and information about the student. Staffing(s) are essential in achieving consensus toward a proposed plan before engaging the parent(s)/guardian(s). Should a student receive services from community agencies (e.g. GBHWC, CPS, DYA, JOG, Sanctuary) the CST should involve an agency representative.

CST MEETING

The goal of the CST meeting is to address the main concern stated in *FORM ONE-A: Child Study Team Referral* form and determines the course of action in *FORM SIX: CST Referral Decision*. The CST members shall render a decision based on the data/information that is provided. The decision is made by a consensus of the entire team. Parent(s)/Guardian(s) should be informed that they are welcome to bring anyone to the meeting that they feel has special knowledge about the child prior to the scheduled CST meeting. A CST meeting and determination shall take place no more than 30 working days from the date of the referral submitted. A CST meeting with the parent(s)/guardian(s) should not be delayed because of pending documents or the absence of the parent(s)/guardian(s). If parent(s)/guardian(s) is not present for the CST meeting a designee will contact parent(s)/guardian(s) regarding CST recommendations.

The CST meeting should render a decision in a timely manner to ensure that there is no delay in the delivery of services, accommodations, or interventions for the student. All challenges to complete the CST Meeting within the 30 working day time frame shall be documented and included in the final packet.

NOTICE TO PARENT(S)/GUARDIAN(S)

Parent(s)/Guardian(s) should be given at least 10 working days' notice of scheduled CST meeting. This will allow the parent(s)/guardian(s) to request for leave of absence, if employed. Schools should encourage parent(s)/guardian(s) to request for leave of absence, if employed. Schools should encourage parent(s)/guardian(s) who work for the Government of Guam to submit the Parental Involvement Initiative Administrative Excuse Slip based on Executive Order 98-16. Schools may further assist by downloading from the following GDOE web-link: https://sites.google.com/a/gdoe.net/payroll/home/forms.

NOTE: It may become necessary to table a staffing/meeting at any step in the process. The purpose is to allow the team additional time to gather data/information or to invite other members who were not initially invited. Schools should document all attempts and challenges with completing CST staffing/meetings.

MEMBERS OF THE CHILD STUDY TEAM

There is no required number of people to be present for a CST staffing/meeting, however, the composition of the team should be determined by the unique needs of the student. The team should collectively work together to determine specific tasks for each member (i.e., call parents, print log entries, etc.). Members may include the following, those listed in bold are required:

- **Parent(s)/Guardian(s) (required)**
- **CST Facilitator – School Administrator (required)**
- **CST Coordinator – Designated school personnel (required)**
- **General Education Teachers(s) – (must be the teacher(s) of the student) (required)**
- Student
- School Health Counselor
- School Counselor

- CRT/IEPC
- Referring individual
- Special Education
- ESL Coordinator/ESL teacher
- School Attendance Officer
- Social Worker
- Others (i.e. instructional coach, one-to-one aide, department chairpersons, itinerant teacher, and community agencies)

Role of the CST Facilitator

The school administrator is the CST Facilitator. The CST Facilitator must ensure that the CST process is completed and executed properly. The school administrator must facilitate the CST staffing/meeting, provide support to the CST Coordinator, and to ensure coverage for all CST members. The school administrator must review all supporting documents to ensure that they are accurate and appropriate.

Role of CST Coordinator

In conjunction with the school administrator, the CST Coordinator must ensure that the CST staffing(s)/meeting(s) are executed and forms and documents are completed in accordance to the timeline. The duties and responsibilities of team members are shared, and all necessary documents are distributed and collected accordingly. The CST Coordination must communicate with the school administrator all attempts and challenges in completing the CST process.

NOTE: The CST Coordinator is not to assume the role of the facilitator of the CST staffing(s)/meeting(s). These responsibilities are distinct.

Teacher/Team Leader

Schools may opt to use a teacher/team leader to represent the student's team of teachers. This teacher must work with the student's team of teachers to ensure that there is a good understanding of the information provided and is able to clearly articulate the information. However, all teachers for the student must complete the following forms: *FORM TWO - D1 & D2: Response for Assistance Present Level of Academic and Functional Performance/Teacher Written Input*.

Role of the Other Child Study Team Members:

Clearly describe the student's area(s) of concern(s). Members are to review all written reports provided about the student to clearly define the student's challenges. These include the student's academic, attendance, behavior, and/or health data from school and district staff who work directly with the student. Members should also review any school-based interventions conducted for the student prior to the CST referral. Other items to consider for review include: PowerSchool grades, parent reports, doctor's certification, Office Discipline Referral forms, and attendance records, Office Truancy Referral forms, Response to School Attendance Referral Form (SARF), social worker reports, work samples, observation reports, and other pertinent information. Additionally, all CST members must complete their respective *Response for Assistance Forms: FORM TWO A* through *FORM TWO E* and *FORM FIVE: Child Identification Checklist.*

CST FORMS

Forms have been developed to document the CST's five (5) step process. The standardized forms are designed to capture information and data about the student. The information gathered from the forms allow input from school-level and outside professionals who know the student and/or has expertise and knowledge regarding the unique needs of the student.

The list below itemizes the standardized forms that can be found in the Forms section at the end of this chapter:

(Form 15-1)	FORM ONE- A: Child Study Team Referral
(Form 15-2)	FORM ONE- B: Child Study Team Referral Parent/Guardian Information
(Form 15-3)	FORM TWO- A: Response for Assistance: Behavior Information
(Form 15-4)	FORM TWO- B: Response for Assistance: Special Program Information
(Form 15-5)	FORM TWO- C: Response for Assistance: Student Health Information
(Form 15-6)	FORM TWO- D-1: Response for Assistance: Present Level of Academic and Functional Performance/Teacher Written Input
(Form 15-7)	FORM TWO- D-2: Response for Assistance: Present Level of Academic and Functional Performance/Teacher Written Input
(Form 15-8)	FORM TWO-E: Response for Assistance: Other Personnel Information
(Form 15-9)	FORM THREE: CST Committee Notice
(Form 15-10)	FORM FOUR- A-1: Plan of Action: CST Staffing/Meeting Notes
(Form 15-11)	FORM FOUR- A-2: Plan of Action
(Form 15-12)	FORM FIVE: Child Identification Checklist: Teacher
(Form 15-13)	FORM SIX: CST Referral Decision and Member Signatures
(Form 15-14)	FORM SEVEN: Parent/Guardian Notification for Child Study Team Meeting

CST REFERRAL PROCEDURES

STEP 1: THE CST REFERRAL

A student who is identified as needing Tier II or Tier III supports or is suspected of having a disability should be referred for a Child Study Team (CST). A referral for a CST is activated by the completion and submission of *FORM ONE- A & B: Child Study Team Referral & Parent/Guardian Information* (. The CST Referral is completed by the referring person and submitted to the school administrator or designee. The school administrator is responsible for reviewing the referral and forwarding it to the CST Coordinator who assists with completing the CST process.

STEP 2: THE CST MEMBERS

A. CST COORDINATOR

The CST Coordinator must review *FORM ONE- A & B* to ensure that he/she prepares the appropriate Response for Assistance forms for distribution. The CST Coordinator and school administrator shall coordinate the date, time and location of the CST staffing/meeting. The CST Coordinator must also ensure that all forms are completed properly and prepared prior to the start of the CST staffing/meeting.

B. NOTICE OF CST

The CST Coordinator or designated team member shall provide *FORM THREE- CST Committee Notice* to all appropriate CST members.

C. RESPONSE FOR ASSISTANCE FORMS

The Response for Assistance forms (*FORM TWO: A-E*) are for specific school-level personnel to complete prior to a scheduled CST staffing/meeting for the purpose of gathering data/information. **All the completed forms are to be filed in student's cumulative folder.**

D. CHILD IDENTIFICATION CHECKLIST

The teacher or teacher/team leader shall complete *FORM FIVE: Child Identification Checklist*.

E. PARENT NOTIFICATION FORM

FORM SEVEN: Parent Notification for Child Study Team Meeting, shall be provided to the parent(s)/guardian(s). CST members should at least attempt to follow-up with parents three (3) times over the phone. All contact attempts, successful or not, should be documented on the Parent/Guardian Contact Log. If contact is unsuccessful, the CST should work with the school's social worker to connect with the parent(s)/guardian(s).

STEP 3: CST STAFFING(S)

A. The School Administrator must facilitate the CST staffing(s).

B. The staffing(s) should be conducted with school CST members at least once before a CST meeting. A CST staffing consists of informal meetings between members as a means to gather appropriate data/information prior to the CST meeting. A staffing shall result in a thorough review of all completed *Response for Assistance* forms (as appropriate) and other supporting documents regarding the student's present level of performance. Staffing(s) are designed to do the preliminary review of data and action planning. All staffing(s) must be documented using the following:

- o FORM THREE: CST Committee Notice
- o FORM FOUR A-1: CST Staffing/Meeting Notes
- o FORM FOUR A-2: Plan of Action

STEP 4: THE CST MEETINGS

A. The School Administrator must facilitate the CST meetings(s).

B. The CST Coordinator or designated team member must successfully contact parents to attend the CST Meeting. The CST meeting is completed using the following forms: o FORM FIVE: Child Identification Checklist

o FORM SIX: CST Referral/Decision and Member Signatures

C. PARENT(S)/GUARDIAN(S) NOT ABLE TO ATTEND

The CST meeting should not be delayed because of the absence of the parent or a pending doctor's certification. The final decision of CST meeting should be rendered in a timely manner to ensure that there is no delay in the delivery of services, accommodations, or interventions for the student. Schools should document all attempts and challenges with completing the CST meetings. A designated team member should communicate with the parent(s)/guardian(s) about the outcome of the CST meeting and provide the parent(s)/guardian(s) with *FORM SIX: CST Referral/Decision and Member Signatures.*

D. CST SUMMARY

The CST summary, *FORM FOUR A-1: Staffing/Meeting Notes*, should consist of the team's final account of the student's targeted area(s) of concern. Based on the thorough review of existing data/information/exchange of ideas and discussion, the team determines the following: the targeted area(s) of concern including its frequency, severity and duration; lists all recommended interventions; and includes information regarding the outcomes from the interventions attempted.

E. CST REFERRAL DECISION

Based on the results of the CST meeting, *FORM SIX: CST Referral Decision*, must be completed. The decision should be made with the concurrence of the CST members based on the needs of the student. Options regarding referrals or plan of action for the CST are listed below:

- REFERRAL TO SPECIAL EDUCATION- INDIVIDUAL EDUCATION PLAN PROCESS

  NOTE: The completed CST Packet is to be submitted along with the referral to Special Education through the CRT/IEPC.

- REFERRAL TO SECTION 504 - SOP 1200-012: SECTION 504 PROCEDURAL MANUAL- SOP 1200-012: Section 504 Procedural Manual.

  NOTE: The completed CST Packet is to be submitted along with the referral to Section 504 Coordinator.

- REFERRAL TO THE DISTRICT PSYCHOLOGIST/SCHOOL BASED BEHAVIORAL HEALTH - SOP 1200-019: PSYCHOLOGICAL SERVICES

  NOTE: The completed CST packet is to be submitted along with the referral to District Psychologist.

