# **Suicide Risk: Documentation Form**

Date of Referral

## **GENERAL INFORMATION**

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| --- | --- |
| Student Name: |       |
| Date of Birth and Grade: | Date of Birth:      Grade:       |
| Student’s Home Address: |       |
| Contact Information for Student: | *(email, cell)* |
| Parent or Guardian Name(s): |       |
| Parent or Guardian Phone Numbers(s):  |       |
| Parent or Guardian Email(s): |       |

## **INFORMATION REGARDING RISK OF SUICIDE**

| Referral Source: | [ ] Self-Referral [ ] Teacher [ ] Peer [ ] Parent/Guardian [ ] Other:       |
| --- | --- |
| Description of Risk: |       |
| Person Conducting Student Interview: |      Date of Interview:      |
| Team Members Involved: (check all that apply) | [ ] School Counselor(s):       [ ] School Psychologist:       [ ] School Social Worker:      [ ] Administrator(s):       [ ] Other(s):       |
| Case Manager\*: |  |
| Parent or Guardian Notification Information | Date of Contact:      Who Contacted:      Suicide Risk: Parent/Guardian Notification Form given? [ ] Yes, please attach [ ] No, please note why.Additional Notes:       |
| Safety Plan: | [ ] Completed on      [ ] Scheduled to be completed before student’s return to school setting. |
| Additional Notes or list of attachments: |       |

\*The Assigned *Case Manager should be a mental-health staff member. This person will act as the “point-of- contact” for scheduling follow-up meetings, safety plan development, and parent/guardian contact.*