STUDENT SUICIDE RISK ASSESSMENT FORM

Student’s Name: ___________________________  Referred by: _________________________
Person Conducting Assessment: ___________________  Date: _________________________

1. Circumstances preceding referral for suicide risk assessment/summary of reason for concern:

2. Stressors/precipitants from student’s perspective (i.e. What’s going on in your life right now?):

3. Current and Recent Mood
   a. On a scale of 0-10 (0 being the worst and 10 the best), how have you been feeling over the past week? Have you been feeling depressed, hopeless, helpless, or overwhelmed?

   b. How would you describe how you are feeling right now?

4. Current Ideation
   a. Assess student’s current level of suicidal ideation:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the past few weeks, have you wished you were dead?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you felt that you or your family would be better off if you were dead?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you felt that your life is not worth living?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you been thinking about ending your life or killing yourself?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If yes or unsure for any of the above:
   b. How long have you been feeling this way?

c. Have you thought about ending your life today or very soon?

5. Plan
   a. Do you have a plan for how you would end your life?
      D Yes/detailed and thought-out
      D Considering means/details are vague
      D No/thoughts of death without consideration of how they would kill themselves
   b. If yes or considering: What is your plan (including how, when, where)?
6. Means
   a. Do you have access now to whatever you need to carry out your plan? If yes: Where?

7. Intent
   a. Do you intend to carry through with your plan to end your life soon?
      D Denies intent
      D Endorses intent
      D Unclear/Passive
      D Evasive in answering question
   b. Do you intend to end your life if something does or doesn’t happen? Is there anything that would make you more likely to want to end your life?
   c. Is there anything that would make you more likely to want to live?

8. History of Suicidal Ideation/Attempts
   a. Have you ever thought about attempting suicide in the past?
      D No
      D Yes. When?
   b. Have you ever attempted suicide before?
      D No
      D Yes
   If yes, description of past attempt(s), including trigger for attempt, how student attempted, and what happened:

9. Resources/Support
   a. Do you have someone in your life whom you can turn to for support?
      D No, feels isolated.
      D Yes. Who?
   b. If yes: Have you talked to them about how you are feeling?
      D Yes
      D No. Why not?

Determining Protocol to Follow:
- **Low Risk Protocol:** Student demonstrates suicidal ideation (#4), but does NOT have a detailed plan (#5), access to means (#6), or intent to attempt (#7). History of ideation/attempts, detailed plan, ambiguous intent, or lack of support increases risk to Moderate to High Risk.
- **Moderate to High Risk Protocol:** Student demonstrates suicidal ideation (#4) with some combination of planning (#5), access to means (#6), intent (#7), history of ideation/attempts (#8), and/or lack of support (#9).
- **Extremely High Risk Protocol:** Student reports ready access to or possession of means (#6) and strong intent to carry out plan as soon as possible (#7).