

MOUNTAIN HOME SCHOOL DISTRICT

STUDENT SUICIDE PREVENTION FORM 1 – SUICIDE RISK ASSESSMENT

Student Name: _____ Today's Date: _____

DOB: _____ Age: _____ Sex: _____

School: _____ Grade: _____

Parent/Guardian: _____ Phone: _____

Initial Referral given by: Student(s) Parent Teacher/Staff

Other: _____

Ask questions that are bold and <u>underlined</u>	Y	N
Ask Questions 1 and 2		
1) Wish to be Dead: Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up. <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u>		
2) Suicidal Thoughts: General non-specific thoughts of wanting to end one's life/die by suicide, "I've thought about killing myself" without general thoughts of ways to kill oneself/associated methods, intent, or plan. <u>Have you actually had any thoughts of killing yourself?</u>		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) Suicidal Thoughts with Method (without Specific Plan or Intent to Act): Person endorses thoughts of suicide and has thought of a least one method during the assessment period. This is different from a specific plan with time, place, or method details worked out. "I thought about taking an overdose, but I never made a specific plan as to when, where, or how I would actually do it...and I would never go through with it." <u>Have you been thinking about how you might do this?</u>		
4) Suicidal Intent (without Specific Plan): Active suicidal thoughts of killing oneself and patient reports having <u>some intent to act on such thoughts</u> , as opposed to, "I have the thoughts, but I definitely will not do anything about them." <u>Have you had these thoughts and had some intention of acting on them?</u>		
5) Suicide Intent with Specific Plan: Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out. <u>Have you started to work out or worked out the details of how to kill yourself and do you intend to carry out this plan?</u>		
6) Suicide Behavior: Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills, but didn't swallow any, held a gun, but changed your mind or it was grabbed from your hand, went to the roof, but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. <u>Have you done anything, started to do anything, or prepared to do anything to end your life?</u>		

On a scale from 1 - 10, what is the likelihood that you will harm yourself or attempt suicide today? _____
(1 is low level of ideation, 10 is high)

What would need to occur to decrease that number? _____

Brief description of student interview (can include non-verbal behavior/affect/observations): _____

Other Risk Factors (Familial, Social, Historical, Personal, other supporting documentation, if applicable): _____

Informed pertinent school personnel: (i.e.: teacher(s), social worker, nurse, counselor, school psych.): _____

Action Items: (i.e. - referrals provided, safety plan, follow-up, other etc.):

- Community Resources Provided:** _____
- Self-Care Plan Created**
- Summary/Other:** _____

Notification of Parent/Guardian:

Method of Communication: _____

Name of Person Communicated with _____

Date/Time Notification Occurred: _____ Date: _____ Time: _____

Community Resources Provided: Yes No

If parent/guardian is unavailable, action taken (Principal Notified/SRO Involved/H&W/Emergency Room): _____

Parent/Guardian Comments (if any): _____

(Student Services Professional)

(Principal's Signature)

(Date/Time)

Original - Originator of Report/School Counselor

Duplicate - Building Principal