



Hettinger Public School

Parent Contact Acknowledgement Form

Student's Name: _____ Grade: _____ Date: _____

This is to verify that I have spoken with school staff member(s)

on _____ (date), concerning my child's suicidal risk. I have been advised to seek the services of a mental health agency or therapist immediately.

I understand that _____ (name of staff member) will follow up with me and my child within two weeks.

Parent Signature: _____

Date: _____

School Staff Member(s): _____

Date: _____

School Staff Member(s): _____

Date: _____