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 Formule las preguntas que están en negrilla	**Past Month** **1 Mes Pasado**	
Ask questions 1 and 2 Formule las preguntas 1 y 2	**Yes** **Sí**	**No** **No**
1. Have you wished you were dead or wished you could go to sleep and not wake up? **1. ¿Ha deseado estar muerto(a) o poder dormirse y no despertar?**	☐ Low Risk	☐
2. Have you had any actual thoughts of killing yourself? **2. ¿Ha tenido realmente la idea de suicidarse?**	☐ Low Risk	☐
If YES to 2, ask questions 3, 4, 5, and 6. If NO, go directly to question 6 Si la respuesta es "Sí" a la pregunta 2, formule las preguntas 3, 4, 5, y 6. Si la respuesta es "No" continúe a la pregunta 6.		
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." **3. ¿Ha pensado en cómo llevaría esto a cabo?** Esto incluye a un(a) participante que diría: "He tenido la idea de tomar una sobredosis, pero nunca hice un plan específico sobre el momento, el lugar o cómo lo haría realmente… y nunca lo haría".	☐ Moderate Risk	☐

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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." **4. ¿Ha tenido estas ideas y en cierto grado la intención de llevarlas a cabo?** a diferencia de "Tengo los pensamientos, pero definitivamente no haré nada al respecto".	☐ High Risk	☐
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? **5. ¿Ha comenzado a elaborar o ha elaborado los detalles sobre cómo suicidarse? ¿Tenída e intenciones de llevar a cabo este plan?**	☐ High Risk	☐
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. **6. ¿Alguna vez ha hecho algo usted, comenzado a hacer algo o se has preparado para hacer algo para terminar su vida?** Ejemplos: Colectar píldoras, obtener una arma, regalar cosas de valor, escribir un testamento o carta de suicidio, sacado píldoras de la botella pero no las tragado, agarrar una arma pero ha cambiado de mente de usarla o alguien se la ha quitado de sus manos, ha subido al techo pero no ha saltado al vació; o realmente ha tomado píldoras, ha tratado de disparar una arma, se ha cortado, ha tratado de colgarse, etc.	**Lifetime** **Toda la Vida** ☐ Moderate Risk	☐
If YES, ask: **Was this within the past 3 months?** Si la respuesta es "Sí", formule: **¿Fue esto en los últimos 3 meses?**	**Past 3 Months** **3 Meses Pasados** ☐ High Risk	☐

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 pages 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)
☐ability to cope with stress
☐frustration tolerance
☐religious beliefs
☐fear of death or the actual act of killing self
☐identifies reasons for living
other
External (check those that apply)
☐cultural, spiritual, and/or moral attitudes against suicide
☐responsibility to family/community
☐beloved pets
☐supportive social network of family or friends
☐positive therapeutic relationships
other
You have been able to stay alive thus far. Tell me about how and why?

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