

# Suicide Risk Reporting Form

Student \_\_\_\_\_ Race \_\_\_\_\_ Gender \_\_\_\_\_ ID# \_\_\_\_\_

Campus/Building \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Administrator/Designee/Counselor Completing Form \_\_\_\_\_ Phone \_\_\_\_\_

Date	Time	Action Steps
		Describe what the student did and said to indicate risk of harm to self. Include the words, actions or behaviors that initiated this reporting process. Indicate date, time and information source.
		IF THERE IS A MEDICAL EMERGENCY, CALL 911.
		Locate the student and keep the student under continuous adult supervision by a staff member, as necessary.
		<p>Contact the school counselor, nurse, SBMH personnel to interview the student to obtain additional information, such as:</p> <p>Have you thought about suicide? Have you thought about killing yourself?</p> <p>Have you thought about how you would kill yourself?</p> <p>Do you have a plan in mind for killing yourself?</p> <p>Have you ever tried to hurt or kill yourself?</p> <p>Have you told, or shown, anyone what you are thinking about doing?</p> <p>Do you see hope for your future?</p> <p>Do you feel like a burden?</p> <p>How much have you been using drugs or alcohol?</p> <p>Tell me about any big changes, or losses, you have experienced.</p> <p>Tell me about any family or friends who support you.</p> <p>Have you been irritable or depressed lately?</p> <p>Has your mood been like it is now, or has it changed lately?</p> <p>Are you willing to sign a safety commitment?</p> <p>Name of Interviewer:</p>

## Consider the following risk factors:

- ☐ Changes in social relationships
- ☐ Concerns about home supervision
- ☐ Suicide of a friend or family member
- ☐ Family mental health concerns
- ☐ Ongoing family conflict
- ☐ Victim of abuse or suspected abuse (sexual, physical, verbal, neglect)
- ☐ Loss of school interest
- ☐ Talk of hating life
- ☐ Demonstrates sleep/appetite disturbances

- ☐ Exhibits less interest in activities
- ☐ Displays boredom or lack of concentration
- ☐ Lacks a sense of belonging
- ☐ Seems lonely or disconnected
- ☐ Sees others actions as demeaning/threatening
- ☐ Chronic medical condition
- ☐ Expresses guilt/shame/self-derogatory remarks
- ☐ Increased risk-taking behavior
- ☐ Aware of media attention to suicide
- ☐ Displays recent neglect of personal appearance

- ☐ History of non-suicidal self-injury (cutting, burning, etc)
- ☐ Displays sense of having no one to confide in
- ☐ Seems disconnected from outside activities
- ☐ Concerns about sexual/gender orientation
- ☐ Has experiences a recent personal rejection
- ☐ Seems to fear a loss of control
- ☐ Recent academic failure
- ☐ Talk/write/draw about death
- ☐ Displays excessive pressures to succeed
- ☐ Feels like a burden

PRINCIPAL OR DESIGNEE MUST NOTIFY PARENT/GUARDIAN

over 

Date	Time	Action Steps
		<p>Inform the parent/guardian of school concerns and request that parent/guardian or designee pick the student up. If the student has a therapist, recommend that the parent/guardian make immediate contact with that professional. If the student does not have a therapist, provide the parent/guardian with the phone numbers of local mental health organizations for a free emergency assessment. The list below is not exhaustive.</p> <p>Springwoods - 479-973-6000      Lakeland - 866-269-1510      Rivendell - 501-300-2772  Vantage Point - 855-597-6354      Pinnacle Point - 800-880-3322      Methodist - 866-813-3388  Riverview - 844-849-7038      Millcreek - 866-547-9471      Valley Behavioral - 855-244-4996</p>
		Ask the parent/guardian to complete a release of information (ROI) that permits communication between the school and the mental health provider or hospital.
		Work with the parent/guardian to implement recommendations made by the mental health professional that are feasible and appropriate to the school setting.
		If the parent/guardian is unavailable or uncooperative regarding emergency assessment, consider contacting a local mental health organization to arrange a free emergency assessment.
		<p>Consider contacting the Department of Human Services, if needed, 800-482-5964</p> <p>Suicide Prevention Hotline - 888-274-7472      Crisis Text Line - 741741</p>
		Advise the parent to remove any lethal means from the home, do not leave the student alone, and follow the recommendations of mental health professionals.
		Notify the school counselor, school nurse, principal, and/or SBMH personnel, as appropriate.

**Summary of Parent Conference** - document family's responses and actions taken

**Examples of Support Strategies**

Action	Brief Description	Person Responsible
Written safety plan		
Parent/guardian follow-up		
Teacher follow-up		
Administrative follow-up		
School counselor monitoring		
Consultation w/school team for SBMH		
Consultation w/therapist and/or hospital discharge worker		
SBMH referral		
Consultation w/other community providers (PCP, etc)		
Contact DHS		
Other		

Signature, Person Completing Form

Position

Date

Signature, Administrator

Date