

STUDENT SUICIDE RISK DOCUMENTATION FORM

STUDENT INFORMATION		
Date student was identified as possibly at risk:		
Name:		
Date of Birth:	Gender:	Grade:
Name of Parent/Guardian:		
Parent/Guardian's Phone Number(s):		
IDENTIFICATION OF SUICIDE RISK		
Who identified student as being at risk? Indicate name where appropriate.		
<input type="checkbox"/> Student him/herself <input type="checkbox"/> Parent: <input type="checkbox"/> Teacher: <input type="checkbox"/> Other staff: <input type="checkbox"/> Student/Friend: <input type="checkbox"/> Other:		
Reason for concern:		
RISK ASSESSMENT		
Assessment conducted by:		
Date of assessment:		
Type of assessment conducted:		
Results of assessment:		
NOTIFICATION OF PARENT/GUARDIAN		
Staff who notified parent/guardian:		
Date notified:		
Parent Contact Acknowledgement Form signed:		
<input type="checkbox"/> Yes <input type="checkbox"/> No If no, provide reason:		
MENTAL HEALTH REFERRAL		
Student referred to:	Date of referral:	
Personal Safety Plan developed with student and parent: _____ (date)		
Mental Health Resources List and Student/Parent Handouts given to:		
<input type="checkbox"/> Student _____ (date) <input type="checkbox"/> Parent/Guardian _____ (date)		
Staff member to conduct follow-up:	Date of follow-up:	