- REFERRAL TO GUAM BEHAVORIAL HEALTH AND WELLNESS (GBHWC) – CHILD AND ADOLESCENCE SERVICES DIVISION (CASD) (I FAMAGU'ON-TA), INADAHI: TOLLAI'YI MO'NA

  If the CST decides that the student is to be referred to the GBHWC, the administrator along with the school counselor must follow the Inadahi: Tollai'yi Mo'na referral process which requires an initial referral to the District Psychologist. Please consult the Student Support Services Division for more information regarding the process. Cases involving acute and high risk of suicide are the only

situations that should be referred directly to GBHWC. All other concerns or issues should be addressed first by referring to the district psychologist(s). They will screen and assess the referral to determine if referring outside GDOE is appropriate.

- REFERRAL TO OTHER SUPPORT AGENCIES IN THE COMMUNITY

  If the CST decides that the student is to be referred to other community agencies such as, Sanctuary, Brief Tobacco Intervention Initiative, village community programs, etc., the school administrator or designee should consult with the entity directly regarding the process.

- PLAN OF ACTION: SCHOOL-LEVEL INTERVENTIONS(S)-FORM FOUR A-2

  When the student does not make adequate education or behavioral progress despite well designed school-level interventions, the CST may refer that student for a formal evaluation and/or referral to another agency or elect to provide alternative school-level interventions.

  A school-level intervention plan is developed by the CST members to gather data/information that will either help to decrease challenges or to help determine what referral should be made. When a CST decides to develop and implement a school-level intervention plan, an appropriate and specific timeframe should be given for implementation, monitoring, and evaluation of the plan. On or before the timeframe is expired, a follow-up CST meeting should occur to review the data/information collected to determine whether or not the interventions were successful or whether a referral to SPED, Section 504, outside agency, or other assessments or services are needed.

IMPORTANT NOTE: It may take time for the referral *FORM SIX: CST Referral Decision* to be completed. In the meantime, it is very critical that classroom teachers and school personnel utilize effective strategies and interventions that are currently supporting the student. In the case of a behavior concern, members should create a Behavioral Intervention Plan (BIP) for the teacher as he/she continues to instruct the student.

STEP 5: RECORD KEEPING

The CST Coordinator must ensure that all completed original CST documents are placed in the student's cumulative folder by the school's custodian of student records.

Figure 1: Child Study Team Process Flow Chart

CST Timelines: Upon submission of this referral form to the School Administrator, a CST meeting shall take place no more than 30 working days from the date of referral.

**** If the referral is made within 30 days before the last day of school, the CST coordinator must ensure that a CST Staffing takes place within 10 working after the beginning of the following school year.**

STEP:1 The CST Referral

- Referring individual completes referral forms (FORM ONE-A and B)
- Submit Forms to principal or designee and forward a CST coordinator.

STEP 2: The CST Members

CST COORDINATOR

- Review FORM ONE- A&B
- *Distributes Response for Assistance forms (FORM TWO A-E) to appropriate GDOE staff and professionals.*
- *Provides FORM THREE- CST Committee Notice to all CST members.*
- Helps coordinate the date, time, and location of the CST staffing/meeting with administrator.

RESPONSE FOR ASSISTANCE FORMS- FORMS TWO A-E- must be completed prior to a CST staffing/meeting.

CHILD IDENTIFICATION CHECKLIST- Student's teacher or team leader is responsible for completing *FORM FIVE: Child Identification Checklist*

PARENT NOTIFICATION FORM- CST coordinator or designee should provide FORM SEVEN: Parent/Guardian Notification for Child Study Team Meeting to parents. Document all contract (successful or not) on the Parent Guardian Contact LOG.

STEP 3: CST Staffing (s)

- School Administrator will facilitate the CST staffing(s).
- Staffing w/school CST Members to gather appropriate data
- FORM THREE: CST Committee Notice
- FORM FOUR- A-1: CST Staffing/Meeting Notes
- FORM FOUR- A-2: Plan of Action

STEP 5: Record Keeping

- CST coordinator must ensure that all completed CST documents are placed in the student's cumulative folder by the school's custodian of student records.

****IMPORTANT NOTE:** it may take time for FORM SIX: CST Referral Decision to be completed. In the meantime, it is critical that classroom teachers and school personnel utilize effective strategies have not been determined, members should create a Behavioral Intervention Plan (BIP) for the teacher as he /she continues to instruct the student.

STEP 4: CST Meeting(s)

- School Administrator must facilitate the meeting.
- Establish parent/guardian contact so they can attend meeting.
- The CST Meeting is completed using the following forms:
  - FORM FOUR- A-1: CST Staffing/Meeting Notes
  - FORM FOUR- A-2: Plan of Action
  - FORM FIVE: Child Identification Checklist: Teacher
  - FORM SIX: CST Referral Decision and Member Signatures
- If Parent(s)/Guardian(s) are unable to attend, the CST meeting must still be facilitated so that there are no delays in the delivery of services, accommodations, or interventions for the student.
- Parent(s)/Guardian(s) should be informed about the outcome of the CST Meeting and provided with a copy of FORM SIX: CST Referral/Decision and Member Signatures.
- FORM FOUR: A-1 includes information of the Team's final account of student's progress in target areas.
- FORM SIX: CST Referral Decision must be completed with a plan of action.

CHAPTER 15
FORMS

NOTE: Appendix information contained in SOP 1200-023 are subject to updates based on changes to law, GEB policies, and outside agency changes. For the PDF fillable version of the forms listed in this chapter, refer to the Student Support Services Division web-site.

FORM 15-1

Guam Department of Education
Child Study Team Referral
FORM ONE- A

CST REFERRAL: A Child Study Team (CST) referral is initiated when a student has been identified as needing additional supports based on academic, behavioral, social-emotional and other challenges. This CST Referral (Form A) and Parent/Guardian Information (Form B) can be completed by a teacher, parent/guardian, student, other school personnel, representatives of community agencies, or other individuals.

CST TIMELINES: Upon submission of this referral form to the School Administrator, a CST meeting shall take place no more than 30 working days from the date the referral submitted. If the referral is made within 30 working days before the last day of school, the CST Coordinator must ensure that a CST staffing takes place within 10 days after the beginning of the following school year.

Student Name: _____ **Student #:** _____ **DOB:** _____ **Grade:** _____ **School:** _____ **Referral Submission Date:** _____ **Check all that apply:**

- ☐ Academic — PowerSchool grades attached: ☐ YES ☐ NO
- ☐ Behavior — ODRs attached: ☐ YES ☐ NO
  PowerSchool Log Entries attached: ☐ YES ☐ NO
  OTRFs attached: ☐ YES ☐ NO **SARF attached:** ☐ YES ☐ NO
  PowerSchool Attendance attached: ☐ YES ☐ NO
- ☐ Health — Supporting documents attached: ☐ YES ☐ NO
- ☐ Social/Emotional — Supporting documents attached: ☐ YES ☐ NO
- ☐ Communication — Supporting documents attached: ☐ YES ☐ NO
- ☐ Fine/Gross Motor Skills — Supporting documents attached: ☐ YES ☐ NO
- ☐ Other: _____

Write a brief statement about the concern(s):

_____

_____

_____

FORM 15-2

Guam Department of Education
Child Study Team Referral
PARENT/GUARDIAN INFORMATION
FORM ONE – B

Mother/Guardian Name: _____ Contact #: _____

Email: _____ Other Contact #: _____

Father/Guardian's Name: _____Contact #:_____

Email: _____ Other Contact #: _____

Home Address: _____

Mailing Address: _____

Is the parent/guardian aware of your concern? ❑ YES ❑ NO

If "No", explain _____

Does the student need an interpreter? ❑ YES ❑ NO Does the parent need an interpreter? ❑ YES❑ NO

Referring Individual Name and Relationship to Student: _____

Referring Individual Signature and Date: _____

FOR SCHOOL USE ONLY:

Date Received by School Staff:	School Staff Name & Signature:
Date School Administrator Received Referral:	School Administrator Name & Signature:
Name of CST Coordinator Assigned:	Date Received by CST Coordinator:

PARENT CONTACT LOG		
Date & Time:	**Form of Contact** (i.e. Phone, Email, Face-to-Face Meeting)	**Notes** (Person contacted, information discussed)

FORM 15-3

RESPONSE FOR ASSISTANCE: FORM TWO - A **BEHAVIOR INFORMATION**	**Student:** _____ **Student #:** _____

Information may be obtained by the school administrator or by reviewing the student's PowerSchool and/or PULSE, and CUMULATIVE file. This form is to be completed using the most current and relevant information.

School Administrator's Name: _____

A. Is communication with parent regular and consistent? ☐ YES ☐ NO

B. Student Conduct:

# of Office Discipline Referrals:		# of Suspensions:	# of DAC Hearings:
# of Absences:	# of Unexcused Absences:	# of Excused Absences:	# of Tardies:
# of Office Truancy Referrals:		# of SAREs:	

Log Entries Attached: ☐ YES ☐ NO

C. Function of Behavior Assessment: ☐ YES ☐ NO

Date of the FBA: _____ FBA Attached: ☐ YES ☐ NO

Behavior Intervention Plan or Behavioral Management Plan: ☐ YES ☐ No

Date of the BIP/BMP: _____ BIP or BMP Attached: ☐ YES ☐ NO

D. Other Screeners/Assessments ☐ YES ☐ NO

If yes, specify Screeners/Assessments: _____ Date Completed: _____

Results of screener/assessment indicated above:

_____

_____

_____

E. Other Information

Provide details on other interventions that have been provided by school administration that may help in identifying what supports the student can benefit from:

_____

_____

_____

_____

_____

FORM 15-4

RESPONSE FOR ASSISTANCE: FORM TWO – B **SPECIAL PROGRAM INFORMATION**	**Student:** _____ **Student#:** _____

Information may be obtained from your ESL Coordinator, school counselor or from reviewing the student's PowerSchool/PULSE and CUMULATIVE file. This form is to be completed using the most current and relevant information.

ESL Coordinator or School Counselor's Name: _____

ESL: ☐ YES ☐ NO

Date of Entry to ESL Program: _____ Date of Student ESL Modification Form: _____

HLS attached: ☐ YES ☐ NO If no, why? _____

Primary Language: _____

LAS (*if applicable*) are attached: ☐ YES ☐ NO

List of ESL services provided:

_____

Comments for ESL:

_____

School Counselor

Has this student ever been retained? ☐ YES ☐ NO If "Yes", When? _____

Refer to GEBP 339: Promotion and Retention Early Granting of Credits.

Is there anything you know about the student's background, home situation or other factors that may contribute to the student's difficulties?

_____

_____

Supportive Counseling: ☐ YES ☐ NO

Comments for Supportive Counseling:

_____

_____

Other Screeners/Assessments: ☐ YES ☐ NO

If yes, specify Screeners/Assessments used: _____

Date completed: _____ Results of screener/ assessment indicated above: _____

FORM 15-5

RESPONSE FOR ASSISTANCE: FORM TWO – C **STUDENT HEALTH INFORMATION**	**Student:** _____ **Student #:**_____

School Health Counselor is to complete this form using the most current and relevant information.

