

Attachment B
Request for Review of Suicide Awareness Training

District:	
Date Submitted:	
Name of person submitting the application:	
Title/Position:	
Phone:	
Email:	
What is the name of the training program?	
Provide a brief description of the program (include cost):	
What are the learning objectives:	
Who developed the training (provide contact information/website)?	
How was the training vetted and approved in your district?	
How is the training supplemented with district- and community-specific information?	

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What is the training format?	Web-based	On-site	Combination
What instructional level(s) does the training target?	High	Middle	Elementary
How many hours long is the training?			
Is the training program evidence-based?	Yes		No
If Yes, provide registry/source.			
What are the qualifications of the person(s) providing the training?	Position		Certification/ Licensure
Does the training program...			
Include current statistics on youth?	Yes		No
Address common myths about suicide?	Yes		No
Identify risk and protective factors?	Yes		No
Identify suicide warning signs?	Yes		No
Identify both school- and community-based mental health providers?	Yes		No
Provide information on how to refer youth and family to mental health services?	Yes		No
Include information on the district protocol for responding to a student with suicidal ideation or suicide threat?	Yes		No
Provide the suicide hotline and other resources?	Yes		No
Include a pre- and/or post-test?	Yes		No