

Suicide Prevention Certified School
Certification of Compliance with Requirements of Rule 6A-4.0010, F.A.C.

Name of School:

Name of District:

Date of Submission:

Name of approved suicide awareness and prevention training:

Name of suicide risk assessment instrument:

Staff qualified to administer suicide risk assessment identified above:

Name	Position/Title	Credential

I, _____
NAME certify that all instructional staff in
_____ have received at least 2-hours of FDOE approved suicide
SCHOOL awareness and prevention training that is part of the continuing education or master inservice
plan for instructional personnel and that _____ has a policy
SCHOOL mandating the use of an approved suicide risk assessment instrument prior to initiating an involuntary
examination (Copy of Policy is attached).

SIGNATURE OF PRINCIPAL/ADMINISTRATOR

SIGNATURE OF SUPERINTENDENT OR DESIGNEE

DATE: _____

DATE: _____

Submit completed form with a copy of risk assessment
policy to suicidepreventionschools@fldoe.org

RSAT-2020
Review of Suicide Awareness Training: District-Adopted Materials

District Contact Information			
Name of District:			
Date Submitted:			
Name/Title/Position:			
Email/Phone:			
Proposed Suicide Awareness Training – General Information			
Name of the training program:			Website: <input type="text"/>
Training format:	On-site <input type="checkbox"/>	Web-based <input type="checkbox"/>	Combination <input type="checkbox"/>
Evidence-based:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Registry/Source: <input type="text"/>
Instructional levels:	High School <input type="checkbox"/>	Middle School <input type="checkbox"/>	Elementary <input type="checkbox"/>
Who will provide training?	<input type="text"/>		
Description of the program (including learning objectives and cost):			
Describe the process for vetting and adopting the training in your district:			
Criteria for FDOE-approved Suicide Awareness and Prevention Training Materials (6A-4.0010)			
Respond "Yes" or "No" to each of the following statements about the district adopted training.		YES	NO
	At least two hours long		
	Address common suicide myths		
	Identifies suicide risk and protective factors		
	Identifies suicide warning signs		
	Includes information on approved suicide risk assessments		
	Provides information on how to identify and refer youth and families to appropriate mental health services (including suicide hotline and other resources)		
	Contains an interactive training component conducted by a school-based mental health services provider		
	Interactive component addresses district and school specific information, including identification and referral to school and community-based mental health service provides, district procedures for responding to a student with suicidal ideation or intent, and guidelines for informing parents of suicide risk		