



Suicide Risk Assessment - Level 1

Date: _____
Time: _____

1. IDENTIFYING INFORMATION

Name: _____ ID: _____ School: _____ DOB: _____

Age: _____ IEP/504? _____ Medicine/Health information: _____

Address: _____

Parent/Guardian #1 name/phone # (s): _____

Parent/Guardian #2 name/phone # (s): _____

Screener's name: _____ Position: _____

Contact Info: _____

2. REFERRAL INFORMATION

Who reported concern:

Self

Parent/Guardian

Peer

Other

Staff

When was concern disclosed: _____ Contact information (If applicable): _____

What information did this person share that raised concern about suicide risk? _____

3. WARNING SIGNS

Expressions of wanting to die, of being gone,
or of death in any manner in their:

writing

verbal

drawing

social media

Withdrawal from others

Preoccupation with death

Feelings of hopelessness/self-hate

Substance Abuse

Current psychological/emotional pain

Discipline problems

Conflict with others (friends/family)

Experiencing bullying or being a bully

Recent personal or family loss or change (i.e.,
suicide, death, divorce)

Recent changes in appetite, behavior, sleep

Family problems

Giving away possessions

Current/past trauma (domestic/relational/sexual
abuse)

Crisis within the last 2 weeks

Stresses from: gender ID, sexual orientation,
ethnicity

Engages in high risk behavior

Exposure and/or access to weapons, violent video
games

Unmet basic needs

Mental Health concerns

Self-Injury (see NSSI Assessment & Protocol)

Other signs

4. COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS) – Fill out and attach separate screening form

LOW RISK

MEDIUM RISK

HIGH RISK

5. PROTECTIVE FACTORS

Engaged in effective health and/or MH care
 Positive problem-solving skills
 Positive coping skills
 Restricted access to means to kill self
 Stable living environment
 Willing to access support/help
 Positive self esteem

Resiliency
 High frustration tolerance
 Emotional regulation
 Cultural and/or religious beliefs that discourage suicide
 Does well in school
 Feels well connected to others (family, school, friends)
 Has responsibility for others

6. PARENT/GUARDIAN CONTACT

Name of parent/guardian contacted: _____ Date contacted: _____

<p style="text-align: center;">Left a Voicemail</p> <p>Date: _____ Time: _____</p> <p style="text-align: center;">Parent/Guardian Called Back</p> <p>Date: _____ Time: _____</p>	<p style="text-align: center;">Parent/Guardian Answered</p> <p>Was the parent/guardian aware of the student's suicidal thoughts/plans?</p> <p style="text-align: center;">Yes No</p> <p>Parent/Guardian's perception of threat</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Parent Action Plan –</p> <p>Will transport child to a mental health evaluator (i.e. hospital, County Mental Health, private therapist)</p> <p>_____</p> <p>Mental Health evaluation appointment date:</p> <p>_____</p> <p>Needs additional support _____</p> <p>Other: _____</p>	<p>Additional Notes:</p>

7. CONSULTED WITH administrator (recommended) and/or another trained professional

1. _____
2. _____

8. POTENTIAL SCHOOL ACTION PLANS – check any that apply

- Determined if Student Coping Plan was needed
 - Limited risk factors; Student Coping Plan not needed
 - Filled out a Student Coping Plan. One copy given to student, original placed in Confidential file and/or CUM file
- Provided student and family with resource materials and phone numbers
- Contacted Parent/guardian
- Released back to class after Limited or NO risk factors noted
- Released back to class after parent (and/or Agency) contacted and follow up plan established
- Released to parent/guardian
- Called 911. Contact name/date/time: _____
- Parent/guardian took student to hospital
- Parent/guardian scheduled mental health evaluation appointment - Notes: _____
- School Counselor/School Psychologist/School Nurse follow up scheduled - Date/Time: _____

Limited risk factors noted. NO FURTHER FOLLOW-UP NEEDED.

Several risk factors noted but no imminent danger. Completed Student Coping Plan with student. Will follow up with student on

Date/time:

Several risk factors noted and referred for a Suicide Risk Assessment - Level 2 with a crisis worker from the county

(Contact date/time/name):

Student Name: _____

Screeener Name: _____

Date: _____

COLUMBIA-SUICIDE SEVERITY RATING SCALE
Screen Version - Recent

SUICIDE IDEATION DEFINITIONS AND PROMPTS	Past month	
	YES	NO
Ask questions that are bolded and <u>underlined</u> .		
Ask Questions 1 and 2		
1) <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u>		
2) <u>Have you actually had any thoughts of killing yourself?</u>		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) <u>Have you been thinking about how you might do this?</u> <i>E.g. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it."</i>		
4) <u>Have you had these thoughts and had some intention of acting on them?</u> <i>As opposed to "I have the thoughts but I definitely will not do anything about them."</i>		
5) <u>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</u>		

6) <u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u>	YES	NO
	Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. If YES, ask: <u>Was this within the past three months?</u>	

- Low Risk
- Moderate Risk
- High Risk

NOTES: