STUDENT SUICIDE INTERVENTION DOCUMENTATION FORM (SAMPLE)

This form is intended to document the overall intervention process. Please note that documentation should never be kept in the student's cumulative file. The school district will decide how to store documentation appropriately.

STUDENT INFORMATION

Date student was identified as possibly at risk of suicide: ________________________________

Name of student: ________________________________

Name of school: ________________________________

Date of birth: ________________________________

Grade level: ________________________________

Name of parent/guardian: ________________________________

Parent/guardian contact information: ________________________________

IDENTIFICATION OF RISK

Who identified the student as being at risk?

☐ Student (Self)
☐ Parent/Guardian
☐ Teacher
☐ Other Staff
☐ Student (Peer)
☐ Other: ________________________________

Reason for concern: ________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

Continue to next page.
KANSAS SUICIDE PREVENTION, RESPONSE AND POSTVENTION TOOLKIT
ATTACHMENT 2.08

SUICIDE RISK SCREENING

Action taken by the school to *screen* for suicide risk:
☐ School staff conducted screening.

Name of staff person: ________________________________
Date of screening: ________________________________
Type of screening conducted: **Columbia-Suicide Severity Rating Scale (C-SSRS) screener**
Results of the screening: see completed screener (attached)

NOTIFICATION OF PARENT/GUARDIAN

School staff who notified parent/guardian: ________________________________
Date parent/guardian was notified: ________________________________
Parent Contact Acknowledgement Form signed? ☐ YES ☐ NO If no, reason: ________________________________

RESOURCES GIVEN

☐ School personnel: ________________________________
☐ Outside provider: ________________________________
☐ Hospital: ________________________________
☐ Other: ________________________________

Warm handoff facilitated? ☐ YES | Date: ________________________________
☐ NO | Reason: ________________________________

FACILITATING A STUDENT’S RETURN TO SCHOOL

Re-integration meeting scheduled? ☐ YES | Date: ________________________________
☐ NO | Reason: ________________________________

DOCUMENTATION

Name of staff completing this form: ________________________________
Date form was completed: ________________________________