



When requesting service/support from **LASPD Dispatch (213.625.6631)** for a student/employee identified as **high risk for suicide/threat** (per BUL-2637.4, BUL-5799.1, BUL-5798.0), the following Preliminary Information should be provided:

### Mental Health Evaluation Team (MHET) PRELIMINARY INFORMATION

Person of Concern: \_\_\_\_\_  
Last Name First Name MI

Chosen/Asserted Name: \_\_\_\_\_

What is the situation?

Determined Level of Risk:  No Risk  Low  Moderate  High Risk

Has another agency or department been contacted already?  NO  YES If yes, which agency:

PMRT  Local Law Enforcement  Valley Coordinated  Other \_\_\_\_\_

Is the person of concern a STUDENT?  NO  YES Grade:\_\_\_ DOB:\_\_\_\_\_ Student ID:\_\_\_\_\_

Is the person of concern an EMPLOYEE\*?  NO  YES Employee #:\_\_\_\_\_ DOB:\_\_\_\_\_

Classified  Certificated Assigned Work Location: \_\_\_\_\_

*\*If the incident involves an employee, their Emergency Card Information may be requested during the response, including home address and emergency contact information.*

Is the person of concern safe/secure?  NO  YES

Explain. (If YES, indicate who is with them and where they are. If NO, explain why.)

Are there weapons involved?  NO  YES Describe:

Where is the person of concern now?

Is the student receiving Special Education Services?  NO  YES Eligibility:\_\_\_\_\_

Who is the School Site Contact Person that has relevant information regarding the situation that the responding team can call prior to and/or speak to upon arrival?

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Direct Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Name of Caller/Title: \_\_\_\_\_ Date: \_\_\_\_\_  
 (If different from School Contact)