



## Suicide Intervention Form

|                 |        |                  |        |
|-----------------|--------|------------------|--------|
| Name of Student | Grade  | DOB              | Gender |
| Parent Name(s)  |        | Home Phone       |        |
| Address         |        | Work Phone       |        |
| City / Zip Code |        | Special Services |        |
| Referred by     | School | Date             |        |

### Reason for Referral

### Intervention Checklist

|                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Conference confirms student is at suicide risk<br><input type="checkbox"/> Safety Plan Completed<br><input type="checkbox"/> Notified principal<br><input type="checkbox"/> Original sent to the Intervention Supervisor<br><input type="checkbox"/> Copy retained for file | <input type="checkbox"/> Parent contacted<br>Time: _____ Method: _____<br><br><input type="checkbox"/> Referral to Alta Pointe<br><input type="checkbox"/> Release of Info signed<br><input type="checkbox"/> Referral faxed to Alta Pointe |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

### Further Comments on Intervention Efforts

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date

Please forward this form via the courier to the Intervention Supervisor.