

**LEDYARD PUBLIC SCHOOLS
SPECIAL PUPIL SERVICES/SUMMARY SUICIDE REPORT**

Name of Student: _____ D/O/B: _____
School: _____ Grade: _____
Parents: _____

Staff Involved (and positions):

_____	_____
_____	_____
_____	_____
_____	_____

Conferences Held and Telephone Contacts:

Date:	Time:
_____	_____
_____	_____
_____	_____
_____	_____

Reason for Referral:

Summary of Conferences:

Recommendations for Parents or Guardian, Student, and Staff:

Report Completed by: _____ (Please use reverse side if necessary.)