



On-Line Suicide Prevention Awareness Training

Approximately 60 Minutes

Anyone working in a Maine school is required by law to attend a suicide prevention awareness training within six months of their initial hire, and renew their certification every five years (LD 609, April 2013). The preferred and best way to receive suicide prevention awareness training is in a live facilitated awareness session, but sometimes this option is not realistic so an on-line session has been developed.

1. Access and view the on-line suicide prevention awareness session at:
<https://www.namimaine.org/suicide-prevention-toolkit-schools>
2. When you have completed viewing the video:
 - ✓ Complete this MSAD 75 Suicide Prevention Awareness Training and Employee Verification Form.
 - ✓ Set-up a meeting with a school employee who is a Certified Trainer.
 - ✓ Bring your completed Verification Form to your meeting and be prepared to review your answers. Once the trainer has approved you for certification, they will sign your form.
 - ✓ Send your signed Verification Form the Human Resources Department.
3. If you have any questions, please contact Amy Hamilton, Clinical Supervisor, at 729-9961 ext. 1017

M.S.A.D. No.75
Suicide Prevention Awareness Training
Employee Verification Form
(Approximately 60 Minutes)

Employee Name: _____ Job Title: _____

Please Print

School / Department: _____ Training Date: _____

Please answer the following questions.

1. Who is required to receive Suicide Prevention Awareness Training in Maine?

2. Rather than saying "Someone committed suicide", what is the preferred wording?

3. What are 2 adolescent warning signs for suicide?

4. What are 2 risk factors for suicide?

5. What are 2 factors that help protect against suicide?

6. Give a statement or question that:
 - a. Shows You Care:

 - b. Asks About Suicide:

 - c. Indicates You Will Get Help:

7. If you are concerned about a student, who are 2 key clinical resources in a school you can contact?

I verify we have discussed material learned about suicide prevention and reviewed our school/building Suicide Intervention Protocol.

Employee Signature: _____ **Date:** _____

Certified Trainer's Signature: _____ **Date:** _____

THIS FORM IS TO BE SENT TO HUMAN RESOURCES