**Suicide Risk Assessment Checklist**

**Student: Date: Time:**

**Risk Assessors (individuals conducting risk assessment):**

**Referral Source** (who referred the individual for risk assessment):

**Reason for Assessment**: (Describe the cause for concern to ***include specific behaviors/comments heard or reported***)

|  |
| --- |
| ALL questions are to be completed with the referred individual in a private interview, conveying nonjudgmental support for the individual and their reported feelings, perceptions, and thoughts. Critical items are circled in red, and the interviewer is encouraged to probe for additional information to better understand the individual’s current intent, ideation, and feasibility of plan to harm self and/or others. Regardless of specific responses, DIRECT SUPERVISION AT ALL TIMES is required if the individual is believed to be at imminent risk of harming self and/or others until the student is released to approved individuals to pursue immediate mental health assessment or law enforcement intervention. Professional discretion is to err on the side of caution. |

***Has the individual*: (**answer: Yes / No / ? - need more information)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Critical Categories** |  | **Assessment Questions** | **Yes** | **No** | **?** |
| Communicated  Intent | 1. | Communicated intent to harm him/herself?  (includes verbal, non-verbal, electronic, written, pictures, gestures, social media) |  |  |  |
| 2. | Made statements of intent to harm self previously or repeatedly?  Specify: |  |  |  |
|  |  |  |  |  |  |
| Ideation  \* Question 5: if ***Yes***, there is a duty to contact law enforcement and to warn others. | 3. | Ever had thoughts of suicide?  Specify: |  |  |  |
| 4. | Expressed a fascination with death and dying?  Specify: |  |  |  |
| 5. | Expressed thoughts of hurting others (i.e., homicidal ideation)?  Specify: | **\*** |  |  |
|  |  |  |  |  |  |
| Attempt | 6. | Previously tried to kill him/herself or repetitive self-injury?  Specify: |  |  |  |
|  |  |  |  |  |  |
| Plan | 7a. | Indicated a plan to harm or kill him/herself *now*?  Specify: |  |  |  |
| 7b. | Is the plan d*etailed* (materials, means, and method)?  Specify: |  |  |  |
| 7c. | Is the plan *specific* (time and location)?  Specify: |  |  |  |
| 7d. | Is the plan *viable* (can access means and enact plan)?  Specify: |  |  |  |

***Has the individual*: (**answer: Yes / No / ? - need more information)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Additional Categories** |  | **Assessment Questions** | **Yes** | **No** | **?** |
| Changes in  Mood /Behavior | 8. | In the past year, felt so sad he/she stopped doing regular activities?  Specify: |  |  |  |
| 9. | Demonstrated abrupt changes in behaviors? (e.g. eating, sleeping, decline in school performance, quit club/sports activities, gave away personal possessions) |  |  |  |
| 10. | Demonstrated recent, dramatic changes in mood?  (e.g., change from depression to contentment, happiness to depression, etc.) |  |  |  |
|  |  |  |  |  |  |
| Stressors | 11. | Had a personal connection to, or identified with, someone who committed suicide?  Who: |  |  |  |
| 12. | Had a recent death of a loved one or a significant loss?  (i.e. breakup of a romantic relationship) |  |  |  |
| 13a. | Experienced a new trauma/stressor?  Specify:  What: |  |  |  |
| 13b. | Experienced a chronic/ongoing stressor? (feelings of loneliness, life stress )  Specify: |  |  |  |
| 14. | Experienced a significant health concern? (self or other)  Specify: |  |  |  |
| 15. | Experienced abuse or victimization?  Specify: |  |  |  |
|  |  |  |  |  |  |
| Mental Illness | 16. | Has a history of mental illness? (i.e., depression, conduct, or anxiety)  Specify: |  |  |  |
| 17. | Currently in counseling?  With whom: |  |  |  |
|  |  |  |  |  |  |
| Substance Use | 18. | Has a history of substance abuse?  Specify: |  |  |  |
|  |  |  |  |  |  |
| Protective Factors | 19. | Has a support system of family, friends, or pets?  Specify: |  |  |  |
| 20. | Has a sense of purpose in his/her life? (commitments, plans, etc.)  Specify: |  |  |  |
| 21. | Readily names plans for the future/indicates a reason to live?  Specify: | | | |
| 22. | Who would the individual want to stop him/her if he/she had a plan?  Specify: | | | |
| 23. | Who would be hurt if the plan was carried out? (family, friends, pet, etc.)  Specify: | | | |
| 24. | What happens to people who die? (religion/spiritual beliefs)  Response: | | | |
| 25. | What happens to people who die by suicide? (religion/spiritual beliefs)  Response: | | | |
|  |  |  |  |  |  |
| Personal  Factors | 26. | Engages in risky behavior? Specify: \_\_\_\_ |  |  |  |
| 27. | Impulsive acting-out ? (quickly escalates conflict, flees/runs away, etc.)  Specify: |  |  |  |
| 28. | Affect: ☐ Calm ☐ Elated ☐ Depressed/Despondent ☐ Irritable ☐ Enraged ☐ Labile  Behavior: ☐ Cooperative ☐ Withdrawn ☐ Avoidant ☐ Defensive ☐ Hostile ☐ Varied | | | |