School Health Counselor's Name: _____

Date of the Last Physical (within 12 months to be valid): _____

❑ Vision Screening Date (within 12 months to be valid): _____

☐ Passed ☐ Failed

❑ Follow-up needed: _____

❑ Wears glasses? ☐ YES ☐ NO

Right: _____

Left: _____

❑ Hearing Screening Date(within 12 months to be valid): _____

Tympanogram: ☐ Passed ☐ Failed

Pure Tone: ☐ Passed ☐ Failed

Follow-up needed/comments: _____

Individualized Health Plan in place: ☐ YES ☐ NO

Other Screeners/Assessments ☐ YES ☐ NO

If yes, specify Screeners/Assessments used: _____

Date completed: _____

Results of screener/assessment indicated above: _____

_____

Other medical information that may impact the student's ability to succeed (diagnosis/medication/allergies/etc.):

_____

_____

FORM 15-6

RESPONSE FOR ASSISTANCE: FORM TWO –D– 1 PRESENT LEVEL OF ACADEMIC & FUNCTIONAL PERFORMANCE/ TEACHER WRITTEN INPUT	Student: _____ Student #: _____

Teacher is to complete this form using most current and relevant information.

Teacher's Name: _____

Class/Subject: _____

Student Work Samples Attached: ☐ **YES** ☐ **NO**

ACADEMICS

Current grade (percentage): _____ Is student achieving at grade-level?_____

Date of assessment: _____ Type of assessment: _____ Grade Level Equivalency: _____

Pre-Test Score: _____ Date: _____ Post-Test Score: _____ Date: _____

Reading: (fluency, reading rate, comprehension, etc.)
How many words can he/she read in a minute?_____ Number of errors?_____ Fluent?
_____
Can he/she answer who, what, when, where, why and how questions in oral & written format?

Language Arts: (writing, spelling, etc.)
Can he/she write complete sentences? How's noun/verb agreement? Correct punctuation and capitalization? Can he/she write paragraphs? What type of words is he/she able to spell? Consonant-Vowel-Consonant, etc.?

Math: (problem solving, computations, etc.)
Can he/she: identify numbers?_____Solve word problems?
Can he/she add, subtract, multiply or divide?_____What kind of numbers? (Example: 2x2 digit with regrouping/renaming?)

Other subjects (Example: SC, SS, PE, CHAM, etc.):

FORM 15-7

RESPONSE FOR ASSISTANCE: FORM TWO –D– 2 PRESENT LEVEL OF ACADEMIC & FUNCTIONAL PERFORMANCE/ TEACHER WRITTEN INPUT	Student: _____ Student #: _____

Social / Emotional Behavior:

Does he/she follow classroom/school rules? Does he/she get along with peers? How well does he/she adjust to changes? How well does he/she deal with stressful situations? Can he/she sit and attend to a task for the entire duration of task given?

Strengths:

Areas for growth:

Communication:

Can the student speak in complete sentences? How's noun/verb agreement? Can he/she express wants and needs in complete sentences?

Fine Motor Skills:

Can he/she manipulate writing objects with correct grasp?___ If not, how? Left/right handed? Does he/she put enough pressure when utilizing writing objects? Able to cut on line with scissors? What kind of lines?

*****Submit work samples******

Gross Motor Skills:

Can he/she walk, run, jump, skip, climb, go up and down the stairs? Does he/she need to hold onto rail? Is he/she able to throw and catch a ball? Does he/she show motor control?

Self-care / Independent Living Skills:

Can child feed herself/himself? Dress/undress independently? Tie shoes?

Strengths:

Areas for growth:

List all interventions, modifications, and/or accommodations you use for the student to achieve success in the classroom:

FORM 15-8

RESPONSE FOR ASSISTANCE: FORM TWO- E **OTHER PERSONNEL INFORMATION**	**Student:** _____ **Student #:** _____

The School Attendance Officer is to complete this form using the most current and relevant information.

School Attendance Officer's Name: _____

OTRFs attached: ☐ Yes ☐ No Comments:

_____

_____

SARF attached: ☐ Yes ☐No

Comments:

_____

_____

Response to OTRF/SAR attached: ☐ Yes ☐ No

_____

_____

Truancy Checklist Results attached: ☐ Yes ☐ No

If yes, specify Screeners/Assessments used: _____ Date completed: _____

Results of screener/assessment indicated above:

_____

_____

The Social Worker is to complete this form using the most current and relevant information.

Social Worker's Name: _____

SPCE Support Services & Outreach Team Referral attached:

Comments: _____

SPCE Support Services & Outreach Team Response to Referral attached: ☐ Yes ☐ No Comments:

_____

_____

Non-Instructional Personnel is to complete this form using the most current and relevant information.

Non-Instructional Personnel's Name: _____

Supporting Documents attached: ☐ YES ☐ NO Comments:

_____

_____

FORM 15-9

CST COMMITTEE NOTICE: FORM THREE	Student: _____ Student #: _____

Date: _____

Identified Committee Members:

- ☐ Student
- ☐ Parents/Guardians (required)
- ☐ CST Facilitator – School Administrator (required)
- ☐ CST Coordinator – Certified personnel (required)
- ☐ General Education teacher(s) [must be the student's teacher(s)] (required)
- ☐ School Health Counselor
- ☐ School Counselor
- ☐ CRT/IEPC
- ☐ Referring individual
- ☐ Special Education/ESL teacher
- ☐ ESL Coordinator
- ☐ School Attendance Officer
- ☐ ☐ Social Worker
- ☐ Others (i.e. instructional coach, department chairpersons, itinerant teacher, one-to-one aide, etc.)

☐ ***There will be a*** ☐ ***CST Staffing for:*** ☐ ***CST Meeting for:***

Student Name: _____ **DOB:** _____

Grade Level: _____ **on (date)** _____ **at (time)** _____ **in (room)** _____.

A referral was submitted on _____ in the area of:

☐ Academic ☐ Behavior ☐ Health ☐ Social/Emotional

☐ Communication ☐ Fine/Gross Motor Skills ☐ Other:_____

If there is an attachment for you to complete, please submit to _____ before the scheduled meeting.
CST Coordinator

Thank you.

_____

School Administrator's Name and Signature

FORM 15-10

PLAN OF ACTION: FORM FOUR – A-1 ☐ **CST STAFFING** ☐ **CST MEETING (check one)**	**Student:** _____ **Student #:** _____

Date: _____ Time: _____ Location: _____

Committee Members Present (Print Name and Initial):

- ☐ Student _____
- ☐ Parents/Guardians (required) _____
- ☐ CST Facilitator – School Administrator (required) _____
- ☐ CST Coordinator – Certified personnel (required) _____
- ☐ General Education teacher(s) (must be the teacher(s) of the student) (required)

  _____ _____ _____ _____

  _____ _____ _____ _____
- ☐ School Health Counselor _____
- ☐ School Counselor _____
- ☐ CRT/IEPC _____
- ☐ Referring individual _____
- ☐ Special Education/ESL teacher _____
- ☐ ESL Coordinator _____
- ☐ School Attendance Officer _____
- ☐ Social Worker _____
- ☐ Others (i.e. instructional coach, department chairpersons, itinerant teacher, one-to-one aide, etc.)

  _____ _____ _____ _____

Agenda Part I

- ☐ Introductions
- ☐ Referring Individual
- ☐ Brief Statement about the Concern

NOTES:

_____

_____

_____

- ☐ Presentation of Responses for Assistance Forms
- ☐ Documentation of Intervention Strategies Implemented

Agenda Part II

After reviewing the student's existing data, work samples, and all information provided by parents/guardians, and the CST members, the committee makes the following **SUMMARY** regarding the targeted area(s) of concern and frequency/severity/duration. Additionally, the CST members have included information regarding the outcomes from the interventions attempted.

CST SUMMARY

1. AREA OF CONCERN:		
INTERVENTIONS IMPLEMENTED	**FREQUENCY/SEVERITY/DURATION INTERVENTION DATES**	**OUTCOMES**

2. AREA OF CONCERN:		
INTERVENTIONS IMPLEMENTED	**FREQUENCY/SEVERITY/DURATION INTERVENTION DATES**	**OUTCOMES**

3. AREA OF CONCERN:		
INTERVENTIONS IMPLEMENTED	**FREQUENCY/SEVERITY/DURATION INTERVENTION DATES**	**OUTCOMES**

☐Further Interventions/Accommodations

- ❑ Remedial Reading/Math
- ❑ Modified Curriculum
- ❑ Adapted Materials
- ❑ Tutoring
- ❑ Extended Time
- ❑ Other:_____

- ❑ Talking with parents/guardians
- ❑ Behavior Contract
- ❑ Monitoring Charts
- ❑ Timeout
- ❑ Repeated Directions
- ❑ Other:_____

- ❑ Detention
- ❑ Lost of Privileges
- ❑ Cooperative Learning
- ❑ Eliminate Distracters
- ❑ Preferential Sitting
- ❑ Other:_____

FORM 15-11

PLAN OF ACTION: FORM FOUR-A-2	Student: _____ Student #: _____

PLAN OF ACTION: SCHOOL-LEVEL INTERVENTION(S)

NOTE: Do not delay the implementation of this plan due to the parent's inability to meet.

Interventions Recommended at the 1st CST meeting	Dates of Implementation (Approx. 4-6 weeks in duration; indicate start and end dates)	Outcomes To be discussed at the 2nd CST meeting

Other recommendations (i.e. update physical exam, other evaluations, attendance referral, etc.)

_____

_____

_____

FORM 15-12

CHILD IDENTIFICATION CHECKLIST -FORM FIVE
(Completed by the teacher prior to the CST meeting)

Student: _____
Student #: _____

Academics	Yes	No
Comprehends grade level texts and materials	☐	☐
Writes/prints legibly	☐	☐
Spelling is average	☐	☐
Copies information from the board easily	☐	☐
Identifies numbers	☐	☐
Writes numbers	☐	☐
Adds:	☐	☐
Subtracts:	☐	☐
Multiplies:	☐	☐
Divides:	☐	☐
Solves word problems	☐	☐
Tells time	☐	☐
Identifies coins and bills	☐	☐
Completes assignments on time.	☐	☐
Organizes school materials & assignments	☐	☐
Follows oral / written directions	☐	☐

Communication	Yes	No
Receiving ESL services	☐	☐
Has been seen or referred for ear, nose or throat problem?	☐	☐
Has known medical/emotional problems that may have an effect on speech?	☐	☐
Has been referred for or received speech and language services in the past?	☐	☐
Uses gestures to communicate	☐	☐

Articulation	Yes	No
Able to produce all age appropriate speech sounds clearly	☐	☐
Student's conversational speech is easily understood by the average listener	☐	☐
Student's speech is free of immature or "babyish" sounds	☐	☐

Behavior	Yes	No
Brings appropriate materials to school	☐	☐
Asks questions	☐	☐
Changes activities without incident	☐	☐
Listens	☐	☐
Uses socially acceptable language	☐	☐
Demonstrates appropriate way for getting attention	☐	☐
Shares	☐	☐
Tells the truth	☐	☐
Gets along with peers	☐	☐
Participates in classroom activities	☐	☐
Follows rules of situation, activity or environment	☐	☐
Accepts responsibility for own behavior	☐	☐
Stays on tasks to completion	☐	☐
Works cooperatively	☐	☐
Controls anger	☐	☐
Gets along with adults (teachers, aides, etc.)	☐	☐
Consistently attentive	☐	☐

