

Wakulla County Schools Suicide/Baker Act Intervention Checklist

Student Name _____ DOB _____
School _____

If suicide risk is assessed at school:

Suicide risk interview conducted	Date/Time _____
<small>*See attached risk assessment.</small>	
Conducted by: _____ Title _____	
Meets Baker Act criteria Yes No <small>**If No, Parent should still be contacted</small>	
If yes, Law Enforcement contacted: Name _____ Date/Time _____	
School/District personnel notifications completed	Date/Time _____
Conducted by: _____ Title/Position _____	
Personnel notified:	
Name _____	Title/Position _____
Name _____	Title/Position _____
Name _____	Title/Position _____
Name _____	Title/Position _____
Name _____	Title/Position _____
Name _____	Title/Position _____
Name _____	Title/Position _____
Notes:	
<i>Complete this section only if abuse/neglect is suspected. In this case, do not contact parent:</i>	
Abuse Hotline Called	Date/Time _____
Conducted by: _____ Title _____	
Hotline worker: _____ ID# _____	
Notes:	
Parent contacted	Date/Time _____
Contacted by: _____ Title _____	
Notes:	

Parent Conference Date/Time _____
(held prior to student leaving school)

Conducted by: _____ Title/Position _____
 Physician's/Therapist name: _____

Participants:

Name _____ Title/Position _____
 Name _____ Title/Position _____
 Name _____ Title/Position _____
 Name _____ Title/Position _____
 Name _____ Title/Position _____

Notes:

***Start here if suicide risk assessment was completed outside of school setting.**

Discharge Notification Date/Time _____

Notified by: _____ Title/Position _____

School Safety Plan Meeting Date/Time _____
(held prior to student's return to school)

Conducted by: _____ Title/Position _____
**See School Safety Plan Meeting for list of participants.*

Consent to release records from hospital signed by parent	Yes	No
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Personnel notified of safety plan:

Name _____ Title/Position _____
 Name _____ Title/Position _____
 Name _____ Title/Position _____
 Name _____ Title/Position _____
 Name _____ Title/Position _____
 Name _____ Title/Position _____
 Name _____ Title/Position _____

Notes:

Follow-up Conference Date/Time _____

Conducted by: _____ Title/Position _____

Participants:

Name _____ Title/Position _____
 Name _____ Title/Position _____
 Name _____ Title/Position _____
 Name _____ Title/Position _____
 Name _____ Title/Position _____
 Name _____ Title/Position _____

Notes: