



Risk Assessment Screening Flowchart

If at any moment it is determined, the student reveals, or it is found out that they are in immediate danger, stop the screening and call your site SRO or Student Services. Please notify your site administrators.

DO NOT LEAVE THE STUDENT ALONE.

STEP 1: Student Identified

Identify Student in Crisis: Can be reported by teacher, staff member, parent, fellow student, or self-reported by the student.

STEP 2: Notify

Notify the following staff: Notifying by email is **NOT** sufficient; there should be **IMMEDIATE** contact with one of the following staff members.

- School Counselor
- Mental Health Provider On-Site
- School Psychologist
- Site Administrator

STEP 3: Conduct Screening

Risk Screening Completed By: (A team of 2 is highly recommended)

- On-Site Mental Health Provider
- School Counselor
- School Resource Officer (SRO)
- Site Administrator
- School Psychologist

Screening Questions: Page 2
To be completed by screener

STEP 4: Determine Level of Risk

Determine Risk Level: Risk Assessment Team will determine risk level and follow appropriate intervention protocol.

Follow Up:

Complete the Risk Assessment Documentation Form (pg. 7)

Submit a Mental Health Referral (COST)

Schedule a meeting for Student Transitional Wellness Plan (pg. 8), if applicable.

*If student has a current 504 Plan or IEP, consult with case manager for possible meeting.



Screening Interview Questions

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Date: _____ Student's Name: _____

Grade: _____ ID: _____ DOB: _____

Questions:

1. What is going on in your life right now? How would you describe how you are feeling right now? _____

2. On a scale of 0-10 (0 = happy, 10 = unhappy), how have you been feeling over the past week? _____
3. Have you been feeling depressed, hopeless, helpless, overwhelmed? ___ Yes ___ No ___ Unsure
4. Have you self-medicated (alcohol, prescription drugs, drugs, or smoked)? ___ Yes ___ No ___ Unsure
5. In the past few weeks, have you wished you were dead? ___ Yes ___ No ___ Unsure
6. Have you felt that you or your family would be better off if you were dead? ___ Yes ___ No ___ Unsure
7. Have you felt that your life is not worth living? ___ Yes ___ No ___ Unsure
8. Have you been thinking about ending your life? ___ Yes ___ No ___ Unsure
9. If yes or unsure for any of the above, how long have you been feeling this way? _____
10. Have you thought about ending your life today or very soon? ___ Yes ___ No ___ Unsure
11. If yes to question 10, answer the following questions:
 - a. What is your plan (how, when, where)? _____
 - b. Do you have access to whatever you need to carry out your plan? ___ Yes ___ No ___ Unsure
 - c. Do you intend to carry through with your plan to end your life soon?

<input type="checkbox"/> Denies intent	<input type="checkbox"/> Endorses intent	<input type="checkbox"/> Unclear/Passive	<input type="checkbox"/> Evasive
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12. Is there anything that would make you more likely to want to end your life? ___ Yes ___ No ___ Unsure
13. If yes to question to 12, please describe: _____

Risk Screening Interview Questions continue on the next page...



Screening Interview Questions

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Questions:

14. Is there anything that would make you more likely to want to live? Yes No Unsure

15. If yes to question to 14, please describe: _____

16. Have you ever attempted suicide before? Yes No Unsure

17. If yes to question 16, when? Describe past attempt(s), include trigger(s), how, and what happened: _____

18. Have you ever been hospitalized for mental health concerns before? Yes No Unsure

19. If yes to question 18, when? _____

20. Are there people in your life you feel would be worried about you right now? Yes No Unsure

21. Are there people in your life you feel you can turn to for support? Yes No Unsure

22. If yes to question 21, have you talked to them about how you are feeling? Yes No Unsure

23. If no to question 22, please explain why: _____

24. Are you getting counseling in school? Yes No Unsure

25. Are you getting counseling outside of school? Yes No Unsure

RESULTS OF RISK ASSESSMENT:



Risk Levels/Interventions

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Risk Level 1:

Indicating Factors:

- **No plan**
- **Evidence of self-harm**
- **Suicide ideation but no previous attempts**

Other factors to consider but are not limited to:

- *Signs of depression
- *Change in personality
- *Direct or indirect threats

Risk Level 1 INTERVENTION:

- Contact Parent/Guardian
- Student completes Protective Contract/Student Agreement (pg. 5) and takes copy home for parent to sign and return. **(If student refuses, move to Level 2 or 3)**
- Send resources home
- Mental health referral (COST)
- Notify site administrators

Risk Level 2:

Indicating Factors:

- **Plan but no means**
- **Suicide ideation**
- **Previous attempts**
- **Cannot commit to safety**

Other factors to consider but are not limited to:

- *Destructive behaviors
- *Alcohol/Drug use
- *Mental illness
- *Change in medication
- *Recent trauma
- *Recent suicide of friend, family or high profile suicide in community/news

Risk Level 2 INTERVENTION:

- Contact Parent/Guardian to come to campus
- Parent/Guardian and student complete Protective Contract/Student Agreement (pg. 5)
- Parent/Guardian takes student if they are committed to interventions such as outside counselor.
- Mental health referral (COST)
- Notify site administrators

*If Parent/Guardian is unavailable or uncooperative, proceed to Level 3 and contact SRO & Administrator

Risk Level 3:

Indicating Factors:

- **Suicide ideation, plan and means**
- **Previous attempts**
- **Cannot commit to safety**
- **Alcohol/Drug use as a means of self-harm**
- **Previous hospitalizations**
- **Recent suicide/Goodbye letter**
- **Access to lethal methods**

Other factors to consider but are not limited to:

- *Mental illness
- *Change in medication
- *Recent trauma
- *Self-harm
- *Lack of support system
- *Recent suicide of friend, family or high profile suicide in community/news

Risk Level 3 INTERVENTION:

- Student should be taken to crisis center for further evaluation immediately; Contact SRO and notify site Administrator
- Contact Parent/Guardian to come to campus and if they agree to take student to crisis center; they must complete the Parent/Guardian School Release (pg. 6)
- Mental health referral (COST)
- Schedule Parent/Guardian Student Transitional Wellness Plan (pg. 8) meeting



(LEVEL 3) Parent/Guardian School Release

Date: _____ Student's Name: _____

Grade: _____ ID: _____ DOB: _____ School: _____

This is to verify that I have spoken with a member of the school's counseling team, mental health staff, site administration and/or School Resource Officer concerning my student's suicide risk. I have been advised to seek the services of a mental health agency or therapist. I understand that a member of the crisis response team will follow up with me, my student, and the mental health care provider.

Before my student returns to school, my student and I will meet with a member of the crisis team. I will notify the attendance office and the counseling department of my student's expected date of return in order to schedule a meeting for the Student Transitional Wellness Plan.

BY SIGNING THIS DOCUMENT I VERIFY THAT MY STUDENT WILL RECEIVE IMMEDIATE MENTAL HEALTH SUPPORT UPON LEAVING CAMPUS TODAY.

Parent/Guardian Signature

Date

Parent/Guardian Phone Number

Parent/Guardian Email

Screener Signature

Date

Screener Signature

Date

SUICIDE HOTLINE: 988

SUICIDE TEXT LINE: 988

WEBSITE: 988lifeline.org

Give copy to parent/guardian and place a copy in the school counselor and/or mental health provider's confidential file. DO NOT PLACE IN CUME FILE.



Risk Assessment Documentation

NOTIFICATION OF PARENT/GUARDIAN:

Date: _____ Parent or Guardian Name(s): _____

Staff who notified Parent/Guardian: _____

Protective Contract/Student Agreement Signed: _____ Yes _____ No

Parent/Guardian School Release Signed: _____ Yes _____ No

If no, please provide reason: _____

Student Name: _____

Grade: _____ ID: _____ DOB: _____

Contact Phone Number(s): _____

Referred by: _____

SUICIDE RISK LEVEL

REASON(S) FOR RISK ASSESSMENT:

Please describe reason(s) for this assessment and any additional concerns or information:

Screening conducted by: _____

Screening conducted by: _____

RESULTS OF RISK ASSESSMENT:



Student Transitional Wellness Plan

Date: _____ School: _____

Student's Name: _____

Grade: _____ ID: _____ DOB: _____

PLEASE COMPLETE THIS PLAN BEFORE THE STUDENT RETURNS TO CLASSES

Date of Assessment: _____ Location of Event: School Home Other

Counselor: _____ Site Administrator: _____

Next Follow Up: _____ Plan End Date: _____

STUDENT SHORT-TERM SUPPORTS:

Modified Schedule (Notify Attendance Office and Student's Teachers)

Mental Health Services

School-based Parent authorized COST referral? Yes No

Outside Services Yes No

Other Supports Recommended (notify student's teachers of supports)

The team agrees to the student supports listed above.

Parent and student authorize sharing supports with teachers? Yes No

Student Signature Date Parent/Guardian Signature Date

Staff Member Signature Date Staff Member Signature Date