Language-Auditory Reception/Comprehension	Yes	No
Able to follow directions with no difficulty	☐	☐
Able to respond accurately to questions	☐	☐
Able to retain information given verbally	☐	☐

Sign Language	Yes	No
Uses formal sign language	☐	☐
Uses idiosyncratic or personalized signs	☐	☐

CHILD IDENTIFICATION CHECKLIST (continued)

Student: _____

Student #: _____

Pragmatics	Yes	No
Stays on topic being discussed	☐	☐
Able to understand cause & effect	☐	☐
Makes eye contact when talking	☐	☐
Likes talking with people	☐	☐
Takes turns in conversations	☐	☐

Fluency/Stuttering	Yes	No
Speech rate is appropriate	☐	☐
Able to respond to discussion questions, and produce spontaneous expression without hesitations or repetitions.	☐	☐
Student is free of secondary signs of physical struggle when speaking (facial grimaces, eye or head jerks, rapid eye movements)	☐	☐

Motor Skills	Yes	No
Referred for physical therapy services in the past (Give date if yes):	☐	☐
Had orthopedic or neurological surgery. (If yes, describe in "any other" box below.)	☐	☐
Walks independently, without support.	☐	☐
Check any of the following used by the student:	☐	☐
☐ Wheelchair ☐ Cane ☐ Walker	☐	☐
☐ Crutches ☐ Braces ☐	☐	☐
Goes up and down stairs without help	☐	☐
Walks and runs with coordinated movements.	☐	☐

Voice	Yes	No
Has a physician referred this child for voice therapy?	☐	☐
Voice is free of hoarse, harsh or nasal qualities	☐	☐
Student is free of intermittent voice loss during speaking or reading	☐	☐

Visual Perception	Yes	No
Eyes work together normally	☐	☐
Copies from the board with ease.	☐	☐
Copies from book or paper with ease.	☐	☐
Uses letters or numbers age appropriately	☐	☐
Uses good posture for writing and reading	☐	☐

Socialization	Yes	No
Interacts appropriately with peers	☐	☐
Shares with peers appropriately	☐	☐
Control of anger and frustration is age appropriate	☐	☐
Initiates play with peers.	☐	☐
Responds appropriately to natural cues in the environment (peers, bell, clock, adult).	☐	☐
Works well in large group settings.	☐	☐
Able to take turns in group settings	☐	☐

Cognition	Yes	No
Has appropriate attention and/or concentration	☐	☐
Uses problem solving skills appropriately	☐	☐
Able to remember information	☐	☐

CHILD IDENTIFICATION CHECKLIST (continued)	Student: _____ Student #:_____

Tactile	Yes	No
Responds appropriately to touching objects or contact with people/environment	❒	❒
Can restrain from touching items that are "off limits"	❒	❒
Tolerates messy activities	❒	❒

Dressing, Hygiene, Toileting	Yes	No
Dresses and undresses like others of similar age	❒	❒
Washes/dries hands like others of similar age	❒	❒
Uses toilet independently.	❒	❒

If the Child Study Team's final decision to refer to Special Education, please indicate the areas of assessments for this child.

- ❒ Psychological Services
- ❒ Speech & Language
- ❒ DHHP
- ❒ Vision
- ❒ OT
- ❒ PT
- ❒ Leisure Education
- ❒ Emotional Disabilities
- ❒ Assistive Technology
- ❒ Autism
- ❒ Behavioral

FORM 15-13

CST REFERRAL DECISION-FORM SIX	**Student:** _____ **Student #:** _____

Dear Parent/Guardian,

Your child was referred to the Child Study Team (CST) at school due to issues regarding _____. Based on all the documentation, data, information, and other pertinent material, the CST is recommending the following:

☐ Child should be referred for possible evaluation by Special Education.
***Submit a completed copy of the CST Packet to the respective IEPC/CRT.**
DATE SUBMITTED: _____

☐ Child should be referred for possible referral for Section 504.
***Submit a completed copy of the CST Packet to the respective school counselor.**
DATE SUBMITTED: _____

☐ Child should be referred for evaluation by District Psychologist.
***Submit a completed copy of the CST Packet to the respective school counselor along with Permission to Evaluate see SOP 1200-019.**
DATE SUBMITTED: _____

☐ Child will be referred to Child and Adolescent Services Division (I Famagu'on-ta)
***Submit a completed copy of the CST Packet to the respective school counselor to initiate the Inadahi process. The appropriate Consent to Release Information MUST be signed by parent/guardian.**
DATE SUBMITTED: _____

☐ Child should be referred to an outside agency.
***Submit a completed copy of the CST Packet to the respective school-level designee, parent/guardian and appropriate agency. The appropriate Consent to Release Information MUST be signed by parent/guardian.**
DATE SUBMITTED: _____

☐ Documentation does NOT support the need for a referral at this time. The CST will develop alternative school-level intervention plans.
***Provide a completed copy of the CST Packet to the parent/guardian.**
DATE PROVIDED TO PARENT/GUARDIAN: _____

☐ If parent is not present at this meeting, referring teacher, or other appropriate school designee, will discuss this decision with parents and will explain options available to the parents/guardians.
***Provide a completed copy of the CST Packet to the parent/guardian.**
DATE INFORMATION WAS PROVIDED TO PARENT/GUARDIAN: _____

☐ Child will be retained in/promoted to the _____ **grade level.**
***Refer to BP339:** Promotion and Retention Early Granting of Credits

NOTE: All the original copies of the CST packet MUST be filed in the student's cumulative folder.

☐ Parent/Guardian refuses the CST Referral Decision as indicated above.

Reasons:

_____

_____

_____ _____ _____

Parent/Guardian Print Name Parent/Guardian Signature Date

CST REFERRAL DECISION (continued)	Student: _____ Student #: _____

DATE: _____

CST MEMBER SIGNATURES:	PRINT NAME	SIGNATURE
Student	_____	_____
Parents/Guardians	_____	_____
CST Facilitator – School Administrator	_____	_____
CST Coordinator – Certified personnel	_____	_____
General Education teacher(s) (must be the teacher(s) of the student)	_____	_____
	_____	_____
	_____	_____
	_____	_____
School Health Counselor	_____	_____
School Counselor	_____	_____
CRT/IEPC	_____	_____
Referring individual	_____	_____
Special Education/ESL teacher	_____	_____
ESL Coordinator	_____	_____
School Attendance Officer	_____	_____
Social Worker	_____	_____

Others (i.e. instructional coach, department chairpersons, itinerant teacher etc.)

_____ _____ _____ _____

FORM 15-14

DEPARTMENT OF EDUCATION
OFFICE OF THE SUPERINTENDENT

www.gdoe.net
Telephone: 500 Mariner Avenue Barrigada, Guam
(671) 300-1547/1536•Fax: (671)472 96913-5001
Email: jonfernandez@gdoe.net

JON J.P. FERNANDEZ
Superintendent of Education

PARENT/GUARDIAN NOTIFICATION FOR CHILD STUDY TEAM MEETING-FORM SEVEN

This is to inform you that a referral to conduct a Child Study Team (CST) has been made for your child. A CST referral is initiated when a student has been identified as needing additional supports based on academic, behavioral, social-emotional, and/or other challenges. The CST is designed to provide classroom teachers with instructional supports and strategies for helping students in need of assistance. The team of school-level professionals provide ideas to classroom teachers on methods for helping students experiencing academic or behavioral problems. To achieve this, schools collaborate with appropriate team members as well as research strategies that result in targeted, school-level interventions.

Your attendance, participation and input is greatly needed to ensure that your child is provided with appropriate interventions or referral (SPED, Section 504, outside agency) to support his/her success.

Student:_____ **DOB:**_____ **Grade:**____ **School:**_____

CST Meeting Details: Date_____ **Time**_____ **Location**_____

Your child was referred based on information/data concerning:

- ☐ Academic ☐ Behavior
- ☐ Health ☐ Social/Emotional
- ☐ Other: _____

Your signature indicates that you are aware of the CST meeting and that you agree to attend, participate, and provide valuable input as a member of your child's Child Study Team. Please sign and return to

_____. Is an interpreter needed for you? ☐ Yes ☐ No

_____ _____

School Administrator's Name and Signature **Parent/Guardian's Name and Signature**

If you are unable to attend, please indicate other dates and times when you are available below. A school official will contact you to confirm a date and time.

Parent/Guardian's Name and Signature: _____ **Date:** _____

Student Procedural Assistance Manual

CHAPTER SIXTEEN

Home Visit and School-Based Behavioral Health Supports

STANDARD OPERATING PROCEDURES
GUAM DEPARTMENT OF EDUCATION

CHAPTER 16
HOME VISIT AND SCHOOL-BASED BEHAVIORAL HEALTH SUPPORTS

INTRODUCTION

This chapter provides guidance to GDOE staff and faculty regarding home visits and guidance on how schools can support school based behavioral health providers when they visit their clients at the school site. The following sections outline Home Visit and School-Based Behavioral Health supports as well as the protocols to support these services.

HOME VISIT SUPPORTS

The purpose of home visits are to strengthen the relationship and partnership between a student's family and school personnel. The quote below highlights the important benefits to students when schools and families work hand in hand:

> The more engaged a parent is with their child's education, the greater the chance a child will learn and experience a higher level of success. Furthermore, the research also indicates that to foster a respectful student to teacher relationship, which is an essential component to advance learning, a teacher should be knowledgeable of a student's background and unique interests. The student's first place of learning is at home and, by working together, parents and teachers can make a very positive impact in a child's life and send a message to our students that education and academic success are valued greatly both at school and home (Martinsville City Public Schools, 2017).

Home visits are convenient means for families to address student concerns and develop family-centered action plans. As indicated by the Michigan State Board of Education, "Effective home visits furthers the mental, emotional, and physical health and development of the child by serving the whole family".

DOE PERSONNEL AUTHORIZED TO CONDUCT HOME VISITS

Guam Department of Education personnel authorized to conduct home visits, but are not limited to the following, include:

- Social Worker
- School Resource Officer of Attendance (SROA) or School Attendance Officer (SAO)
- School Counselor
- Student Interns (with site supervisor) with parent approval
- Nurse
- Teacher
- Outreach Worker
- School Attendance Officer
- School Administrator
- School Psychologist

HOME VISIT PROTOCOL

A. Before Home Visit
    a. Get approval from a school administrator to conduct the home visit.

b. Use the *Team Home Visit Notice* form (Form 16-1) to notify parents of the plan to conduct a home visit. Provide ***Interpreter Services*** if necessary.

   i. It is important that the parent(s)/guardian(s) has the time and opportunity to suggest a place they feel comfortable meeting (e.g., community center, public library, or a convenience store). Home visits do not necessarily have to be conducted at "home". A private area that is safe and which all parties agree to would be appropriate.

c. If school personnel are unable to notify family to notify them prior to a visit (i.e., via phone or email), a home visit should still be conducted.

d. School office personnel should be notified of home visit and informed of family's contact information and address.

e. Review records, family history, and cultural background prior to visit.

f. Prepare informational material (Resources, district brochures, business cards, etc.)

g. Bring copies of Consent form and Release of Information forms (if applicable).

h. **Review Safety Tips** (Refer to Appendix 16-1).

