## **RECORD OF PARENT NOTIFICATION OF STUDENT THREAT OR INCIDENT**

**Required by Utah Code § 53G-9-604**

**Schools are required to timely notify a student’s parent/guardian (“parent”) if (a) the student threatens to commit suicide or (b) the student is involved in any incident of bullying, cyber-bullying, hazing, abusive conduct, or retaliation.**

**This form is not the means by which to notify parents of a student suicide threat or incident. Rather, this form is a record required to be maintained securely and confidentially by the school consistent with Utah Code § 53G-9-604 following parent notification of a student suicide threat or other incident described above. A copy of this form may be provided to the student or parent upon request.**

**Suicide Threat/Incident Information**

Student’s Name:

Date and Time of Suicide Threat/Incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Time:

Name of School Employee Who Notified Parent:

Date and Time Parent Was Notified: \_\_\_\_\_\_\_\_\_\_Time:

|  |  |
| --- | --- |
| Parent was Notified of (check all that apply):* Suicide threat
* Bullying incident
* Cyber-bullying incident
* Harassment incident
* Hazing incident
* Retaliation incident
 | By (check all that apply)* Phone
* Email
* Mail
* In-person meeting
* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |

|  |
| --- |
| Notes From Phone Call or In-Person Meeting With Parent (include who was spoken to, when/where, and content of conversation):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Parent Contact Information**

Parent Name:

Parent Address:

Parent Phone #: Parent Email Address:

School Employee’s Name:

**Signatures**

Signature of School Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Parent should sign only if an in-person meeting with the parent took place)*