[FIS Enhancing Student Well-Being]

# Suicide Risk Mitigation

## Policy and Guidelines

The policy and guidelines will be reviewed at least every two years to ensure its relevance and effectiveness, incorporating the latest research and feedback from our community.
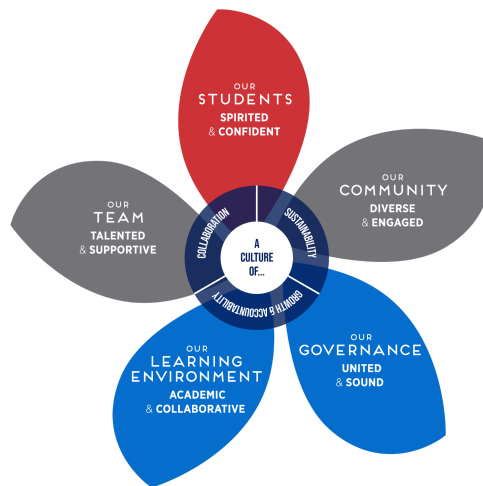
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1/22

This policy and guidelines aligns with the strategic vision and mission of the French International School (FIS) and complies with the guidelines set by the Hong Kong Education Bureau. It serves as an essential extension of the "FIS Safeguarding and Child Protection Policy."

**AXIS 1** — OUR STUDENTS – SPIRITED AND CONFIDENT

**"All students deserve to be happy and well"**

**AXIS 3** — OUR LEARNING ENVIRONMENT – ACADEMIC AND COLLABORATIVE

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2/22

# Table of contents

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**3/22**

# 1. Introduction

The safety and well-being of our students, from Kindergarten/petite section through Year 13/terminale, are of utmost importance at the French International School (FIS). We recognise the unique challenges that young individuals face at different developmental stages. Our commitment is to create a secure and supportive environment that fosters academic, emotional, and social growth across all age groups. To this end, we have established comprehensive policy and specific guidelines aimed at preventing and managing students' suicide risks within our entire school community.

Students suicide risk mitigation involves strategies aimed at reducing the likelihood of suicide attempts and completions. Key components include identifying risk factors, conducting regular screenings and assessments for suicidal thoughts; providing crisis intervention and immediate support; and ensuring access to mental health services.

Recognising that effective prevention and management of suicide risks require collaboration, we emphasise partnerships with parents, community organisations, and mental health professionals to ensure a holistic approach to student well-being.

In the unfortunate event of a suicide or suicide attempt, this document offers initial guidance for immediate response and outlines key procedures for crisis intervention.

# 2. Definition of Terms

**Suicide:** Death resulting from self-directed injurious behaviour with the intent to die.

**Suicide Attempt:** Non-fatal self-directed behaviour with intent to die, which may not result in injury.

**Suicidal Ideation:** Thoughts, considerations, or plans related to suicide.

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**4/22**

**Suicide Contagion:** Increased suicide behaviour due to exposure within family, peers, or media.

**Self-harm**: Deliberate self-injury without suicidal intent, often reflecting emotional distress.

**Parent:** Means the parent or legal guardian of a student of FIS.

# 3. Purpose and scope

The purpose of this document  is to improve FIS staff's understanding of the critical issue of suicide risks among children and to cultivate a safe and supportive environment for all students, from Kindergarten/petite section through Year 13/terminale. It emphasises the importance of mental health awareness, proactive prevention strategies, and immediate response measures to effectively address and manage suicide risks among students.

In this context, the role of parents is vital. Parents are encouraged to be active participants in promoting mental health awareness and supporting their child's emotional well-being. Their involvement is essential in the development of safety plans and in facilitating open communication with school staff.

# 4. Parental duties and responsibilities

Parents play a vital role in supporting student mental well-being and the effectiveness of FIS's suicide risk mitigation efforts. By enrolling their child to study at FIS, parents agree to abide by this policy and to cooperate with FIS in its application of the policy.

Prompt Notification of Concerns: For the safety of their child as well as that of other students and FIS staff, parents must promptly inform FIS if their child is experiencing significant mental health challenges, expressing suicidal

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**5/22**

thoughts or actions, or has engaged in self-harm or suicide attempts, regardless of whether these incidents occurred at school or outside of school and school hours.