**Assessment Results:**

|  |
| --- |
| **LOW RISK**: The individual does not pose imminent danger to self; insufficient evidence for suicide potential. Low risk indicators may include: thoughts of suicide only in the past; history of depression; no previous attempts; no plan; no access to weapons or means; no recent losses; support system in place; no alcohol/substance abuse; positive coping skills  Actions (ALL boxes should be checked):  ☐ Parent called and briefed about the situation:  Parent: Date: Time:  ☐ Reassure and supervise student.  ☐ Assist with connecting with school and community resources.  ☐ Child released to parent custody for parent follow-up or routine after-school transportation.  ☐ Other factors: . |

|  |
| --- |
| **MODERATE RISK:** The individual presents with a questionable or non-viable plan of self-harm (i.e., lacks clear or viable intent, ideation, and/or plan) but is deemed to be at elevated risk of harming him/herself due to current stressors, personal and/or environmental variables, and/or lack of protective factors. ***The individual must be constantly supervised until seen for follow-up assessment by either a school- or community-based mental health professional, to occur within 24-hours***.  Actions (ALL boxes should be checked):  ☐ Parent called and briefed about the situation:  Parent: Date: Time:  ☐ Secure/remove weapon(s) or item(s) mentioned in the student’s plan.  ☐ Supervise student at all times (including restroom).  ☐ Release student only to:  \_\_\_ Parent/guardian committed to seeking *immediate* mental health assessment.  \_\_\_ Law enforcement/SRO took child into protective custody (document all actions).  \_\_\_ DSS.  \_\_\_ Ambulance transport requested by: parents, school, unable to contact parent.  ☐ The school requires a note from the physician or mental health professional’s assessment indicating that the child can return to school.  ☐ Parent was briefed on the process and given the ***Suicide Risk Assessment – Parent/Guardian Notice.***  ☐ Prepare a re-entry plan/meeting involving: parents and school and/or community mental health personnel to make appropriate follow-up plans.  ☐ Other factors: . |

|  |
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| **HIGH RISK**: The individual poses imminent danger to self with a viable plan to do harm. High risk indicators may include: current thoughts of suicide; current sense of hopelessness; previous attempts; access to weapons or means; weak support system; alcohol/substance abuse; mental health history; precipitating events, such as loss of loved one, traumatic event, or feelings of victimization. ***The individual must be sent for an immediate mental health assessment.***  Actions (ALL boxes should be checked):  ☐ Parent called and briefed about the situation. Parents to report immediately to school or evaluation facility.  Parent: Date: Time:  ☐ Secure/remove weapon(s) or item(s) mentioned in the student’s plan.  ☐ Supervise student at all times (including restroom).  ☐ Release student only to:  \_\_\_ Parent/guardian committed to seeking *immediate* mental health assessment.  \_\_\_ Law enforcement/SRO took child into protective custody (document all actions).  \_\_\_ DSS.  \_\_\_ Ambulance transport requested by: parents, school, unable to contact parent.  ☐ The school requires a note from the physician or mental health professional’s assessment indicating that the child can return to school.  ☐ Parent was briefed on the process and given the ***Suicide Risk Assessment – Parent/Guardian Notice.***  ☐ Prepare a re-entry plan/meeting involving: parents and school and community mental health personnel to make appropriate follow-up plans.  ☐ Other factors: . |

**Suicide Risk Assessment Worksheet**

**(not required)**

**INSTRUCTIONS:** Use as a checklist for assessment. Each item carries the same weight.

**Student Name: Date: Interviewer: \_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Low** | **Medium** | **High** |
| **1. Current Suicide Plan** | | | |
| **A. Details** | * Vague | * Some specifics | * Well thought out, knows when, where, how |
| **B. Availability of means** | * Not available, will have to get | * Available, close by | * Has in hand |
| **C. Time** | * No specific time or in future | * Within a few hours | * Immediately |
| **D. Lethality of method** | * Pills, slash wrists | * Drugs/alcohol, car wreck, carbon monoxide | * Gun, hanging, jumping |
| **E. Chance of Intervention** | * Others present most of the time | * Others available if called upon | * No one nearby, isolated |
| **2. Previous Suicide Attempts** | | | |
|  | * None or one of low lethality | * Multiple of low lethality or one of medium lethality; history of repeated threats | * One of high lethality or multiple moderate lethality |
| **3. Stress** | | | |
|  | * No significant Stress | * Moderate reaction to loss and environmental changes | * Severe reaction to loss or environmental changes |
| **4. Symptoms** | | | |
| **A. Coping Behavior** | * Daily activities continue as usual with little changes | * Some daily activities disrupted; disturbance in eating, sleeping, school work | * Gross disturbances in daily functioning |
| **B. Depression** | * Mild; feels slightly down | * Moderate; some moodiness, sadness, irritability, loneliness, & decrease of energy | * Overwhelmed with hopelessness, sadness, and feelings of worthlessness |
| **5. Resources** | | | |
|  | * Help available; significant others concerned and willing to help | * Family and friends available but unwilling to help consistently | * Family and friends not available or hostile, exhausted, injurious |
| **6. Communication Aspects** | | | |
|  | * Very indirect or nonverbal expression of internalized suicidal goal (guilt, worthlessness) | * Inter-personalized suicidal goal, “They’ll be sorry – I’ll show them” | * Direct expression of feelings of suicidal intent |
| **7. Life Styles** | | | |
|  | * Stable relationships, personality, and school performance | * Recent acting-out behavior and substance abuse; acute suicidal behaviors unstable personality | * Suicidal behavior in unstable personality; emotional disturbance; repeated difficulty with peers, family, and teachers |
| **8. Medical Status / Mental Health** | | | |
|  | * No significant medical/mental health problems | * Acute but short-term or psychosomatic illness or mental health issues | * Chronic debilitating or acute catastrophic illness or chronic mental health symptoms |
| **Total Checks:** \_\_\_\_\_ **Low** \_\_\_\_\_ **Medium** \_\_\_\_\_ **High Student willingly completed a safety plan: \_\_\_\_\_\_\_ yes \_\_\_\_\_\_\_ no** | | | |

*Adapted from Suicide Risk Assessment Worksheet by J. Smith, 1988, unpublished manuscript, Dallas Independent School Districts, Dallas,TX*

**Student Safety Plan**

**When I feel I might act on my suicidal thoughts, I agree to take the following steps:**

**The warning signs** (i.e. feelings, moods, thoughts, triggers, behaviors) **that lead to having thoughts of killing myself are…**

**Use my coping skills that help relax me and take my mind off of problems** (i.e. hobbies, activities, working out, listening to music, etc.) **for at least 30 minutes…**

**I will self-talk and tell myself** (i.e. “I have people who care about me,” I can get through this,” etc.)

**Friends that I can call now to help me are:**

      Phone Number:

      Phone Number:

      Phone Number:

**Adults whom I can ask for help:**

      Phone Number:

      Phone Number:

      Phone Number:

**Counselors/Psychologist/Psychiatrist/Mental Health worker I can call:**

      Phone Number:

      Phone Number:

**Things worth living for:**

**Emergency numbers I can call now 24 hours/day:**

* 911
* United Way – Dial 211 or (843) 744-HELP or 1800-922-2283
* National Suicide Prevention Lifeline at 1-800-273-8255 (1-800-273-TALK)
* Yellow Ribbon Hope Line Network at 1-800-784-2433 (1-800-SUICIDE)

**I give permission for my friends to tell my parents and/or an adult when I am feeling suicidal**

***Suicide Risk Assessment* – Parent/Guardian Notice**

I have been informed that my child has been expressing suicidal thoughts. School staff members are concerned and want to support my child. I understand that I have a part in keeping my child safe. I have been advised to:

 Provide supervision for my child at all times and safety proof my home.

