SAMPLE DOCUMENTATION OF SUICIDE RISK INTERVENTION

Student Name:	Date:					
Date of Birth:		Grade:	Gender:	m f		
Ethnicity:						
American Indian				Hispanic		
Special Education: y n School:						
Form completed by:	social work	er &/or counse	elor)			
Referred by: Reason for Assessment:						
Required Actions:						
Name		Position		Initial		
Mental health/counselor c	ontact with s	student				
Student supervised until re	eleased					
Student released						
		Tra	nsported by:			
		Tra	nsported by:			
		Ira	nsported by:			
Other Returned to class (low	risk only an	d w/ parent pe	ermission)			
Parents notified Time:		_ Spoke to: _				
Referrals given to parents				_		
Discussion of home safety		(access to we	apons, drugs, Rx ³	's, etc.)		
Generation Contractions for Keeping Your C				-		
• Outpatient therapist/MD n	-	-				
• Other	× 1	- /				

Adapted from Cherry Creek School District 2008

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Safety plan and supportive measures:								
Level of concern:		low	□ medium	□ high				
Safety plan was established with		student	□ school	□ family				
 No harm to self contract: Identified supports at school: 1. 2. 								
2 Emergency resources/supports (if after school hours): 1 2 Output instruments given:								
Outpatient resources given: 1. 2.								
 Participation in community-based services: Name of outpatient therapist								
 Participate in school-based program: 								
• Other								
Follow-up plan:								
Follow-up plan will be coordinated with	alth	🗆 admii						
School contact person:			Phone:					
Plan:								
Other comments/concerns:								
Keep original in a confidential centralized	d loc	ation with	in building.					

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SAMPLE DOCUMENTATION OF SUICIDE RISK INTERVENTION

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".

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