Accurate Contact Information: It is the responsibility of parents to ensure FIS has current and accurate emergency contact information, including primary and alternative contact details, for use in emergency situations.

Participation in Discussions and Assessments: Where requested to do so by FIS in furtherance of this policy, parents are expected to actively participate in meetings with school mental health professionals, counselors, and administrators to discuss their child's well-being, share relevant background information, and collaboratively develop intervention and support plans.

## 5. Students suicide Risk Factors, Protective Factors and Warning Signs

This section delves into the various factors that can contribute to the risk of suicide, as well as those that offer protective support. While certain signs and factors may be more prevalent at specific age levels, they generally define the determinants that we need to be aware of across all ages.

By being aware of these elements, we can significantly enhance our ability to identify and assist students who may be at risk, while also fostering resilience and overall well-being within our school community.

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**6/22**

## 5.1 Students suicide Risk Factors, Protective Factors

| Category | Risk Factors | Protective Factors |
|---|---|---|
| **Individual** | - Previous suicide attempt<br>- History of mental and/or physical illnesses<br>- Sense of hopelessness<br>- Financial problems<br>- Impulsive or aggressive tendencies<br>- Substance use<br>- Adverse childhood experiences | - Effective coping and problem-solving skills<br>- Reasons for living (e.g., family, friends, pets)<br>- Strong sense of cultural identity |
| **Relationship** | - Bullying (including cyberbullying)<br>- Family/loved one's history of suicide<br>- Loss of relationships | - Support from partners, friends, and family<br>- Feeling connected to others |
| **Community** | - High conflict or violent relationships<br>- Social isolation<br>- Lack of access to healthcare<br>- Suicide cluster in the community<br>- Stress of acculturation<br>- Community violence<br>- Historical trauma<br>- Discrimination | - Connection to school, community, and social institutions<br>- Availability of consistent and high-quality physical and behavioural healthcare |
| **Societal** | - Stigma associated with help-seeking and mental illness<br>- Easy access to lethal means of suicide<br>- Unsafe media portrayals of suicide | - Reduced access to lethal means of suicide<br>- Cultural, religious, or moral objections to suicide |

### 5.2 Students warning signs

| Category | Warning Signs |
|---|---|
| **Social Changes** | - Withdrawing from friends and social isolation |
| **Behavior Changes** | - Lack of engagement, lethargic movements, prolonged periods of monotone speech, increased absence or lateness<br>- Taking dangerous risks, such as driving extremely fast<br>- Eating or sleeping more or less than usual<br>- Using drugs or alcohol<br>- Making a plan or researching ways to die |
| **Emotion Changes** | - Abrupt aggressive behaviour towards others and unwarranted irritation<br>- Being extremely sad, more anxious, agitated, or full of rage<br>- Feeling empty, hopeless, trapped, or having no reason to live |
| **Physical Changes** | - Lack of hygiene and drastic changes in appearance |
| **Self-Harming Behavior** | - Asphyxiation, burning or scalding, cutting, hitting oneself, scratching or picking skin, overdosing on toxic substances, limiting food intake, pulling out hair, etc. |
| **Excessive Investment in an Academic Plan** | - Driven by the need for perfection, leading to an imbalanced allocation of resources and efforts, creating undue pressure, stress, and anxiety. |
| **Verbalisation of Suicidal Ideation** | - Expressing thoughts of wanting to die through conversation, writing, or art projects, including feelings of great guilt or shame and concerns about being a burden to others. |