 Not allow my child to be left alone at this time or allow them access to weapons, drugs, medications, or

other dangerous items.

 **I have been advised to immediately take my child to a mental health professional to be evaluated.**

 Help the school staff create a safety plan for my child to be used at school.

 Contact professionals or agencies listed on the Community Resources list.

 Share with the school the names of other professionals helping my child.

 Sign a release of information form so that school staff and other professionals may share information to

benefit my child.

 **In case of emergency, I should:**

1. Call 911.

2. Call the United Way's 24 hour Hotline - Dial 2-1-1 or (843) 744-HELP or 1-800-922-2283

3. Call the National Crisis Line, 1-800-784-2433 (1-800-SUICIDE)

4. Take my child to a hospital emergency room.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature School Staff Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Date

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Phone Numbers:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Home)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Work)\_\_\_\_\_\_\_\_\_\_\_\_(Cell)

Conference Conducted:  In-Person  Over Phone Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Copy this form given to Parent/Guardian on \_\_/\_\_\_/\_\_\_\_  In-Person  Sent by Mail

 Faxed to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Phone Number)  Email to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Suicide Risk Assessment Follow-Up**

**(Fax Completed Form to [District Coordinator of Risk Assessments])**

**Student’s Name: Completed By:**

This form must be completed for students determined to be **Moderate** or **High Risk** as soon as possible after the student is dismissed.

**Immediate Action**

☐ Principal briefed. Time / Date:

☐ Attendance personnel briefed. Time / Date:

**Next Day**

☐ Student returned to school with written note by an authorized provider per *Suicide Risk Assessment – Parent/Guardian Notice*

Appropriate school personnel conducted an interview with student upon return to school to assess status and need for assistance. Staff member conducting interview:

☐ Student returned to school without note.

Appropriate school personnel contacted parent to obtain note or to have the student picked up.

Time / Date:

☐ Student did not return to school. Contact parent.

Staff member contacting parent:

Parent contacted:

**Second Day**

☐ Student returned to school with written note by an authorized provider per *Suicide Risk Assessment – Parent/Guardian Notice.*

Appropriate school personnel conducted an interview with student upon return to school to assess status and need for assistance.

Staff member who conducted interview:

☐ Student returned to school without note.

Appropriate school personnel contacted parent to obtain note or to have the student picked up.

Time / Date:

☐ Student did not return to school the second day. Contact parent.

Staff member contacting parent:

Parent contacted:

☐ If parent does not respond or parent response does not ensure the student’s safety, make DSS referral.

DSS staff contacted:

By whom /Time / Date:

|  |
| --- |
| Note: If parent reports that the student was placed in hospital/treatment facility, school will request that parents provide a release of information from the treating facility to verify that the student is at the facility and to help with the re-entry plan. |

**Re-Entry Plan**

Student: Date of Re-Entry:

School: Grade:

Primary School Contact:

This shall be a qualified school professional, who will meet regularly with the student and monitor the Re-Entry Plan.

Secondary School Contact:

This qualified school professional will be available to the student when the primary contact is not available.

***Complete relevant sections***

Changes to Student Routine and Schedule:

Support Staff to be used as resources for the student:

School-Based Counseling Group(s):

School and Community Groups:

Additional Recommendations:

Date of Distribution: Date of Follow-Up (MTSS, 504, IEP):

Distributed to:

(Need to know only)

**OUTCOME**

Progress:

Amendments Needed:

Date of Follow-Up to Review Amended Re-Entry Plan:

Date of Closure: Date Parent Contacted:

Team Member Signatures:

**XXXX SCHOOL DISTRICT**

**PARENT AUTHORIZATION FOR RELEASE OF INFORMATION**

|  |  |
| --- | --- |
| **To:** |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| **STUDENT:** |  |
| **DOB:** |  |

