



**CONFIDENTIAL**

**DOCUMENTATION OF SUICIDE RISK INTERVENTION**

DATE: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ GENDER: M F

FORM COMPLETED BY: \_\_\_\_\_

HOW REFERRED (check all that apply)?

- Student self – referred
- Student was accompanied by friend/other student
- Parent
- School Staff
- Other: \_\_\_\_\_

Level of Concern: (if medium or high concern additional staff consult is recommended)

- Low
- Medium
- High

ACTIONS:

- Mental health/counselor contact with student
- Student supervised until released
- Student released to:  
Parent: \_\_\_\_\_ Transported by: \_\_\_\_\_  
ER/Hospital: \_\_\_\_\_ Transported by: \_\_\_\_\_  
Therapist: \_\_\_\_\_ Transported by: \_\_\_\_\_
- Student released to class (low risk only/parent contacted)
- Parents notified Time: \_\_\_\_\_ Spoke to: \_\_\_\_\_
- Referrals given to parents
- Discussion of home safety/supervision (access to weapons, drugs, Rx's, etc.)
- Outpatient therapist/MD notified (if applicable)
- Other students' families contacted (if applicable)



**SAFETY PLAN AND SUPPORTIVE MEASURES:**

A safety Plan was established with:

- Student
- School
- Family
- Commitment to Living Contract signed and given to student (copy left with counselor)
- Identified supports at school:
  1. \_\_\_\_\_
  2. \_\_\_\_\_
- Emergency Resources/Supports (if after school hours):
  1. \_\_\_\_\_
  2. \_\_\_\_\_
- Other outpatient resources given:
  1. \_\_\_\_\_
  2. \_\_\_\_\_

**OTHER COMMENTS/CONCERNS:**

---

---