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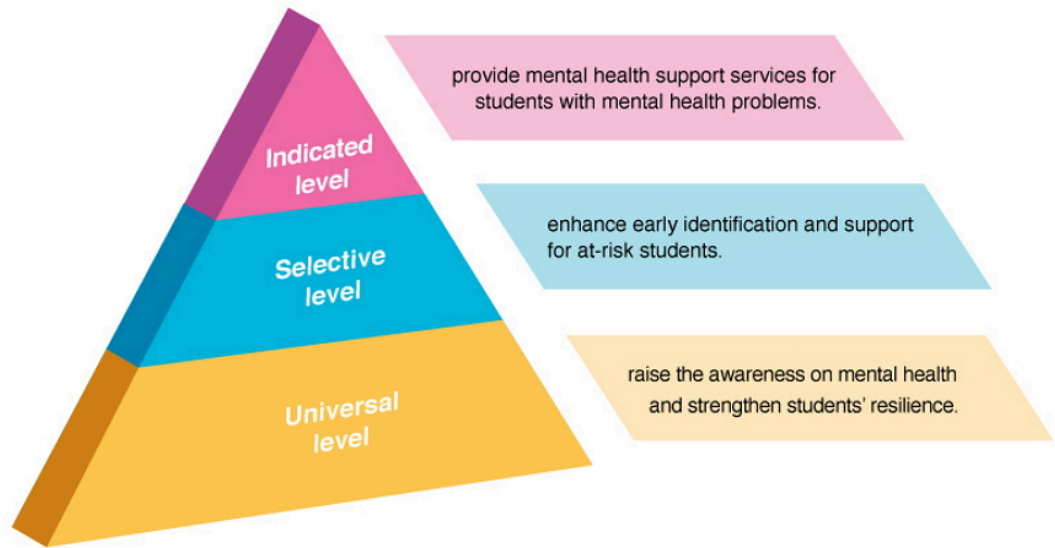www.fis.edu.hk

8/22

Please note that the lists of risk factors, warning signs, and protective factors are for illustrative purposes only and are not intended to be exhaustive. It is crucial to consider the full context of each individual situation when assessing these signs. Each person's circumstances are unique, and understanding the broader picture is essential for effective support and intervention.

In case of any doubt, please do not hesitate to discuss concerns with the Designated Safeguarding Leads (DSL) and with our dedicated team of school counsellors and psychologists.

## 6. The FIS approach : Enhancing Student Well-Being and Suicide Risk Mitigation

Promoting student well-being is essential for fostering a healthy and supportive educational environment. At FIS, we recognise that well-being encompasses mental, emotional, and physical health, and preventing issues such as suicide is a critical aspect of this broader goal. To address these needs, we implement a three-tier support model inspired by the World Health Organisation's framework and aligned with the Education Bureau (EDB) guidelines from Hong Kong, applicable to all students from Kindergarten to Year 13. This model is designed to provide a continuum of care, ensuring that every student receives the appropriate level of support tailored to their individual circumstances.

The three-tier support model implemented at FIS is designed to provide a structured approach to enhancing student well-being and addressing mental health needs. This model consists of the following tiers:

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9/22

provide mental health support services for students with mental health problems.

enhance early identification and support for at-risk students.

raise the awareness on mental health and strengthen students' resilience.

**TIER 1: Universal Prevention**

This tier enhances mental health and well-being for all students by promoting awareness and education through programs that inform them about mental health, coping strategies, and available resources, tailored to their developmental stages. It includes staff training to equip educators with the skills needed to recognise signs of distress, de-escalate strategies, and connect students with appropriate resources.

Additionally, it fosters a positive school climate by creating an inclusive environment that nurtures a sense of community and belonging among students of all ages, and advocates the importance of well-being. Universal screening is implemented by conducting age-appropriate assessments to identify mental health issues early to  proactively facilitate timely interventions.

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10/22

To guarantee the implementation of tier one  several key actions will be implemented at FIS:

| TIER 1- ACTIONS TO BE IMPLEMENTED | | |
|---|---|---|
| **Area of Focus** | **Description** | **Concrete Actions** |
| **Enhancing Knowledge of DSLs** | It is essential to enhance the knowledge of Designated Safeguarding Leaders (DSLs) and support team members. Their names and photographs will be prominently displayed for easy identification, fostering trust and encouraging individuals to seek assistance. | **DSL and support teams names and photos will be displayed in key areas of the school** |
| **Staff awareness, training and Professional Development** | Training will prioritise vital topics such as suicide risk factors, warning signs, protective factors, response procedures, and support for higher-risk student groups. | **Policy and guidelines will be available on the staff' portal** **Training sessions and workshops for staff on these topics will be part of FIS professional development program** |
| **Incorporating Youth Suicide Prevention into the school curriculum** | Developmentally appropriate materials will be integrated into the curriculum, covering safe choices, coping strategies, and recognising risk factors to promote a well-rounded understanding of mental health. | **Students psychosocial skills development will be integrated into the curriculum** |
| **Parent Involvement** | Parents  will be encouraged to read and accept the school's policy and guidelines for Students' Suicide Risk Mitigation, emphasising the importance of parental engagement. | **Policy and guidelines will be available on the parents' portal.** |