** Always attend home visits in pairs for safety. **DO NOT ATTEMPT TO CONDUCT A HOME VISIT ALONE.**

B. During Home Visit

a. One staff member should be the key worker who engages with the student and parents(s/guardian(s), while the other staff member observes the surroundings for safety measures.

b. It is important that this does not become merely a question and answer session. The most important thing is to build a relationship with the family.

C. After the visit

a. Document the visit. Refer to Form 16-2: *Team Home Visit Report*. Form 16-2 must be completed after each home visit whether contact was made or not.

   i. If family is not home, use the *Team Home Visit Notice* form (Form 16-1) to notify parents of the attempted home visit. Place form in a highly visible area (e.g., front door or window seal).

b. Follow-through with referrals, action items, documentation (e.g., CPS reports, etc.).

c. Home visit forms and documentation should be placed in the cumulative folder and be logged into PowerSchool via Log Entry. Personnel who do not have access to PowerSchool would need to have a school administrator or school counselor log in the information for them.

d. The narrative below must be logged into PowerSchool:

   i. "Home visit conducted refer to cumulative folder".

Note: Confidentiality should be respected at all times. Secure all documents. Ensure not to leave any identifying information of student behind or in the vehicle.

SCHOOL-BASED BEHAVIORAL HEALTH SUPPORTS

School-Based Behavioral Health (SBBH) refers to the practice of providing behavioral and mental health treatment to children and adolescents in the school environment. Services may include behavioral assessments, individual and group therapy, substance abuse counseling, psychiatric services, and case management.

Over the years, school districts across the nation have been incorporating SBBH programs in response to national concerns regarding youth mental health. The data reported from the National Alliance on Mental Illness (NAMI) show that the prevalence rates for serious mental health conditions among youth aged 13 – 18 years old, is 24% and for children aged 8 – 15 years old, the prevalence rate is 13%. According to the NAMI, 37% of youth with a mental health condition age 14 years or older, drop out of school (NAMI, 2016).

In 2016, the Guam Department of Education (GDOE) created its own School-Based Behavioral Health Program (SBBH) (SOP1200-019), which focuses on providing behavioral health services to students struggling with emotional and behavioral problems at the school-site. SBBH services may also be provided by Non-GDOE organizations. For example, since 2016, there has been an increase of school-site behavioral health services from therapists at I Famagu'on-ta.

SBBH Providers

School-Based Behavioral Health Providers refers to behavioral professionals from the following agencies:

1. GDOE's SBBH Program (Student Support Services Division) – District School Psychologists and SBBH Clinical Interns.
2. Guam Behavioral Health and Wellness Center (GBHWC)
    a. Child and Adolescent Services Division
        i. I Famagu'on-ta – Psychiatric Social Workers, Care/WRAP Coordinators, Social Workers, Family Partners, Psychologists, and Psychiatrists.
        ii. Tulaika – Licensed Therapists, Licensed Clinical Social Workers, Clinical Interns, and Care/WRAP Coordinators.
3. Department of Youth Affairs – Licensed Therapist and Social Workers.
4. Judiciary of Guam's Client Services and Family Counseling – Licensed Therapists and Probation Officers.
5. Department of Public Health and Social Services
    a. Division of Public Welfare
        i. Bureau of Social Services Administration - Child Protective Services – Social Workers
6. Sanctuary Incorporated of Guam – Social Workers, Case Managers, Substance Abuse Counselors.
7. WestCare Pacific Islands Guam – Licensed Therapists, Social Workers, Substance Abuse Counselors, and Case Managers.

Guidelines for SBBH Providers

The following guidelines are to create a positive working relationship with service providers and the administrators, staff, and faculty of the schools they serve.

1. SBBH providers should coordinate services with school counselor at least two (2) days in advance.
2. In the event sessions must be cancelled or re-scheduled, providers are to contact the school counselor to re-schedule and notify the student.
3. Providers should check with the school counselor or school staff if student is present for the day before showing up at the school-site.
4. Non-GDOE SBBH providers must have a valid work identification card and must sign the school's visitor's log book. GDOE SBBH Providers must have their GDOE identification card and must sign the school's GDOE log book.
5. Behavioral Health providers who are in Private Practice and who are not officially providing services under a Government or Non-Profit program **MUST** seek clearance from GDOE's Student Support

   Services Division.

Support and Accommodations for School-Based Behavioral Health Providers

As the name implies, SBBH translates to school-site behavioral services for students. Thus, school administrators and staff can assist SBBH providers by providing the following support and accommodations:

1. Allow SBBH providers to enter the school campus so that services can be delivered.
2. Provide a private space that ensures confidentiality for individual and group counselling sessions.
3. School counselors and other school staff assist with coordination of SBBH counseling services.
4. Establish working relationship between school counselor and SBBH provider to monitor student's progress.

Behavioral Health providers must adhere to all GDOE SOPs and Guam Education Board Policies. Valid identification must be visible and available upon request from school personnel.

CHAPTER 16
FORMS

NOTE: Forms contained in SOP 1200-023 are subject to updates based on changes to laws, GEB policies, and outside agency changes. For the PDF fillable version of the forms listed in this chapter, refer to the Student Support Services Division web-site.

FORM 16-1

DEPARTMENT OF EDUCATION

501 Mariner Avenue Barrigada, Guam 96913
Telephone: (671) 300-1547 – Fax: (671) 472-5003 www.gdoe.net

Jon J.P. Fernandez
Superintendent of Education

TEAM HOME VISIT NOTICE

Date: _____	**Student Name:** _____
Time: _____	**School Name:** _____

Dear _____,

Family is the most essential element in ensuring a student's academic success. We look forward to having a conversation with you about how we can best support your child. The following Staff Persons: _____ and _____ from _____

Staff Person #1 Staff Person #2 Name of School

School (**will attempt** or **attempted**) to make a Team Home Visit on _____ to meet

(circle which applies) (Date)

with you at your home to discuss the concerns listed below, your child's strengths, and ways we can collaborate to help him/her succeed.

Reason for visit:

Academic: _____

Attendance: _____

Emotional/Behavioral: _____

Family/Home: _____

Physical Health/Medical: _____

Other: _____

To schedule or re-schedule a meeting, please contact:

_____

School Site Staff Phone Title/Position

We look forward to working together with you.

Form 16-2

DEPARTMENT OF EDUCATION

501 Mariner Avenue Barrigada, Guam 96913
Telephone: (671) 300-1547 – Fax: (671) 472-5003 www.gdoe.net

TEAM HOME VISIT REPORT

School Name: School: _____

Student Name (Last, First)	DOB GRADE HO#
Parent(s)/Guardian(s)	Address Visited
TEL # Alt. Tel.	Visited Time (Started, Ended)
Visitor #1 Title/ Position	Visitor #1 Title/ Position
Person(s) at the home and relationship to Student:	

Student/Family Strengths:

_____

_____

_____

Purpose of Outreach (Areas of Concern):

- Academic:_____
- Attendance:_____
- Emotional/Behavioral:_____
- Family/Home: _____
- Physical Health/Medical:_____
- Other:_____

Visit Notes (include accomplishments; brainstorm action items):

_____

_____

Action Items:

WHAT *(Describe Action Items or Services)*	***WHO*** *(Person responsible)*	***WHEN*** *(Date action will be initiated)*

_____ _____

Parent(s)/Guardian(s) Signature **GDOE-Home Visitor Signature**

CHAPTER 16
APPENDIX

NOTE: Forms contained in SOP 1200-023 are subject to updates based on changes to laws, GEB policies, and outside agency changes. For the PDF fillable version of the forms listed in this chapter, refer to the Student Support Services Division web-site.

APPENDIX 16-1

A Guide to Team Home Visits

Suggestions

Remember to:

- Be a good listener
- Have specific goals or objectives for each visit
- Be flexible
- Be prompt to your home visits
- Realize the limitations of your role
- Help parents become more independent
- Keep language appropriate
- Dress appropriately and comfortably
- Be confident
- Remember that small improvements lead to big ones
- Be yourself
- Respect cultural and ethnic values
- Monitor your own behavior- the parent is observing you

Avoid:

- Imposing values
- Bringing visitors without the parent's permission
- Socializing excessively at the beginning of the visit
- Excluding other members of the family from the visit
- Talking about families in public
- Being the center of attention
- Expecting perfection from the parent Asking the parent to do something you wouldn't do

Safety Tips

- Conduct home visits with no less than two (2) school personnel
- Try to complete home visits early in the day
- Stay alert
- Dress appropriately
- Leave jewelry at home
- Leave purse at office or trunk
- Carry necessary cash, keys, and driver's license on person.
- Assess surroundings & remove yourself from dangerous situations.
- ALWAYS!!! Travel in pairs
- Survey the neighborhood
- Identify safe areas (i.e. restaurants, telephones, restrooms, police stations)
- Trust your instincts.
- Consider a neutral meeting location if visit cannot be made safely at home (i.e. library, conference rooms, restaurants)
- Take universal precaution by washing hands before/after visit
- Ask family members to come out to meet you if uncomfortable with area
- Keep car in good repair
- Keep emergency supplies in car
- Ask family to secure pets before arrival
- Keep cellular phone charged and accessible
- Keep your team/admin informed of home visit arrival and departure time

**Adapted from Policy of Bellevue School District, No. 405. Washington State and Michigan Department of Education, Early Childhood Programs (10/2017)

Student Procedural Assistance Manual

CHAPTER SEVENTEEN

Social and Emotional Wellbeing

STANDARD OPERATING PROCEDURES
GUAM DEPARTMENT OF EDUCATION

CHAPTER 17

SOCIAL AND EMOTIONAL WELLBEING

INTRODUCTION

The Social and Emotional Wellbeing Chapter provides School Counselors, Social Workers, District Psychologists, and School Administrators with guidance necessary to deliver the best possible support services to our Guam Department of Education (GDOE) students with social and emotional challenges. In response to COVID-19 Pandemic, the GDOE had listed Social and Emotional Wellness as a priority for our students. The COVID-19 pandemic may have increased the social-emotional trauma for students and additional stressors toward their families such as financial loss and death of loved ones. Every effort will be made to reconnect, heal, and build as staff and students convene in face to face and/or virtual settings for academic learning. Research and guidance emphasizes the importance of mental health during challenging times. GDOE has established policies and procedures in order to assists professional counselors and administrators to support our students' social and emotional wellbeing.

GDOE will continue to address the social and emotional needs of students, families and staff through school levels interventions and school-base related programs. This chapter provides a recovery plan for various professional disciplines to address students' mental health wellbeing. Social and emotional wellness will be conducted throughout Kindergarten through Grade 12 level. School Counselors, Social Workers, Psychologists and school administrators are available to provide virtual and face to face direct services to all GDOE students.

MENTAL HEALTH AND SCHOOL COUNSELORS

The following definitions are to be considered when dealing with the confidentiality of student information:

D. The American School Counselor Association (ASCA) indicates school counselors acknowledge the important need for mental health services and promote social and emotional wellness for all students. School counselors provide support for all students' mental health needs by giving instruction that increases mental health awareness, academic and career advisement, social and emotional development, school level interventions, and referrals for treatment (ASCA, 2020).

