

Suicide Intervention Form, 2145P Exhibit B

Student Name		DOB	
Student ID #		Date of Report	
IEP	YES NO	Grade Level	
504	YES NO	School	
Case Mgr./Counselor			
Student Referred By	Name &/or Source	Relationship	
Person Recording Data	Name	Position	
Reason for Referral			

Suicide Risk Screening (including the C-SSRS)

1. Explain to the student you are checking in on their well-being and safety - the student is not in trouble. Consider asking pronouns used at home and school. Spend the time needed to build rapport and comfort for the student.

2. Discuss confidentiality limits with the student. Explain we will inform parents of risk screening conclusion and anything they need to know to maintain student safety.

3. Ask if student agrees to participate in this conversation. **Assent: YES NO**

4. If the student does not agree to participate, explain that you must consider them at high risk and proceed with steps to keep them safe.

Columbia-Suicide Severity Rating Scale (C-SSRS)

Ask questions that are in bold and underlined
询问加粗和带下划线的问题

Past Month
在过去的
1个月

Ask questions 1 and 2
询问问题 1 和 2。

Yes 是	No 否
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1. Have you wished you were dead or wished you could go to sleep and not wake up?

1. 希望死去
受试者承认有希望死去或不再活下去的想法，或者有希望睡着后不再醒来的想法。

您曾希望自己死去或者希望自己睡着后不再醒来吗？

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2. Have you had any actual thoughts of killing yourself?

2. 不具体的主动自杀想法
结束自己的生命/实施自杀的想法（如：“我想过自杀”）是一般性的，并不具体，而且在评估期间没想过自杀的方式/相关方法、意图或者计划。

您确实有过自杀的想法吗？

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If YES to 2, ask questions 3, 4, 5, and 6. If NO, go directly to question 6
如果对问题 2 的回答为“是”，请询问问题 3、4、5、6。如果对问题 2 的回答为“否”，请询问问题 6。

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<p>3. Have you been thinking about how you might do this? 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."</p> <p>3. 有方法（非计划）但无行动意图的主动自杀意念</p> <p>在评估期间，受试者承认有自杀的想法并想过至少一种自杀方法。这与那种已制定出时间、地点或具体方法的具体计划有所不同（如：想过自杀的方法但没有具体的计划）。这包括有人会说：“<i>我</i>想过服用过量药物，但是我从来就没有制定过一个在何时、何地以及如何实际操作的具体计划……而且我永远不会这么做”。</p> <p><u>您想过会如何自杀吗？</u></p>	Moderate Risk	
<p>4. Have you had these thoughts and had some intention of acting on them? as opposed to "I have the thoughts, but I definitely will not do anything about them."</p> <p>4. 有行动意图但无具体计划的主动自杀意念</p> <p>有主动自杀的想法，并且受试者报告说有<u>实施这些想法的意图</u>，而不是“<i>我有这些想法但我肯定不会去实施</i>”。</p> <p><u>您有过这些想法并有过实施这些想法的意图吗？</u></p>	High Risk	
<p>5. Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</p> <p>5. 有具体计划和意图的主动自杀意念</p> <p>关于自杀想法的计划细节已完全或部分制定好，并且受试者有执行计划的意图。</p> <p><u>您已经开始制定或者已经制定了详细的自杀计划吗？您是否想执行这个计划？</u></p>	High Risk	
<p>6. Have you ever done anything, started to do anything, or prepared to do anything to end your life? 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, or tried to hang yourself, etc.</p> <p>6. <u>您曾经有做过、开始尝试做过、或准备采取任何行动来结束自己的生命吗？</u></p> <p>例如：收集相关药品、获取过枪支、将贵重物品送出、写过遗书或遗嘱、拿出药片但没有服用、拿出过枪但改变了主意或手中的枪被拿走、去到过楼顶但没有跳下；又或是确实有服用过相关药品、试图向自己开过枪、割伤过自己、试图上吊等等。</p>	Moderate Risk	<p>Lifetime 一生中</p>
<p>If YES, ask: <u>Was this within the past 3 months?</u> 如果选择“是”，询问患者：<u>这发生在过去的三个月内吗？</u></p>	High Risk	<p>Past 3 Months 过去的三个月内</p>
Risk Screening Conclusion (See 2145P Exhibit A for next steps)		
	Low Risk	Low Risk
	Moderate Risk	Moderate Risk
	High Risk	High Risk
Form Incomplete - Continue to the following page		

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The risk screening conclusion above informs the level of support that must be provided. See 2145P Exhibit A for guidance regarding next steps. The risk screening provider may determine a higher level of risk based upon their professional expertise but may not determine a lower level of risk than yielded by the C-SSRS.