## TIER 1- ACTIONS TO BE IMPLEMENTED

| Area of Focus | Description | Concrete Actions |
|---|---|---|
| **Early identification and Monitoring** | A campus-wide PASS survey will be conducted for students aged 6-18 years to gain insights into their self-perception as learners, engagement, and feelings about school overseen by school principals. | **Principals will schedule and coordinate the administration of the PASS survey annually.** |
| **Early identification and Monitoring** | Additionally, Students aged 12 and older will complete the MHC-SF survey twice a year, assessing emotional, social, and psychological well-being, with results analysed by school counsellors and psychologists. | **School counsellors and psychologists will implement the MHC-SF survey twice a year for students aged 12 and older with follow-up discussions based on the results.** |
| | For students aged 8-12, they will complete a survey equivalent to assess student emotional, social, and psychological well-being, with results analysed by school counsellors and psychologists. | **School counselors and psychologists will implement a survey twice a year for students aged 8-12 years with follow-up discussions based on the results.** |
| | For students under 8 years old, structured observations during classroom activities will be used to understand individual student needs and behaviours, with feedback from teachers, the educational team and parents to guide identification for school counsellors and psychologists. | **School counsellors and psychologists will conduct regular observations and ensure regular feedback from teachers, educational staff and parents to identify needs and behaviours.** |

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12/22

**TIER 2 : Selected Prevention**

This tier focuses on providing targeted support for students identified as at-risk. At-risk students are those who are identified as being more likely to experience negative outcomes related to their well-being. It considers various factors that impact student well-being, including attendance records, medical room visits, academic performance, and behavioural patterns.

The identification process of tier 2 relies on input from teachers, the educational team, student and parent feedback/ observations.  The tier 2 involves a thorough analysis of data gathered from Tier 1 surveys.

By integrating these diverse data points, the approach seeks to develop a comprehensive understanding of each student's situation. This collaborative effort requires the active participation of the entire school community, including teachers, parents, support staff, and the management team. Effective collaboration among these stakeholders is crucial to ensure that all relevant information is shared and interpreted properly, enabling customised interventions that meet the specific needs of at-risk students while also benefiting the broader student population.

To effectively address the needs of at-risk students, several key actions will be implemented at FIS:

| TIER 2-ACTIONS TO BE IMPLEMENTED | | |
|---|---|---|
| **Area of Focus** | **Description** | **Concrete Actions** |
| **Identification** | For students identified by the PASS and or  MHC-SF survey or any other feedback, an appropriate assessment will be conducted  by school counselors and psychologists to evaluate emotional well-being based on individual circumstances. | School counselors and psychologists will conduct targeted  assessments and establish a comprehensive database of assessment tools. |

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**13/22**

| TIER 2-ACTIONS TO BE IMPLEMENTED | | |
|---|---|---|
| **Area of Focus** | **Description** | **Concrete Actions** |
| **Monitoring and Coordination** | Establish a robust centralization and communication process to ensure that all relevant staff members are actively engaged and informed about the situations of at-risk students | Principals will implement a schedule for regular staff meetings and encourage utilizing CPOMS for monitoring and coordination of at-risk student needs.<br><br>Principals will ensure that DSLs and the Designated safeguarding coordinator are kept informed of risky situations |
| **Engaging Parents in the Support of At-Risk Students** | Engaging parents in the support of at-risk students is essential for creating a cohesive support system that fosters student well-being. By actively including parents in the support process, schools can ensure that families are informed, empowered, and equipped to contribute to their child's development. This engagement involves clear communication about the challenges their child may face, the resources available, and the strategies being implemented by the school to address these needs. | Parents will be informed in line with the school's parental consent policy |

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14/22

## TIER 3: Indicated Prevention (High-Risk Students)

Tier 3 emphasizes the need for individualized prevention strategies tailored to students identified as being at high risk for suicide. High-risk students are individuals who demonstrate behaviors or indicators that significantly increase their likelihood of experiencing suicidal thoughts or actions.