E. School counselors focus on developing and applying school counseling programs that promote academic, career and social and emotional achievement for students. School counselors recognize their professional discipline may likely be most available to students and their families within the educational system. According to ASCA (2020) school counselors:

    1. *Deliver instruction that proactively enhances awareness of mental health; promotes positive, healthy behaviors; and seeks to remove the stigma associated with mental health issues*
    2. *Provide students with appraisal and advisement addressing their academic, career and social/emotional needs*
    3. *Recognize mental health warning signs including*

i. *changes in school performance and attendance*
ii. *mood changes*
iii. *complaints of illness before school*
iv. *increased disciplinary problems at school*
v. *problems at home or with the family situation (e.g., stress, trauma, divorce, substance abuse, exposure to poverty conditions, domestic violence)*
vi. *communication from teachers about problems at school*
vii. *dealing with existing mental health concerns*

4. *Provide short-term counseling and crisis intervention focused on mental health or situational concerns such as grief or difficult transitions*
5. *Provide referrals to school and community resources that treat mental health issues (suicidal ideation, violence, abuse and depression) with the intent of removing barriers to learning and helping the student return to the classroom*
6. *Educate teachers, administrators, families and community stakeholders about the mental health concerns of students, including recognition of the role environmental factors have in causing or exacerbating mental health issues, and provide resources and information*
7. *Advocate, collaborate and coordinate with school and community stakeholders to meet the needs of the whole child and to ensure students and their families have access to mental health services*
8. *Recognize and address barriers to accessing mental health services and the associated stigma, including cultural beliefs and linguistic impediments*
9. *Adhere to appropriate guidelines regarding confidentiality, the distinction between public and private information and consultation*
10. *Help identify and address students' mental health issues while working within the:*
    i. *ASCA Ethical Standards for School Counselors*
    ii. *ASCA Professional Standards & Competencies for School Counselors*
11. *National, state and local legislation, which guides school counselors' informed decision-making and standardizes professional practice to protect both the student and school counselor*
12. *Seek to continually update their professional knowledge regarding the students' social/emotional needs, including best practices in universal screening for mental health risk*

F. *Advocate for ethical use of valid and reliable universal screening instruments with concerns for cultural sensitivity and bias if state legislation or school board policy requires universal screening programs for mental health risk factors* (ASCA, 2016).

MENTAL HEALTH SCREENERS

A. Screeners are standardized instruments with reliability and validity in order to determine whether students are at risk for a mental health concern and/or need further assessment and treatment by a licensed mental health clinician. An identification of an At Risk student does not involve reaching a diagnosis of a mental health condition through screeners. Only *licensed* mental health professionals or medical professionals (as determined by each state's licensing laws) are qualified to make a diagnosis.

In contrast, a Mental Health Assessment is a process of defining the nature of a problem, determining a diagnosis, and developing specific treatment recommendations for addressing the problem or diagnosis. School counselors do not conduct mental health assessments. Refer to the Standard Operating Procedures (SOP) 1200-019.

B. The purpose of a Screener (s) is to identify students who may be at risk for mental health concerns. Screeners are available to help school counselors perform appropriate screening for students. GDOE District Psychologists have recommended Screeners to be utilized within the GDOE school system [Please see section G (5) below for the list of screeners]. Screening can help promote comprehensive school mental health strategies across all tiers. GDOE students are more likely to learn social and emotional-behavioral skills and may have their mental health needs addressed before they escalate with a multi-tiered approach.

C. Screeners can also ask students about:
    1. Social-emotional Wellbeing
    2. Life satisfaction
    3. School belonging
    4. Social determinants of mental health

MENTAL HEALTH SCREENER PROCEDURES:

D. **Construct a Screening team.**
Screening should be planned and implemented by a Child Study Team (CST) from the school district:
    1. The CST will have knowledge on the social emotional symptomatology, conduct school level interventions, and make referrals for further assessment and treatment.

E. **Organize School Process.**
The CST shall ensure all the following processes are addressed with appropriate school leadership and screening staff to guide the process:
    1. The CST will plan the screening process for students attending modes of learning (Face to Face/online)
    2. School Principals or designee will provide and obtain Informed Consent Forms for Mental Health Screeners (FORM 17-1) to and from legal guardians.
    3. In accordance to Guam Public Law 31-202, school district has no less than forty-five (45) days to complete the Social and Emotional Screener (s) after an informed consent is obtained by parents, then the screener (s) can be administered.
    4. If an interpreter is needed or requested, the school district shall coordinate for an interpreter. Refer to Standard Operating Procedure.
    5. Once the Informed Consent for Mental Health Screeners (Form 17-1) is secured, the school counselor will administer a screener (s) to the student not less than forty-five (45) days in advance of any such screening.
    6. School Counselors will score the screener (s) and identify students who fall within the low, moderate, or high risk.
    7. After results from screener (s), school counselors will coordinate a CST to address school level interventions, as needed: Individual Supportive Counseling, Group Counseling, Family Meeting Sessions [See Section K Provide School Counselor Level Intervention (s) below].

8. School counselors shall consult with their District Psychologists if the outcome of the screener(s) is Moderate or High.
9. CST may make referrals to District Psychologist for Assessment and/or Treatment as needed.

F. **Informed Consent for Mental Health Screeners.**

An Informed consent is a written permission given by the student's legal guardian/parents for the administration of a Mental Health Screener. In order for consent to be informed, the student's legal guardians must understand the relevant facts, risks, benefits, and alternatives associated with a Mental Health Screener. Students' legal guardians shall be informed whenever students are referred for a screener (s). Parents must sign an Informed Consent Form for Mental Health Screeners prior to administering the screener(s). School Counselors will administer a screener (s) not less than 45 days upon receipt of parent/legal guardian's consent. School Counselors will utilize the appropriate screening tool and offer Brief Interventions, and Referral to Treatment [See (K) Provide School Counselor Level Intervention (s) below]. The purpose of this effort is to provide support to GDOE students in addressing the social-emotional areas most impacted by the COVID-19 Pandemic: Anxiety, Depression, Stress, Trauma, Grief, and Substance Use.

G. **Guam Public Law 31-202.**

In accordance to Guam Public Law 31-202, The Guam Department of Education shall:

1. *Prohibit the use of schools for any mental health or psychological screening or testing of any student, whether a non-emancipated minor or emancipated minor without the express written consent for the parent or guardian.*
2. *The consent form must be clear and legible form and in the compliance with any local or federal regulation, in the primary language of the parent, not less than forty-five (45) days in advance of any such screening*
3. *The consent form must be signed by the parent or legally appointed guardian of each minor.*
4. *Before consenting to any such screening or survey, the educational facility must provide a manual and other published information which fully describes:*
    - *a. The nature and purpose of the screening/test or questionnaire.*
    - *b. The development of the screening or questionnaire, its scientific validity as replicated in scientific studies, the rational for the screening/test/questionnaire and reliability.*
    - *c. Scientific journal citations demonstrating that the proposed screening/test or questionnaire has been proven to be reliable and valid by replicated scientific studies.*
    - *d. A guarantee that no screening/test or questionnaire is based or related to any "mental disorder" as covered in the Diagnostic and Statistical Manual of Mental Disorders.*
    - *e. The intended use of the results or outcomes of the child or adolescent completing such screening/test or questionnaire.*
    - *f. The right to rescind consent at any time before, during or after the screening/test or questionnaire being proposed.*
    - *g.*

H. **References for Mental Health Screeners.**

In addition to the Informed Consent Form for Mental Health Screeners, legal guardians will be provided a "References for Mental Health Screeners". School Counselors will be able to obtain the document from the District Psychologist or the Student Support Services Division Website. The References for Mental Health Screeners will accompany the Informed Consent Form for Mental Health Screeners which describes the purpose of the screeners and the references. This document will discuss the following mental health screeners:

1. Center for Epidemiological Studies Depression Scale for Children (CES-DC)
2. Child Anxiety Related Disorders (SCARED)
3. UCLA Brief Covid-19 Screen for Child/Adolescent PTSD Brief Grief Screener
4. Screening to Brief Intervention (S2BI)
5. Columbia Risk Assessment (Screener for Suicide)
6. Substance Use Screeners (Drug Matrix) etc.
7. Screening, Brief Intervention, and Referral for Treatment (SBIRT).
    a. The School District shall utilize the Child Study Team (CST) process in order to orient the students and legal guardian about screener (s) and Informed Consent Form for Mental Health Screeners.
    b. School Counselors will document in the School Counseling Contact Form and PowerSchool the date and time Informed Consent was provided in observing the forty-five day period and the date and time obtained from legal guardian, the name of the legal guardian of the student and date Informed Consent was signed.

I. **Selection of Students.**

School Principals and school counselors will identify students from their school district to be screened:

1. Students who appear to display (s) social-emotional symptoms such as anxiety, nervousness, fear, sad mood, social withdrawal, grief, change in behavior, stress, substances use, suicide thoughts, self-harm behaviors, etc.
2. Student (s) referred by teachers, parents, school staff, or school administrators
3. Student (s) who display adjustment or academic challenges (failing grades, attendance problems, office discipline referrals
4. Student (s) who volunteers to be screened for social emotional wellness.

J. **Select, Orient, and Administer Social and Emotional Screener (S).**

1. School counselors will select the Screener (s) identified by the school district which best fits the needs of the student (s) to be administered and scored within the school setting or online platform.
2. School counselors will orient and administer the identified screening instrument (s) in a confidential room or online platform with the student.

K. **Scoring the Social and Emotional Screener (s).**

1. School counselors will score the Screener (s) and make contact with legal guardian in order to verbally share the result (s) with the student and with the legal guardian.

L. **Provide School Counselor Level Intervention (s).**

School Counselors will provide school level interventions to each student after the administration, scoring, and sharing of the screener Risk Level (s). School Counselors may contact the District Psychologist for a psychological consultations on a screener (s) outcome. If the risk level of the screener (s) is Low, School Counselors will provide Brief Intervention: A 15-30 minute Education on Social Emotional Wellness along with verbal positive reinforcements provided to the student [Psychological consultations with District Psychologist is welcomed but not needed at this outcome level].

1. If the Risk Level of the Screener (s) is Moderate, School Counselors will provide the School Level Interventions:
    a. At least three (3) Counseling sessions
        I. Education session
        II. Coping Skill (s) Session
        III. Family Meeting (s)
2. If the Risk Level of the Screener (s) is High, School Counselors will:
    a. Identify Protective Factors with the student
    b. Develop a safety plan with the student
    c. Contact and obtain psychological consultation from District Psychologist regarding school level interventions for High Risk outcomes, guidance regarding Behavior Intervention Plan (BIP), and/or referral process for psychological services or outside treatment providers
    d. Initiate a Child Study Team as needed,

M. **Informed Consent for Substance Use Screener**

Parents must be informed about the Screening, Brief Intervention, Referral to Treatment (SBIRT) process, which includes the Substance Use Screening Tool (CRAFFT 2.1), brief interventions for substance use through Small Group sessions, and referral for substance use assessment and treatment. In accordance to Guam Public Law 31-202, an Informed Consent Form shall be signed no less than forty-five (45) days in advance of any such screener to be administered. Once the informed consent form is signed, school counselors shall conduct the following when appropriate:

1. SDBI
2. Screener for Substance Use (CRAFFT 2.1)
3. Document the following statement in PowerSchool: "Screener (s) Conducted".
4. Brief Interventions (Small Group Sessions) for students who fall in the low to medium range on the CRAFFT 2.1
5. Refer student to the GDOE District Psychologist for further Substance Use Assessment if CRAFFT 2.1 is in the High Range.

