

**Suicide Intervention Form, 2145P Exhibit B**

<b>Student Name</b>		<b>DOB</b>	
<b>Pronouns</b>		<b>Date of Report</b>	
<b>Student ID #</b>		<b>Grade Level</b>	
<b>Counselor/Case Mgr.</b>		<b>IEP</b>	<b>YES NO</b>
<b>School</b>		<b>504</b>	<b>YES NO</b>
<b>Student Referred By</b>	<b>Name</b>	<b>Relationship</b>	
<b>Person Recording Data</b>	<b>Name</b>	<b>Position</b>	
<b>Reason for Referral</b>			
<b>Suicide Risk Screening (including the C-SSRS)</b>			
1. Explain to the student why you are speaking with them today - to check in on their well-being and safety. Stress that the student is not in trouble. Spend the time needed to build rapport and comfort for the student.			
2. Discuss confidentiality and its 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.			<b>Assent: YES NO</b>
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.			
<b>Columbia-Suicide Severity Rating Scale (C-SSRS)</b>			
Ask questions that are in bold and underlined		<b>Past Month</b>	
Ask questions 1 and 2		<b>YES</b>	<b>NO</b>
<b><u>1. Have you wished you were dead or wished you could go to sleep and not wake up?</u></b>		Low Risk	
<b><u>2. Have you had any actual thoughts of killing yourself?</u></b>		Low Risk	
If YES to 2, ask questions 3, 4, 5, and 6. If NO, go directly to question 6			
<b><u>3. Have you been thinking about how you might do this?</u></b> 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."		Moderate Risk	
<b><u>4. Have you had these thoughts and had some intention of acting on them?</u></b> as opposed to "I have the thoughts, but I definitely will not do anything about them."		High Risk	
<b><u>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?</u></b>		High Risk	
<b><u>6. Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u></b> 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.		Moderate Risk	
		<b>Lifetime</b>	
		Moderate Risk	
		<b>Past 3 Months</b>	
If YES, ask: <b><u>Was this within the past 3 months?</u></b>		High Risk	
<b>Risk Screening Conclusion (See 2145P Exhibit A for next steps)</b>			
		Low Risk	Low Risk
		Moderate Risk	Moderate Risk
		High Risk	High Risk
<b>Form Incomplete – Continue to Page 2</b>			

Documentation: Save as: First initial Last initial(s) 2145P Exh. B Date. Email to director of counseling, support coordinator for counseling, school counselor, and building admin., subject line "SIF." Document in IEPonline under Notes section, "Suicide Intervention Form and Safety Plan (when completed) developed on <date>; see school file for more information." **DO NOT attach these forms in IEPonline.** Admin - file this form in a confidential location in the school (not in cumulative or confidential file) where only "need to know" staff may access the form. This form is to be completed ONLY by a counselor, nurse, school psychologist, social worker, or principal/designee.

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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:**

**Follow-Up Plan:** List action steps being taken from 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

If student falls in the moderate (orange) or high (red) risk range on the C-SSRS, provide parents with **Reducing Access to Lethal Means (2145P Exhibit E)**

If student requires crisis services outside BSD (e.g. suicide assessment at ER or from other outside provider), provide parents with **Reentry Guidance for Families (2145P Exhibit F)**

<b>Plan of Action:</b>	<b>Name of Person Contacted</b>	<b>Date</b>	<b>Time</b>	<b>By Whom</b>
Parent/Guardian Notified				
Administrator Notified				
Agency Notified				
Safety Plan Completed				

**\*\*\*Required portion of 2145P Exhibit B is COMPLETE. Optional – Some or all of the additional questions below MAY be completed if deemed helpful or appropriate by the risk screening provider.\*\*\***

**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)

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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**

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?**