

*Appendix A Experience Questionnaire*

Are you currently employed and practicing in a school district? Yes No

If no: when was last year of employment \_\_\_\_\_

What state do you/did you practice in? \_\_\_\_\_

How many years of experience do you have as a school psychologist? (including this school year)

How many years of experience do you have in your current district? (including this school year)

What is the age range of the typical student referred to you (circle all that apply):

2-5 6-11 12-18

About how many hours of structured professional development on suicide have you had in the past (PREPaRE training, courses)? \_\_\_\_ Hours.

What was the most recent date of your structured professional development on this topic?

\_\_\_\_\_  
About how many hours of unstructured professional development on suicide have you had in the past (readings, websites)? \_\_\_\_ Hours.

What was the most recent date of your unstructured professional development on this topic? \_\_\_\_\_

My graduate training program trained me on suicide warning signs.

Yes No Unknown

My graduate training program trained me on what to do when in contact with a suicidal student.

Yes No Unknown

My graduate training program trained me on what to do following a suicide completion of a student in my school.

Yes No Unknown

How recent was your school's last known suicide completion or near completion (in months)? \_\_\_\_\_

In my Entire career, I have knowingly come into contact with approximately \_\_\_\_ number of student(s) experiencing suicidal thoughts

In my Entire career, I have knowingly come into contact with approximately \_\_\_\_ number of student(s) that told me about having a suicide plan.

In my Entire career, I have knowingly come into contact with approximately \_\_\_\_ number of student(s) that made a non-fatal suicide attempt

In my Entire career, I have knowingly come into contact with approximately \_\_\_\_ number of student(s) that have completed a suicide attempt at my school.

My school has a class suicide prevention curriculum in place for the students.

Yes No Unknown

My school has a written suicide prevention program in place to identify at-risk students.

Yes No Unknown

My school uses a universal mental health screener to identify at-risk students.

Yes No Unknown

My school has a written procedure or policy on what to do if coming into contact with a suicidal student.

Yes No Unknown

**My school has a specific protocol separate from the crisis plan on what to do if coming into contact with a suicidal student.**

Yes                      No                      Unknown

**My school reviews the suicide prevention procedure or policy.**

Annually      Bi-Annually      One-time      Other \_\_\_\_\_

**My school's suicide prevention policy is separate from the school's crisis plan.**

Yes                      No                      Unknown

**I know who to contact externally in my district/county to get a suicidal student the appropriate help.**

True                      False                      We do not have an external resource available to our district/county

**I have used the school's written procedure or policy on what to do if coming into contact with a suicidal student \_\_\_\_\_ (number of times).**

**I have used the school's specific protocol on what to do if coming into contact with a suicidal student \_\_\_\_\_ (number of times).**

*Appendix B Demographic Information*

**I believe I need more training in youth suicide prevention:**

**1**                      **2**                      **3**                      **5**                      **6**                      **7**  
(Strongly Disagree)   (Slightly Disagree)   (More or less Disagree)   (More or less Agree)   (Slightly Agree)   (Strongly Agree)

**Would you consider this district to be:**

Urban   Suburban   Rural

**Biological sex:** Female   Male   Other \_\_\_\_\_

**What is your age at the time of this survey:** \_\_\_\_\_

**What is your ethnicity? (check all that apply):**

Asian or Pacific Islander   Indian   Arab/Middle Eastern   Black/African American  
(non-Hispanic)   Caucasian/White   Native American   Latino/Hispanic  
Other: \_\_\_\_\_   Prefer not to say

**Highest level of education:** Masters   Specialist   Ph.D   Other (please specify)

\_\_\_\_\_

Appendix C SEOSP Survey

**SEOSP**

Directions: Rate your degree of confidence by checking the appropriate letter using the following scale:

N=Not Confident                      S=Somewhat Confident                      V=Very Confident                      C=Completely Confident

**How confident are you that you can do each of the following:**

1. Refer a student experiencing suicidal thoughts to the appropriate outside agency.  
N      S      V      C
2. Effectively contribute to a post-suicide response plan in the event that a student dies by suicide in my school.  
N      S      V      C
3. Competently contribute to a suicide prevention effort in your school.  
N      S      V      C
4. Carry out your assigned roles in a post-suicide response plan after a student died by suicide in your school.  
N      S      V      C
5. Respond appropriately if you knowingly came into contact with a suicidal student.  
N      S      V      C
6. Explain the myths regarding suicide that are barriers to suicide prevention programs in schools.  
N      S      V      C
7. Properly intervene with a suicidal student.  
N      S      V      C
8. Stay with and effectively monitor a suicidal student until they are in the care of an external professional.  
N      S      V      C
9. Respond appropriately if a student made a direct suicide warning (e.g. "I'm going to kill myself").  
N      S      V      C
10. Follow-up directly with a student to ask about potential thoughts of suicide if you think you see indications of suicidal thoughts or intent.  
N      S      V      C
11. Tell a student the next steps you would need to take after he or she told you that they were suicidal.  
N      S      V      C
12. Make sufficient documentation of the actions you took with a student if you believed they showed signs of suicide.  
N      S      V      C
13. Dispel myths about suicide and provide factual information if they are raised in your school.  
N      S      V      C
14. Recognize suicide myths.  
N      S      V      C
15. Ask a student if they are thinking about hurting themselves.

- N S V C
16. Follow-up with a student about how they are doing after coming back to school from a non-fatal suicide attempt.
- N S V C
17. Explain to students the relationship between suicide and mental illness.
- N S V C
18. Create a school environment that encourages students to seek services for mental illness.
- N S V C
19. Gauge the impact of the suicide on the students if a student died by suicide in your school.
- N S V C
20. Successfully persuade students to seek additional help if they were significantly impacted by a student death by suicide in your school.
- N S V C
21. Talk to a student when you notice sudden changes in their behaviors.
- N S V C
22. Contribute to a reentry plan for a student that returns to school after a mental health hospitalization.
- N S V C
23. Explain to a student who asks you not to share their suicidal thoughts or intentions to his or her parents/guardians why it is necessary that you do so.
- N S V C
24. Ask a suicidal student for the means to attempt suicide if you know they possess the means on them.
- N S V C
25. Follow-up with the family of a student who returns from a mental health hospitalization on the student's current status and progress.
- N S V C
26. Talk to a student with sudden changes in behavior to see if anything is wrong.
- N S V C
27. Take appropriate steps with a student on whom you see potential signs of self inflicted injury.
- N S V C
28. Tell a student that tells you they are suicidal, steps you will take next.
- N S V C