N. **Screening Procedures for Substance Use Screener (s):**

1. GDOE middle and high school counselors may conduct a Substance Use Screener (s) no less than 45 days after the Informed Consent for Mental Health Screener (Form 17-1) form has been signed by parent/legal guardian. Each school counselor will utilize available data such as Office Disciplinary Reports, Child Study Team, student self-referrals, school health counselor and school counselor data, and community data to determine students who would benefit from the screener.

2. The School Principals or designee will provide and obtain Informed Consent Forms for Mental Health Screeners (FORM 17-1) to and from legal guardians. School Counselors will obtain the Reference Mental Health Screener from their District Psychologists.

3. School counselors and school administrators will work collaboratively to inform students of the SBIRT Program and encourage them to utilize the service through self-referrals.

4. School counselors and School Principals will utilize and track Office Discipline Referrals and other available data to identify students who may benefit from substance use screeners, small group sessions, and referrals to substance use treatment programs such as SBBH's SUI groups.

5. School counselors will collaborate with their school administrators to ensure that multiple methods of communication such as phone calls, home visits with school social worker, or postal mail are utilized in order to obtain the completed Informed Consent for Mental Health Screeners so that students may participate in the Screener (s) for Substance Use and Small Group Sessions.

6. On the day the student is suspended from school, the school administrator is required (as noted in the Student Conduct Procedural Manual) to make a referral to the school counselor. The School Counselor or the School Administrator will contact the student's parents and provide the parent on the day of the suspension, an Informed Consent for Mental Health Screener. Once an Informed Consent for Mental Health Screener is secured, the student would be administered the Substance Use Screener not less than 45 days.

O. **Substance Use Screener Requirement**

1. School counselors utilizing screeners must be properly trained to administer the CRAFFT 2.1 in its use and follow the screening guidelines. Fidelity to the screening protocol must be maintained. All secondary school counselors are required to participate in ongoing Professional Development provided by their Work Team Leaders.

The Screener for Substance Use (CRAFFT 2.1) is found in (FORM 5-3) of chapter five along with the screening, scoring and interpretation procedures (Appendix 5-4).

*A completed Child Study Team application packet encompassing completed School Level Interventions and BIP are needed for a referral to Student Support Service Division for psychological assessment and/or School Based Behavioral Health. Please refer to Standard Operating Procedures (SOP) 1200-019.
*Consultation with Psychologist is welcomed and available at any time.

P. **Documentation for Social and Emotional Screeners and School Level Interventions.**

School Counselors will store each signed Informed Consent Form for Social and Emotional Screener (s) and each completed screener (s) into the student file and placed in the students' health folder student contact form. The student file must be placed in the school counselor's office in a secured filing cabinet to ensure confidentiality. At the end of the year, the student file will be placed in the principal's office

in a secured filing cabinet. School Counselors will input the information in PowerSchool (Progress Notes) in regards to the following:

1. Date and Time, and duration of the administration, scoring and Risk Level of the Screener (s) indicate L, M, H – *it does not need to be spelled out so we know the code and it limits the "need to know" ensuring confidentiality
2. Type (s) of School Level Interventions based on Risk Level and the duration and frequency of each session.
3. Recommendations for School Level Intervention (s) from District Psychologists regarding students with a High Risk Level must be documented in the Progress Notes.

CASE MANAGEMENT/COORDINATION AND MENTAL HEALTH SERVICES

A. Case Management/Coordination is a service modality that expands into several different human service arena, including the education system that share common client populations of at-risk children and their families.

B. The school district (Social Worker, School Counselor, School Administrator, or Psychologist) provides intensive advising, supportive counseling, or check-ins to students whether face to face or online platform and connects them to an array of services to address their academic and nonacademic needs.

C. Case managements/Coordination provides regular monitoring of services and follow-up with students as needed. It is designed to improve a student's health, social-emotional wellbeing, educational outcomes, and welfare and may include monitoring student academic performance and attendance; raising the expectations for students in setting educational/career goals and providing advice about postsecondary options; improving student engagement in school; reducing the incidence of at-risk behavior and developing conflict resolution skills; addressing family issues or concerns; and referring students to community resources for further assistance.

D. Social workers, school counselors, school administrators or psychologists will provide case management/Coordination services with students who are at risk for the following:

    1. Students' social needs which may impact their emotional wellbeing
    2. Students who may display signs or symptoms of abuse or neglect.

E. The School district will provide home visits, consultations, referrals and supportive counseling to students and families whose social and environment have been negatively impacted:

    1. Home visits to families who need information and support regarding health, food, shelter, and medical insurance and other community services.
    2. Referrals for students and their families to community agencies for resources.
    3. Provide consultations with school counselors and teachers regarding student who report lack of food or shelter.
    4. Consult with School nurse regarding students without medical coverage and refer to available medical coverage.
    5. Provide supportive counseling for students with emotional needs affected by social or environmental factors.
    6. Provide supportive counseling to students as needed around these issues of neglect and abuse.
    7. Provide information to parents on home visits regarding school attendance and appropriate parental techniques.

PSYCHOLOGISTS AND MENTAL HEALTH

A. Psychologists will provide supports to school students at GDOE.

    1. Psychologists will participate with student support and administrative staff in developing direct support services protocols and procedures for students.

2. Psychologists will consult with administration and student services teams to provide professional development on student and staff adjustments to social emotional wellness.

B. Psychologists will provide mental health services

1. Students will complete psychological assessments as needed, secure written permission for assessments and provide support to emotionally vulnerable students referred by school counselors after a Child Study Team and its components are completed.
2. Consult with teachers and administration on school-wide behavioral needs of students and work with the student support team to provide support.
3. Collaborate with school counselors and school social workers to provide lessons for students regarding managing change and managing social and emotional challenges.
4. Consult with students on plans to address crisis events and how to emotionally prepare students and staff.
5. Discuss student emotional concerns with administration and assist as a member of a crisis response team to identify students who have lost a close family member or relative to a crisis while they were not in school. Triage for supportive services as needed.

C. **Psychologist/SBBH Clinician and Tele Mental Health.**

GDOE psychologist may provide Tele Mental Health services to students for social-emotional wellness. Psychologists and SBBH clinicians understand the profession of psychology may no longer be limited to in-person, face-to-face interactions and to understand the evolving nature of the profession with regard to distance counseling, technology, and social media and how such resources may be used to better serve students. Tele Mental Health is used as a mode of service delivery that may include the following:

1. Clinical interviews, Mental Status Examination, Diagnostic formulation, and treatment recommendations
2. Various treatment modalities, such as individual therapy, group therapy, family therapy, and Substance Use Counseling,
3. Psychological testing;
4. Case management/Coordination to enable multiple providers and Child Study Teams to coordinate care and collaborate with each other, with the student, and with the student's family
5. Clinical consultation with other professionals
6. Clinical supervision of professionals or trainees (e.g., interns).

The following are criteria for the use of Tele Mental Health:

1. Tele Mental Health will only be provided to current GDOE students needing follow up care, psychotherapy, and/or assessment.
2. GDOE Psychologists/SBBH Clinicians who are licensed under the Guam Board of Health Examiners and who are trained or certified to conduct Tele Mental Health will make the determination when to use Tele Mental Health versus a face to face services.
3. GDOE Psychologists/SBBH Clinicians will establish an emergency protocol with the student and the student's legal guardian and will have an open line for emergency contact number to call in case of emergency during Tele Mental Health.

D. **Knowledge and Competency.**

Psychologists/SBBH Clinicians who engage in the use of Tele Mental Health, technology, and/ or social media develop knowledge and skills regarding related technical, ethical, and legal considerations (e.g., special certifications, additional course work). Licensed Counselors strive to become knowledgeable about these resources. They understand the additional concerns related to the use of distance counseling, technology, and social media and make every attempt to protect confidentiality and meet any legal and ethical requirements for the use of such resources.

E. Psychologists/SBBH Clinicians will follow the same standard of care for traditional face to face encounter, maintaining the same level of professional and ethical discipline, clinical principles and guidelines in the delivery of care in Tele Mental Health such as consent processes, autonomy, and privacy.

F. **Informed Consent and Disclosure.**

Students and their legal guardian have the freedom to choose whether to use Tele Mental Health, social media, and/or technology within the counseling process. A TeleMental Health Informed Consent Form (Form 17-2) will be obtained prior to providing Tele Mental Health Services. The informed consent form outlines the risks and benefits, privacy and confidentiality, prohibition of audio and video recording as well as photographing of students, parents, and clinicians. Psychologist/Clinician acknowledge the limitations of maintaining the confidentiality of electronic records and transmissions. They inform students and their legal guardians that individuals might have authorized or unauthorized access to such records or transmissions (e.g., colleagues, supervisors, employees, information technologists).

G. Benefits and Limitations. Psychologists inform clients of the benefits and limitations of using technology applications in the provision of psychotherapy services. Such technologies include, but are not limited to, computer hardware and/or software, telephones and applications, social media and Internet-based applications and other audio and/or video communication, or data storage devices or media.

H. Effectiveness of Services when distance counseling services are deemed ineffective by the counselor or client, counselors consider delivering services face-to-face. If the counselor is not able to provide face-to-face services, the counselor assists the student in identifying appropriate services.

I. **PROCEDURES FOR TELE MENTAL HEALTH:**

1. Prior to start of each session, all necessary technology and or equipment will be check if functioning properly at the Psychologist/Clinician's remote site.

2. An emergency contact person (Legal guardian, family member) at the remote site where the student is located will be identified to function an emergency contact person if necessary prior to start of the video Teleconference session.

3. The legal guardian or family member will introduce the student to be seen, provide relevant clinical data and vital signs pertinent to the encounter if available and or appropriate prior to the start of each session.
4. Once the student is in the Tele Mental Health session, all participants in the session will be identified, the psychologist/clinician, and the student, and legal guardian/family member.
5. In the event of an emergency or crisis, during Tele Mental Health session, the psychologist/clinician will follow standard crisis protocol and will call the legal guardian or family member.

After each session, the psychologist/clinician will write the progress notes, document the encounter and recommendation in the POWER SCHOOL.

CHAPTER 17

FORMS

NOTE: Forms contained in SOP 1200-023 are subject to updates based on changes to laws, GEB policies, and outside agency changes. For the PDF fillable version of the forms listed in this chapter, refer to the Student Support Services Division web-site.

FORM 17-1

DEPARTMENT OF EDUCATION

501 Mariner Drive
Tiyan, Barrigada, Guam 96931

INFORMED CONSENT FORM FOR MENTAL HEALTH SCREENERS

Student Last Name		Student First Name		Student Date of Birth	

The Guam Department of Education (GDOE) is concerned about the social and emotional wellbeing of our GDOE students. GDOE is committed to help reduce this risk for social and emotional challenges by offering students an opportunity to participate in Mental Health Screeners. GDOE School Counselors will use the appropriate mental health screening tool (s) and offer brief interventions, and/or referral to treatment. The purpose of this effort is to provide support to GDOE students in addressing the social-emotional areas most impacted: Anxiety, Depression, Stress, Trauma, Grief, and Substance Use.

