

SAMPLE DOCUMENTATION OF SUICIDE RISK INTERVENTION

Student Name: _____ **Date:** _____

Date of Birth: _____ **Grade:** _____ **Gender:** m f

Ethnicity:
American Indian ___ Asian ___ Black ___ White ___ Hispanic ___

Special Education: y n **Disability Category:** _____

School: _____

Form completed by: _____
(must be school psychologist, social worker &/or counselor)

Referred by: _____

Reason for Assessment: _____

Required Actions:

Suicide assessment team process implemented

Participants: minimum of 2 staff members must be part of the assessment team.
Team must include mental health &/or counselor. All participants must initial.

<u>Name</u>	<u>Position</u>	<u>Initial</u>
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Mental health/counselor contact with student

Student supervised until released

Student released

To parent _____ Transported by: _____

Therapist _____ Transported by: _____

ER/hospital _____ Transported by: _____

Other _____

Returned to class (low risk only and w/ parent permission) _____

Parents notified Time: _____ Spoke to: _____

Referrals given to parents

Discussion of home safety/supervision (access to weapons, drugs, Rx's, etc.)

"Tips for Keeping Your Child Safe" provided to parent

Outpatient therapist/MD notified (if applicable)

Other _____

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**Document “Code SRI-__ (Level=L, M, H)” and date in student’s health record.
Give/send copy of this report to parent(s)/guardian(s).
Provide parent with “Tips for Keeping Your Child Safe”.**