# **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: |
| Risk Level: |  |
| 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.*