



Kamehameha Schools

Mālama Ola Behavioral Health Department

Behavioral Health Readmission Checklist

Student: _____ Grade: _____ Date: _____

Your child has been placed on medical leave and needs to be assessed for safety by a licensed mental health professional before they are able to return to school. The purpose of this evaluation is to ensure that your child does not pose a risk of harm to self or others. To help facilitate this process, we have included a checklist of the necessary steps for readmission. Your child's Behavioral Health Specialist will be the primary point of contact.

- ☐ An evaluation conducted by a Licensed Mental Health Professional (e.g. psychologist, psychiatrist, other licensed clinician).
- ☐ Following the evaluation, have the above provider complete the Behavioral Health Readmission forms. If your child is evaluated at the Emergency Room, readmission will only be accepted by a Licensed Mental Health Professional.
- ☐ All documents should be directed to the Behavioral Health Specialist via email or fax. If additional documentation is needed, your Behavioral Health Specialist will contact you directly.
- ☐ Once all required documentation has been received, the Behavioral Health Specialist will schedule a mandatory meeting with the student, parents, behavioral health supervisor, school administrator, school counselor/dean, nurse, and boarding representative as applicable prior to the students return to school. Please be advised that a Residential Life student readmitted to school may or may not be readmitted to the Residential Life program at the same time; Residential Life students are not allowed to return to the dormitory until after the Readmission meeting has been completed.
- ☐ During your child's leave from school, administration and teachers will be notified that your child is out on medical leave. Attendance will be excused until they return to school.
- ☐ Your child may need to continue therapeutic counseling sessions and/or medication management. We recommend that you continue working with your child's mental health professional to determine the best course of action for him/her. We are available and committed to supporting your child while at school.
- ☐ Other Requirements:

Behavioral Health Specialist(s): _____

Phone Number: _____

Fax Number: _____

Email: _____



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Safety Instructions for Parents and Guardians

Parents and Guardians are best able to maintain the safety of their children by maintaining a supportive and involved relationship with their child. Here are a few important items to consider reviewing and if your child is imminently at risk of suicide, **get help immediately by calling 911**.

- Understanding the warning signs and risk factors for suicide:
 - Risk Factors:
 - Mental illness including depression, conduct disorders, and substance abuse.
 - Family stress/dysfunction.
 - Environmental risks, including presence of a firearm in the home.
 - Situational crises (e.g., traumatic death of a loved one, physical or sexual abuse, family violence).
 - Warning Signs:
 - Suicidal threats in the form of direct ("I am going to kill myself") and indirect ("I wish I could fall asleep and never wake up again") statements.
 - Suicide notes and plans (including online postings).
 - Prior suicidal behavior.
 - Making final arrangements (e.g., making funeral arrangements, writing a will, giving away prized possessions).
 - Preoccupation with death.
 - Changes in behavior, appearance, thoughts and/or feelings.
- Concrete actions to be taken by the caregiver:
 - If the student is expressing suicidal ideation:
 - **Remain calm. Provide constant supervision. Do not leave the youth alone.**
 - Ask the youth directly if he or she is thinking about suicide (e.g., "Are you thinking of suicide?").
 - Focus on your concern for their well-being and avoid being accusatory.
 - Listen nonjudgmentally and reassure them that there is help and they will not feel like this forever.
 - Remove means for self-harm, if you are able.
 - Call the National Suicide Prevention Lifeline at 988, Crisis Text Line (text "ALOHA" to 741741) or the 24-hour Crisis ACCESS Line of Hawaii 1-800-753-6879.
 - Have someone call 911
 - If the student has lethal means on their person or is expressing homicidal ideation:
 - **Remain calm. Provide constant supervision. Do not leave the youth alone.**
 - Do not attempt to take a weapon by force
 - Clear area of any dangerous items to ensure the student's safety
 - Call the 24-hour Crisis ACCESS Line of Hawaii 1-800-753-6879
 - Have someone call 911



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Behavioral Health Readmission Form

Student's Name: _____ Grade: _____
First Name Middle Initial Last Name

Reason for Medical Leave: _____

Authorization to Release Confidential Information:

I/We hereby authorize the disclosure/obtainment of any and all Protected Health Information (PHI) regarding my/our child's mental health to Kamehameha Schools (KS). The purpose of the disclosure/obtainment is to allow coordination with KS to support the health, safety, and well-being of my/our child. I understand that the information disclosed pursuant to this authorization will be handled confidentially by KS and shared when there is a legitimate educational interest and may no longer be protected by Federal and State Law.

Print Mother/Guardian Name:	Signature Mother/Guardian:	Date:
Print Father/Guardian Name:	Signature Father/Guardian:	Date:

I. Treatment Information

Date of Student's last appointment: _____

Treatment Modalities used: ☐ Psychotherapy ☐ Pharmacotherapy ☐ Both

Current prescribed medication(s) and dosage: _____

II. Provider's Recommendation for Student Return

1. Recommendation regarding student's readiness to return to school:

- ☐ Student is NOT cleared to return to school.
- ☐ Student is cleared to return to school without any restrictions.
- ☐ Student is cleared to return to school with the following restrictions and/or considerations:



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2. Recommendation regarding student's readiness to return to Residential Life:

- ☐ Not Applicable - Student is not a Residential Life student.
- ☐ Student is NOT cleared to return to Residential Life.
- ☐ Student is cleared to return to Residential Life without any restrictions.
- ☐ Student is cleared to return to Residential Life with the following restrictions and/or considerations:
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-

3. Recommendation regarding ongoing care:

- ☐ Continuing treatment is not necessary at this time.
- ☐ Student will remain under my care.
- Date of next appointment: _____ Frequency of appointments: _____
- ☐ Student is being referred to another treatment provider: _____

4. Additional Comments:

III. Licensed Mental Health Professional Completing This Report

Name of Mental Health Professional: _____

Are you currently licensed in Hawai'i? ☐ No ☐ Yes License Number: _____

- | | |
|---|---|
| <input type="checkbox"/> Clinical Social Worker (LCSW) | <input type="checkbox"/> Psychiatric Mental Health Nurse Practitioner |
| <input type="checkbox"/> Marriage & Family Therapist (LMFT) | <input type="checkbox"/> Psychiatrist |
| <input type="checkbox"/> Mental Health Counselor (LMHC) | <input type="checkbox"/> Psychologist |

Business Address: _____

Phone Number: _____ Fax Number: _____

Clinician's Signature: _____ Date: _____