P.12 Suicide Prevention, Intervention and Postvention Protocol - Appendix A
Suicide Prevention Team in Your School

Must be up to date and posted in the main office or staff room so all staff have access.

School Name: _____

School Year: _____

The following persons have been trained in ASIST (Applied Suicide Intervention Skills Training) or SafeTALK Training:

Name	Position	Date of ASIST Training	Date of SafeTALK Training