To effectively address the needs of at-high risk students, several key actions will be implemented at FIS:

| TIER 3 -ACTIONS TO BE IMPLEMENTED | | |
|---|---|---|
| **Area of Focus** | **Description** | **Concrete Actions** |
| **Identification** | A risk assessment will be carried out for students who exhibit behaviors or signs that greatly increase their chances of experiencing suicidal thoughts or actions. | School counselors or psychologists will use the validated tool **Columbia-Suicide Severity Rating Scale (C-SSRS) administered by trained counselors or psychologists.** |
| | In cases where school counselors or psychologists are unavailable, all staff members (excluding administrative personnel) should use the **Ask Suicide-Screening Questions (ASQ)**. This brief, standardized tool, developed by the National Institute of Mental Health (NIMH), consists of simple questions designed to identify individuals at risk for suicide. The ASQ serves as a preliminary evaluation tool until a more comprehensive assessment can be conducted. | |

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**15/22**

| TIER 3 - ACTIONS TO BE IMPLEMENTED | | |
|---|---|---|
| **Area of Focus** | **Description** | **Concrete Actions** |
| **Engaging Parents in the Support of At-High Risk Students** | Engaging parents in the support of at-high risk students is mandotary for creating a cohesive support system that fosters student well-being. By actively including parents in the support process, schools can ensure that families are informed, empowered, and equipped to contribute to their child's development. | Parents will be informed about all high-risk situations to ensure they are fully aware of their child's circumstances and can provide appropriate support.<br><br>Parents must give their consent for the school counselor and psychologist to communicate with external health providers. |
| **Monitoring and Coordination** | Establish a robust centralization and communication process to ensure that all relevant staff members are actively engaged and informed about the situations of at-risk students | Principals must ensure that DSLs and the Designated Safeguarding Coordinator are kept informed about all high risk situations, along with all relevant staff. They should also implement a schedule for regular staff meetings to discuss student welfare and encourage the use of CPOMS for monitoring and coordinating the needs of at-risk students. |

## TIER 3 - ACTIONS TO BE IMPLEMENTED

| Area of Focus | Description | Concrete Actions |
|---|---|---|
| | In all cases to manage high-risk situations a **school safety plan** is essential. This plan should include a medical note from a doctor confirming that the student can attend school under specified conditions | The school counselor and psychologist must establish a **School Safety Plan** to ensure effective support and intervention for students at high risk |
| | It is also recommended to work with high risk students to develop an **individual safety plan** that outlines how to identify distress signals and whom to contact for help. | The school counselor or psychologist will assess the needs of the student and create an individual safety plan if deemed necessary |

**IMPORTANT**  **Immediate Threat to Life:**

In cases of immediate suicide risk, call 999 for emergency services. Ensuring that the ambulance arrives discreetly is important for maintaining the individual's privacy and minimizing distress for both the student and their peers. In Hong Kong, emergency services typically dispatch an ambulance along with police officers, and firefighters may also respond if necessary. To help reduce visibility and attention from other students, it is advisable to request that police officers arrive in plain clothes. Prioritizing a discreet evacuation is essential to protect the dignity of the individual in crisis, and Vie scolaire staff will be available to assist with this process if needed.

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17/22

**Reintegration:** For the reintegration of a high-risk student back into the school environment, parents are required to provide a medical note and a comprehensive safety plan. This documentation is essential to ensure ongoing support and monitoring from school staff. The reintegration process should be approached gradually, allowing the student to return to school at a pace that feels comfortable for them. Tailored ongoing support is necessary to address the individual needs of the student, and open lines of communication among the student, parents, and school staff are crucial to facilitate a smooth transition. Regular check-ins should be conducted to assess the student's emotional well-being and make any necessary adjustments to the safety plan. This collaborative approach helps create a supportive environment that fosters the student's recovery. The campus principal will be responsible for coordinating these reintegration efforts, ensuring that all actions are implemented effectively and sensitively.

## 7. Dos and Don'ts in interacting with a student after a suicide attempt

Everyone is unique and has their specific needs and preferences. It is important to keep in mind that after a suicide attempt, the needs will vary from one person to another.

Although, there are some precautions to take while interacting with someone who has made a suicide attempt. It is not always easy to know how to behave with them. So here is a list of Do's and Don'ts that can serve you as a guideline.

