



**Student Safety Information Questionnaire**

**Step 1: Student Conversation**

THE MOST IMPORTANT INFORMATION TO GATHER IS DIRECTLY ASKING THE STUDENT ABOUT SUICIDE, ACCESS TO MEANS, AND SAFETY AND SUPPORT PLANNING WITH THE STUDENT AND PEOPLE IN THE STUDENT’S LIFE. If that is the only information that emerges from the conversation, that is enough to start. Focus on building a positive relationship that promotes hope and encouragement.

Full name \_\_\_\_\_

Student ID number \_\_\_\_\_ Grade level \_\_\_\_\_

Race/ethnicity \_\_\_\_\_ Gender \_\_\_\_\_

Please describe the problem (e.g., school, home, friends, depression, changes to daily functioning)

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Have you been thinking about by dying by suicide? Yes / No / Unsure

Have you had thoughts about suicide in the past 24 hours, few weeks and/or month? (discuss)

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If yes, how do you envision dying? Do you have any intention to carry out your plan? (discuss)

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Do you have access to firearms? Other lethal means? (discuss)

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What risk factors are evident as a result of the conversation? (check all that apply)

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|---|--|
| <input type="checkbox"/> Bullying               | <input type="checkbox"/> Previous suicide attempt            |
| <input type="checkbox"/> Harassment             | <input type="checkbox"/> Family history of suicide           |
| <input type="checkbox"/> Family issues          | <input type="checkbox"/> Drug or alcohol use                 |
| <input type="checkbox"/> Relationship issues    | <input type="checkbox"/> New medication or medication change |
| <input type="checkbox"/> Recent loss or failure | <input type="checkbox"/> Other _____                         |

What makes you happy? What are you looking forward to in the future? (discuss)

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Who are people you feel comfortable reaching out to if you are having a hard time? (discuss)

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**For Interviewer (not part of interview):**

Is there prior suicide conversation in counseling notes? Yes / No

- Based on this initial conversation, do you need to take immediate action to keep this student safe (i.e., imminent risk, major risk factors, access to lethal means, etc.)?  
\_\_\_\_\_
- Encourage a plan to seek secondary screening (i.e., clinical mental health support, youth counseling services, hospitalization, etc.).  
\_\_\_\_\_
- Additional information to be noted:  
\_\_\_\_\_

**Step 2: Parent/Guardian Conversation:**

When there is a concern about suicidality, informing a parent/guardian is an essential part of the process. (If a student expresses that the suicidal ideation is a result of abuse or neglect, consult with your team, including your administrator, to make a decision about how to proceed.)

Parent/guardian (Full name of individual contacted) \_\_\_\_\_

Phone number \_\_\_\_\_ Email \_\_\_\_\_

Summarize the student conversation with parent/guardian. Note their responses. Share other sources of information including peer reports, teacher reports/observations, etc.

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Has your child ever mentioned thoughts of suicide or dying? If so, when and how often? Is there a history of self-harm? (discuss)

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Is there any history of death by suicide of a family member or friend? If so, explain.

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What concerns about drugs and alcohol do you have, if any?

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Have you noticed any changes in behavior, sleep patterns, engagement or stress levels? Any major life changes or stressful events?

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Discuss safety proofing the home and access to lethal means (firearms, medications, etc.).

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What are the student's positive activities, interests, relationships, reasons for living (sports, faith, clubs, recreation, pets, family, friends)? (discuss)

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What other concerns do you have that we have not yet addressed?

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### **Step 3: Student Support Plan:**

This is an opportunity to synthesize the information collected thus far. Creating a plan for how to respond when notified of suicidal ideation is a way for school counselors, in collaboration with other school staff, to support students experiencing suicidal ideation.

- Student-identified strengths and protective factors (hobbies, skills, passions, trusted peers and adults in school/ community) (note)
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- Student-identified risk factors and warning signs: Yes / No / Other

- Contacted parent/guardian with date/time: \_\_\_\_\_

- Possible Support Checklist (check all that apply):

- Give the student and parent/guardian crisis resources to add in the student's phone
- Encourage the student to talk to trusted adult
- Provide the student with a pass to see school counselor, school psychologist, school social worker as needed and/or visit breakroom/wellness room as needed
- Provide student and family with hard copy and email of community resources
- Review crisis and community resources
- Encourage student to work with trusted adult to develop a sleep, nutrition and/or exercise routine
- Identify designated safe places for potential break times
- Alert school staff on a need-to-know basis regarding safety and supervision
- Assist student and family in identifying and further developing activities, relationships or experiences of value that increase protective factors
- Discuss safety proofing home and all environments that student frequents to secure/remove all lethal means of suicide

- Contact emergency or crisis services as needed
- Other \_\_\_\_\_

**Step 4: Final Checklist**

- Considerations: (check all that apply)
  - Notified and involved administration
  - Contacted parents/guardians (nonnegotiable) unless the suicidal ideation appears to be a direct result of abuse/neglect (e.g., incest), at which time you call child protective services
  - Provided resources to family

Time-stamped and dated communication with parents/guardians

- Administrator notified (name/time/date):  
\_\_\_\_\_
- Applicable supporting documents (suicide note, concerned emails, peer or teacher referrals, etc.)

***The person completing this document cannot guarantee any outcome, and the purpose is to provide information for parents/guardians to act on behalf of their child.***