**Purpose of Request:**

|  |
| --- |
|  |
|  |
|  |

Information Needed:

|  |
| --- |
|  |
|  |
|  |

* My signature authorizes the above to release the requested information in reference to my child,

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | | | | |
| This authorization applies for the following time period: | |  | to |  |

* I understand that I can revoke this authorization at any time effective immediately.

|  |  |
| --- | --- |
| Signature of Parent/Guardian/Surrogate: |  |

|  |  |
| --- | --- |
| Date signed: |  |

|  |  |
| --- | --- |
| Relationship to student: |  |

|  |  |
| --- | --- |
| Requested by: |  |

**Tips for Keeping Your Child Safe**

**WHAT DO I NEED TO KNOW ABOUT YOUTH SUICIDE?**

Risk factors for exhibiting suicidal behavior:

• Loss of significant other

• Problems at school

• Family and personal stress

• Substance abuse

• Depression and other mental health issues

• Previous suicide of peer or family member

• Access to weapons / means of harming self

• Questions regarding sexual orientation

Students who are having suicidal thoughts may exhibit a variety of symptoms including, but not limited to:

• Significant changes in behavior such as changes in appearance, in grades, in eating or sleeping habits, or withdrawing from friends.

• Making suicidal threats – either direct “I want to die” or indirect “things would be better if I weren’t here.”

• Appears sad or hopeless

• Reckless behavior

• Self-inflicted injuries

• Giving away prized possessions

• Saying goodbye to friends and family

• Making out a will

I**t is important to remember the signs and risk factors listed are generalities.** Not all students who contemplate or die by suicide will exhibit these kinds of symptoms AND not all students who exhibit these behaviors are suicidal.

**WHAT CAN I DO TO KEEP MY CHILD SAFE?**

* **ASK.** Talking about suicide does not make a student suicidal. Asking if someone is having suicidal thoughts gives him/her permission to talk about it. Asking sends the message that you are concerned and want to help.
* **TAKE SIGNS SERIOUSLY.** Studies have found that more than 75% of people who die by suicide showed some of the warning signs in the weeks or months prior to their death.
* **GET HELP.** If you have concerns that your child is suicidal, seek immediate help from a mental health practitioner.

Suicidal students need to be evaluated by an expert in assessing risk and developing treatment plans. Parents can contact school psychologists, or school counselors for a listing of resources. Parents may also want to consult with their insurance company to obtain a list of mental health providers covered by their policy. When you call to make an appointment, tell the person on the phone that your child is suicidal and needs to be seen as soon as possible.

* **LIMIT ACCESS TO WEAPONS, PRESCRIPTION DRUGS, MEDICATION, AND OTHER MEANS.**
* **DO NOT LEAVE HIM OR HER ALONE.** It is important that parents surround themselves with a team of supportive friends or family members who can stop in and help as needed.
* **REASSURE YOUR CHILD THAT LIFE CAN GET BETTER.** Many suicidal people have lost all hope that life can improve. They may have difficulty problem solving even simple issues. Remind your child that no matter how bad things are, the problem can be worked out. Offer your help.
* **LISTEN.** Avoid making statements such as “I know what it’s like” or “I understand”. Instead make statements such as “Help me understand what life is like for you right now.”

**KNOW AND BE READY TO USE EMERGENCY RESOURCES (such as):**

|  |  |  |
| --- | --- | --- |
| Suicide Prevention Lifeline | 1-800-273-TALK | (1-800-273-8255) |
| Police/Emergency Medical Care | 911 |  |
| For more information about depression and suicide:  American Association of Suicidology Mental Health America  American Academy of Pediatrics | [www.suicidology.org](http://www.suicidology.org/)  [www.nmha.org](http://www.nmha.org/)  [www.aap.org](http://www.aap.org/) |  |

**Community Resources**

**Mobile Crisis**

**Mental Health Centers**

**Substance Abuse and Addiction Services**

**Behavioral Health**

**Medical University of XXX**

**National Alliance on Mental Illness (NAMI) -** Support for those affected by mental illness.

**Depression Bipolar Support Alliance (DBSA) -** Peer run support groups – chapter of the National DBSA

**Survivors of Suicide Support Group -** Group and individual support, book exchange, and referrals for people who have lost someone they love by suicide.

**Other Local Resources**