Intervention Notes: If risk screening provider used professional expertise to assign a higher risk level than the C-SSRS questions yielded, briefly explain why. Consider including pertinent information shared by the student (access to means, past suicidal behavior, plan details, additional risk factors), information from additional sources (parents, teachers, friends, written work), information about the student’s current supports, etc.

Follow-Up Plan: List action steps being taken by student, school team, parent/guardian to enhance safety, e.g. developed safety plan, provided crisis resources, parent picked student up from school, collaboration with outside therapist/agency, referral to mental health supports, emergency intervention such as 911 or parent taking student to the ER, referral to a support team such as GT or MDT, scheduled a re-entry meeting, or other.

Reducing Access to Lethal Means (2145P Exhibit E) provided to parent: **YES** **N/A**
 Required if student falls in the moderate (orange) or high (red) risk range on the C-SSRS

Safety Plan (2145P Exhibit C) completed or reviewed/updated if already in place: **YES** **PENDING** **N/A**
 If pending, explain: _____

Required if the student falls in the high risk (red) range on the C-SSRS. Optional if the student falls in the low risk (yellow) or moderate risk (orange) range on the C-SSRS

Reentry Guidance for Families (2145P Exhibit F) provided to parents, including clear explanation that the student may not return to school until re-entry meeting has been completed: **YES** **N/A**
 Required if student requires crisis services outside BSD (e.g. suicide assessment at ER or from outside provider)

Plan of Action:	Name of Person Contacted	Date	Time	By Whom
Parent/Guardian Notified				
Administrator Notified				
Completed all documentation steps at the bottom of this form		YES		

*****Required portion of 2145P Exhibit B is COMPLETE. Optional – Some or all of the additional questions on the following page MAY be completed if deemed helpful or appropriate by the risk screening provider.*****

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Suicidal Ideation Intensity Information
Frequency: How often have you had these thoughts in the past month? (e.g. once a week, daily, many times a day)
Duration: When you have these thoughts, how long do they last? (e.g. a few seconds, minutes, most of the day)
Controllability: Could/can you stop thinking about wanting to die if you want to? (e.g. can control thoughts with little difficulty, some difficulty, a lot of difficulty, or unable to control thoughts)
Means/Other Risk Factors
Who else knows about your suicidal thoughts or plan?
Do you have access to things you might use to harm yourself? Are there firearms (guns) in your home and do you have access to them?
Are you engaging in self-harm behaviors that are not intended to take your life?
Are you using drugs or alcohol?
Protective Factors
Internal (check those that apply)
<input type="checkbox"/> ability to cope with stress
<input type="checkbox"/> frustration tolerance
<input type="checkbox"/> religious beliefs
<input type="checkbox"/> fear of death or the actual act of killing self
<input type="checkbox"/> identifies reasons for living
other
External (check those that apply)
<input type="checkbox"/> cultural, spiritual, and/or moral attitudes against suicide
<input type="checkbox"/> responsibility to family/community
<input type="checkbox"/> beloved pets
<input type="checkbox"/> supportive social network of family or friends
<input type="checkbox"/> positive therapeutic relationships
other
You have been able to stay alive thus far. Tell me about how and why?

Documentation: Save as: First initial Last initial(s) 2145P Exh. B Date. Email to director of counseling, support coordinator for counseling, school counselor, and building admin., subject line "SIF." Document in IEPonline under Notes section, "Suicide Intervention Form and Safety Plan (when completed) developed on <date>; see school file for more information." **DO NOT attach these forms in IEPonline.** Admin - file this form in a confidential location in the school (not in cumulative or confidential file) where only "need to know" staff may access the form. This form is to be completed ONLY by a counselor, nurse, school psychologist, social worker, or principal/designee.