Mental health screening methods for children and adolescents vary from state to state, but may involve a self-administered interview or survey to determine how a student feels emotionally (anxious or worried, sad, or depressed) or to judge his or her behavior at the present time or in the past. These questions may cover thoughts and/or feelings your child has experience or thoughts and/or feelings your child thinks you may have had or currently have about him or her.

An outcome of a Mental Health Screener (s) could be that you are ask to take your child for a follow-up interview or evaluation with a psychologist, psychiatrist, a licensed professional counselor and/or a medical doctor to determine if he or she has a mental disorder or syndrome. Based on an evaluation, your child may be diagnosed with a "mental" or "psychiatric disorder." These diagnoses are made by a licensed provider or medical doctor under the Guam Board of Allied Health Examiner, but the subjectivity of this diagnostic process makes it a risk.
Questionnaires are frequently based on symptoms outlined in the Diagnostic and Statistical Manual of Mental Disorder 5 (DSM-5) or the mental disorder section of the International Classification of Diseases (ICD). The psychologist, psychiatrist, licensed professional counselor, and/or medical doctor often depend upon these diagnosis in order to bill private or government insurance.

The attitudes, beliefs, actions, inactions, or behaviors of a child or adolescent and whether or not these constitute a mental disorder are based on the opinion only of the person making the diagnosis. Unlike methods to determine physical diseases like cancer, diabetes, or tuberculosis, a diagnosis of "mental disorder" or "syndrome" cannot be determined by any physical, medical test, such as a brain scan, a "chemical imbalance" test, X-ray or blood test.
Mental health screening could be presented to you as a means of preventing suicide. However, there is no scientific evidence to substantiate this at this time. The U.S. Preventive Task Force (USPSTF) studied this and recommended against screening for suicide in 2004, saying that it "found no evidence that screening for suicide risk reduces suicide attempts or mortality."

Commonly psychiatric drugs prescribed to treat mental disorders can have a very serious effects for some children. In 2005, the European Committee for Medicinal Products for Human Use (CHMP), which includes members for 25 European Members States determined that antidepressants should not be prescribed to those under 18-years-old because they can produce suicidal behavior, including suicide attempts, and thinking about suicide and/or related behavior like self-harm, hostility or mood changes. The U.S. Food and Drug Administration ordered that a "black box," its highest level of drug warning, be placed on antidepressant packaging advising that the drugs can induce suicide in children and teens. The FDA also has issued concerns that stimulant drugs prescribed to children may cause "psychiatric events," described as "visual hallucinations, suicidal ideations, psychotic behavior, as well as aggression or violent behavior."

MENTAL HEALTH SCREENERS

The following Mental Health Screeners have been identified to screen Guam Department of Education students for Social Emotional Wellness and are available to you as an attachment for your review.

1. **Center for Epidemiological Studies Depression Scale for Children (CES-DC)**
2. **Child Anxiety Related Disorders (SCARED)**
3. **UCLA Brief Covid-19 Screen for Child/Adolescent PTSD**
4. **Brief Grief Screener**
5. **Screening to Brief Intervention**
6. **Columbia Risk Assessment**
7. **Substance Use Screeners (Drug Matrix) (CRAFFT 2.1)**
8. **Screening, Brief Intervention, and Referral To Treatment (SBIRT)**

I understand the following with respect to Mental Health Screening:

1. These Mental Health Screeners above are not intended to make a diagnosis for your child. The intended use of the results of these screeners are to 1) determine whether your child will be at risk for a mental health concern, 2) identify "risk factors" for adjustment difficulties, or 3) determine whether your child needs further assessment/evaluation for social emotional wellness.
2. Participation in this screening is voluntary. I understand I have the right to withdraw consent at any time without affecting my right to future care, services, or program benefits to which I would otherwise be entitled. I can decide to not participate and I may choose to stop the screening at any point before its completion.
3. I understand there are risks, benefits, and consequences associated with, including but not limited to, breaches of confidentiality by unauthorized persons, and/or limited ability to respond to emergencies.
4. Confidentiality is based on a trusting relationship. My child's personal information will remain confidential with some limitations. Under the following circumstances, the school counselors, social workers, and District Psychologists are required by law to share information with others based on the following:
   1. Harm of self or others
   2. Abuse or neglect
   3. Threat to school safety
   4. Court order or other legal proceedings.

If there is ever a need to reveal information, I will be informed in advance, and work with the school to handle the situation in a way that respects me, my feelings, and my needs.

5. I understand if my child has suicidal or homicidal thoughts, actively experiencing psychotic symptoms or experiencing a mental health crisis, it may be determined your child may need a higher level of care other than a Mental Health Screener.
6. Completion of screening tool (s) will not tell me if my child has a mental health problem, mental health diagnosis, but only to suggest whether a follow up mental health evaluation is appropriate.
7. After completing and obtaining the screening result (s), your child will participate in a brief intervention and/or received an internal or external referral for further behavioral health assessment.
8. All mental health screenings will be held in private one-on-one sessions with a school counselor through virtual or face to face meetings.
9. I understand the school counselor may need to contact my emergency contact and/or appropriate authorities in case of an emergency.

Acknowledgement and Agreement to Participate:

I acknowledge that I have read and understood the above information to the best of my ability and have read the (References for Mental Health Screeners) and based on my understanding, I am choosing one (1) of the following:

A) I give my consent for my child to undergo/participate in a Mental Health Screener and require that I be provided, in writing, any findings determined.

B) Consent means that I do give permission for the information obtained from such survey to become part of my child's school or other record or to be transmitted to any other agency outside [Name of School District]

Print Parent Name: _____Signature of Parent _____Date:_____

C) I do not give my consent for my child to undergo/participate in a Mental Health Screener for his/her social emotional wellness at this time.

Print Parent Name: _____Signature of Parent _____Date:_____

FORM 17-2

DEPARTMENT OF EDUCATION

501 Mariner Drive
Tiyan, Barrigada, Guam 96931

TELEMENTAL HEALTH INFORMED CONSENT FORM

I, _____, hereby provide my informed consent to participate in Telemental health with the School-Based Behavioral Health Services, under the Guam Department of Education, as part of my behavioral health treatment services. I understand Telemental health is the practice of delivering clinical mental health care services via technology assisted media or other electronic means between a Licensed Behavioral Health Counselor and a client/family who are located in two different locations.

I understand the following with respect to Telemental health:

1. I understand I have the right to withdraw consent to Telemental Health at any time without impacting my right to future care, services, or program benefits to which I would otherwise be entitled.
2. I understand there are risks, benefits, and consequences associated with Telemental health, including but not limited to, disruption of transmission by technology failures, interruption and/or breaches of confidentiality by unauthorized persons, and/or limited ability to respond to emergencies.
3. I understand there will be no recording of any of the online sessions by either party. All information disclosed within sessions and written records pertaining to those sessions are confidential and may not be disclosed to anyone without written authorization, except where the disclosure is permitted and/or required by law.
4. I understand that the privacy laws protect the confidentiality of my protected health information (PHI) also apply to Telemental health unless an exception to confidentiality applies (i.e. mandatory reporting of child, elder, or vulnerable adult abuse; danger to self or others; I raise mental/emotional health as an issue in a legal proceeding).
5. I understand if I am having suicidal or homicidal thoughts, actively experiencing psychotic symptoms or experiencing a mental health crisis that cannot be resolved remotely, it will be determined Telemental health services are not appropriate and a higher level of care is required.
6. I understand during a Telemental health session, we could encounter technical difficulties resulting in service interruptions. If this occurs, I will end and restart the session. If we or either I or my provider is unable to reconnect within ten minutes, we have to re-schedule the Telemental Health Session to another date and time.
7. I understand my SBBH provider may need to contact my emergency contact and/or appropriate authorities (Guam Police Department, Guam Fire Department, or Guam Paramedics) in case of an emergency such as suicide or homicide ideations, intents, or plans, physical/sexual abuse, danger to self/others, or acute psychosis.
8. I understand my SBBH session at this time will be at least thirty (30) minutes through Telemental health at least one (1) time a week for at least two months.

9. I understand my SBBH provider will select the type of Telecommunication medium to deliver Telemental Health to me.
10. I understand it is my responsibility as well as my parent (s)/legal guardian to obtain and maintain adequate technology for my SBBH services at my unsupervised setting. I also understand my SBBH provider and the Guam Department of Education (GDOE) are not responsible nor required to provide me or my parents/legal guardian any technology/items/materials for my SBBH services at this time for Telemental Health.
11. I understand if I do not log into the selected Telecommunication (Video and Audio Call) for my session after ten (10) minutes of my scheduled appointment, my session will be counted as a No Show and my session will be rescheduled to the following week.
12. I understand in the event I need to reschedule my session for whatever reason, I will email my SBBH provider (email) at least two (2) hours before my scheduled Telemental Health Session.
13. I understand my provider will not be utilizing his personal cellular telephone for virtual telemental health sessions. I also understand my SBBH provider will not be accepting, receiving, responding, or communicating with me through regular cellular telephone text messages, Whatsapp text messages, Facebook, Twitter, Instagram, Yahoo Messenger, MSN Messenger, or any technological app other than GDOE email address.
14. I and my parent(s)/ legal guardian understand I/we am/are only to contact the SBBH provider by email (email) as a means of communication regarding SBBH services until my SBBH provider has access to a GDOE telephone. Please note email is not secure, so communication should be limited to scheduling questions, providing resources, and supplying any applicable information for your GDOE team meetings.
15. I understand the SBBH provider has at least 72 hours to respond to me by email to my email messages.

Emergency Management Protocols:

The SBBH provider at GDOE does not provide any type of emergency services at this time through Telemental Health. I, _____ (client) am required and I agree to provide my current location of my unsupervised setting in case of an emergency to my licensed SBBH provider at the beginning of each session. I will also provide a contact person who my licensed provider may contact on my behalf in a life- threatening emergency. This person will only be contacted to go to my location and take me to the nearest medical hospital (Guam Memorial Hospital or Guam Regional Medical City) in the event of an emergency. In case of an emergency, my location is: _____ and my emergency contact person's name, address, and telephone number: _____.

Acknowledgement and Release of Liability:

By signing below, I have acknowledged I have fully reviewed, understand, and agree to the terms and conditions of this Telemental Health Informed Consent Form. I have discussed such terms and conditions with my SBBH Provider and I understand the information contained in this form and all of my questions have been answered to my satisfaction. I agree and I provide my written informed consent for conditions for items 1 to 15 above. Moreover, in consideration of the benefits to be derived from the Telemental Health counseling, I hereby release all legal liability to this licensed SBBH Provider (Clinician Name) and GDOE from any and all claims, demands, damages, actions, or causes of action whatsoever related to the TeleMental Health counseling.

Signature of Client / Date

Signature of Parent/Legal Guardian/ Date

Signature of Counselor/Date

□ Form was reviewed/discussed with client and parent/legal guardian via video and audio conference and will sign upon next physical contact.