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18/22

| Do's | Don'ts |
|---|---|
| • Stay calm and grounded<br>• Asking them how they are doing<br>• Helping them identify the support they have at school to let them know they are not alone.<br>• Invite them to speak to someone from the health department if they show warning signs.<br>• Being present for them if they need it.<br>• Listening and validating what they say and feel.<br>• Show concern and empathy towards them.<br>• Use the appropriate words like "suicide attempt" or "self-harm". | • Don't be too caring and ask intimate questions.<br>• Don't be judgmental.<br>• Don't tell them they shouldn't feel or think a certain way.<br>• Don't try to reassure them by saying that everything is okay.<br>• Don't minimize or try to be positive about what they live.<br>• Don't try to solve their problems for them.<br>• Don't use inadequate words like "missing a suicide" or "commit a suicide" |

# 8. Responding to Student Death by Suicide

In the event of a death due to suicide. The school will implement the following measures:

**Emergency Crisis Team**: The head of the school will convene relevant staff members to assess the situation and determine appropriate next steps, with particular attention to the developmental impact on younger students.

**Support Services:** The Designated safeguarding coordinator will coordinate the implementation of a psychological support cell to provide counseling and assistance as needed, utilizing age-appropriate resources based on the decisions made by the emergency crisis team.

**Memorial Plans:** The focus will be on providing prevention resources instead of physical memorials, as these can, in certain situations, inadvertently romanticize the death and be a source of indirect suicide contagion.

**Communication Recommendations:**

**School community Information:** Communication must be clear, avoiding sensationalism and ensuring that the language is suitable for different ages and the public. Until the coroner's office officially classifies the death as a suicide, it should be communicated to staff, students, and parents with a note that the cause is still unknown.

Faculty will be officially informed of the sudden death during a staff meeting. A statement will be prepared for staff to share with students, including known funeral arrangements (without detailing the method), acknowledgment of the grief this news may cause, and information on available resources to support students.

**External Communication and Media:** The head of the school or a designated representative will serve as the sole spokesperson for media inquiries. Staff should direct all media questions to this spokesperson. The communications department will prepare a media statement that includes facts about the death, postvention plans, and available resources, while excluding

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20/22

confidential information, speculation about the victim's motivations, methods of suicide, or personal family details.

If media coverage occurs, the spokesperson should encourage journalists to avoid sensational reporting, refrain from using the victim's images, and not include the word "suicide" in headlines or describe the method. They should discourage terminology like "suicide epidemic," which could contribute to suicide contagion. Media should also be urged to provide information about suicide risk factors, warning signs, and available resources for the community.

## 9. Conclusion

FIS recognizes the profound impact of mental health on student well-being and academic success. This policy and guidelines serves as a comprehensive framework designed to mitigate suicide risks and promote a culture of support and understanding within our school community. By implementing a structured three-tier support model, we aim to foster early intervention, encourage open dialogue about mental health, and ensure that every student feels safe and valued.

We believe that the collaboration between educators, parents, and mental health professionals is essential for creating a nurturing environment. Through continuous training, awareness programs, and proactive engagement, we strive to equip our community with the knowledge and resources necessary to identify and address mental health challenges effectively.

In the face of adversity, our commitment to student well-being remains unwavering. By prioritizing mental health, we can help students navigate their challenges, build resilience, and ultimately thrive both in and out of the classroom. Together, we can create a school environment where every student has the opportunity to be happy, healthy, and successful.

The effectiveness of this policy and guidelines will be evaluated concurrently with the Child Protection Policy, using defined metrics such as survey analysis on tier 1.

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21/22

# 10. Policy appendices

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|---|---|---|
| **APPENDIX 1** | Columbia-Suicide Severity Rating Scale (C-SSRS) | 📕 FR Suicidal Risk assessment… <br> 📕 EN- Suicidal Risk assessme… |
| **APPENDIX 2** | Individual Safety Plan | 📄 EN- Individual safety Plan s… <br> 📄 FR- Individual safety Plan s… |
| **APPENDIX 3** | Ask Suicide-Screening Questions (ASQ) | EN- ASQ Questionnaire Sample |
| **APPENDIX 4** | School Safety Plan | 📕 School safety Plan |
| **APPENDIX 5** | Contacts and Resources | 📄 Contacts and resources |

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22/22