



## SUICIDE RISK ASSESSMENT FORM

MIDDLE / HIGH SCHOOL STUDENT

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. *What word(s) would you use to describe how you are feeling right now?*

b. *Over the past week, on a scale of 1--10 (1 being not at all and 10 being a lot), have you been feeling*

depressed	1	2	3	4	5	6	7	8	9	10
hopeless	1	2	3	4	5	6	7	8	9	10
helpless	1	2	3	4	5	6	7	8	9	10
overwhelmed	1	2	3	4	5	6	7	8	9	10

4. Current Ideation

a. Assess student's current level of suicidal ideation:

	Yes	No	Unsure
<i>In the past few weeks, have you wished you were dead?</i>			
<i>Have you felt that you or your family would be better off if you were dead?</i>			
<i>Have you felt that your life is not worth living?</i>			
<i>Have you been thinking about ending your life or killing yourself?</i>			
<i>Have you been thinking about killing yourself, or do you just want things to change or get better?</i>			

If **yes** or **unsure** for any of the above:

b. *How long have you been feeling this way?*

c. *When was the last time you felt this way?*

d. *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?

- Yes/detailed and thought--out Considering  
 means/details are vague  
 No/thoughts of death without consideration of how they would kill themselves

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? On a scale of 1-5, where 1 is you do not intend to end your life soon, and 5 is you intend to end your life soon, where are you right now?

1	2	3	4	5
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- Denies intent Endorses  
 Intent Unclear/Passive  
 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?

- No  
 Yes. When? \_\_\_\_\_

b. Have you ever attempted suicide before?

- No  
 Yes

If yes, description of past attempt(s), including trigger for attempt, how student attempted, and what happened

## 9. Self-Injurious Behaviors

a. Have you ever engaged in any behaviors for the purpose of hurting yourself?

- No  
 Yes

If yes, please describe:

b. Are you currently engaging in any self-injurious behaviors?

- No  
 Yes

If yes, please describe:

On a scale of 1-5, where 1 means you will not engage in self-injurious behaviors in the near future, and 5 means you will immediately engage in self-injurious behaviors, please tell me where you are right now:

1	2	3	4	5
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## 10. Resources/Support

a. Do you have someone in your life whom you can turn to for support?

- No, feels isolated.  
 Yes. *Who?* \_\_\_\_\_

b. If yes: Have you talked to them about how you are feeling?

- Yes  
 No. *Why not?* \_\_\_\_\_

**Determining Protocol to Follow:**

- i. **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.
- ii. **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 (#10).
- iii. **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).

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*Psychologist/Counselor/Social Worker Signature*
*Date*


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*Name, Title, Credentials, Signature*
*Date*