

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.

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: _____