SUICIDE SCREENING FORM

1. IDENTIFYING INFORMATION

Name:_____ID_____ School: _____D.O.B._____Age:_____

IEP/504?:_____Address:_____

Parent/Guardian #1 name/phone # (s)_____

Parent/Guardian #2 name/phone # (s):_____

Screener's name:_____ Position:_____Contact info:_____

Screener Consulted with:_____ at the school.

2. REFERRAL INFORMATION

Who reported concern/Contact info: _____Self ◯ Peer ◯ Staff ◯ Parent/Guardian ◯ Other ◯

What information did this person share that raised concern about suicide risk?_____

_____

_____

3. INTERVIEW WITH STUDENT

A. Does student exhibit any of the following warning signs?

- ◯ Written statements, poetry, stories, electronic media about suicide
- ◯ Withdrawal from others
- ◯ Preoccupation with death
- ◯ Feelings of hopelessness
- ◯ Substance Abuse/Mental Health Issues
- ◯ Current psychological/emotional pain
- ◯ Discipline problems
- ◯ Conflict with others (friends/family)
- ◯ Other signs:
- ◯ Experiencing bullying or being a bully
- ◯ Recent personal or family loss or change (i.e., death, divorce)
- ◯ Recent changes in appetite
- ◯ Family problems
- ◯ Giving away possessions
- ◯ Current trauma (domestic/relational/sexual abuse)
- ◯ Crisis within the last 2 weeks
- ◯ LGBT, Native-American, Alaskan Native, male

- ❖ Does the student admit to thinking about suicide? Yes ◯ No ◯
- ❖ Does the student admit to thinking about harming others? Yes ◯ No ◯
- ❖ Does the student admit to having a plan? Yes ◯ No ◯

If so, what is the plan (how, when, where)?_____

- ❖ Is the method available to carry out the plan? Yes ◯ No ◯ Explain: _____
- ❖ Is there a history of previous gesture(s) or attempt(s)? Yes ◯ No ◯ If yes, describe: _____
- ❖ Is there a family history of suicide? Yes ◯ No ◯ Explain:

_____

- ❖ Has the student been exposed to suicide by others? Yes ◯ No ◯ Explain: _____
- ❖ Has the student been recently discharged from psychiatric care? Yes ◯ No ◯ Date/Explain:

_____

B. Does the student have a support system? Yes ◯ No ◯

List the names of family members:_____

Peers:_____

Others:_____

C. Protective Factors:_____

4. PARENT/GUARDIAN CONTACT

1. Name of parent/guardian contacted:_____ Date Contacted:_____

2. Was the parent/guardian aware of the student's suicidal thoughts/plans? Yes ◯ No ◯

3. Parent/guardian's perception of threat?_____

5. SHORT TERM ACTIONS TAKEN

☐ Contacted Parent/Guardian _____ ☐ Released to Parent /Guardian ☐ Parent/Guardian takes to hospital Yes ◯ No ◯	☐ Parent/Guardian schedules mental health evaluation appointment Yes◯No ◯ ☐ Notes:
☐ Release Back to Class after Parent- and/or Agency-Confirmed Plan and School Follow Up Plan Established Notes:	
☐ Provided student and family with resource materials (e.g. Teen Pocket Directory) and phone numbers (e.g. Crisis Line 503-988-4888, 1-800-273-TALK, Trevor Project for LGBT Youth 1-866-488-7386)	
☐ School Counselor/School Psychologist/School Nurse Follow Up with Student Date and Time:	
☐ School Administrator Notified Date/Time:	☐ Student Services Notified via scanned screening form Date/Time:

6. INTERMEDIATE ACTIONS TAKEN (Check all the apply) *** obtain Release of Information**

Agency	Contact Date/Time/Name/Info	Recommendations
☐ Call 911 if immediate danger		
☐ School-Based Mental Health Consultant*, Multnomah County Mental Health Consultant*, or Crisis Line/Project Respond (503-988-4888)		
☐ Current Therapist*		

☐ **NO FURTHER FOLLOW-UP NEEDED** (limited or no risk factors, *and* NO starred* risk factors from section 3 A).

☐ **Several risk factors noted, suicide ideation denied, check in by:** _____

7. LONG-TERM PLAN (SCHOOL AND COMMUNITY) Check All that Apply

Action	Person/s Responsible and/or Notes
☐ Arrange Mental Health/Suicide Risk Assessment Date of Request: Date of Assessment: Date of Follow-Up Meeting from Mental Health/Risk Assessment with School Team:	Name/Contact info of QMHP (Qualified Mental Health Professional):
☐ Multnomah County/School Based Mental Health Referral	Name/Contact info:
☐ Student Safety Plan completed and distributed (if concerns about student's safety) Date of Follow-Up Meeting for Safety Plan with School Team:	Meeting Participants:
☐ Referred to Special Education Child Find/Contact School Psychologist Date of Follow-Up Meeting for Child Find Meeting with School Team or if held simultaneously, date of the 60 day follow up for Child Find:	Meeting Participants:
☐ Referred to Student Support Team/Student Information Team/Tier Two Intervention ◯ Check and Connect/Check In Check Out ◯ School Support Group ◯ Tier Two Intervention:	Notes on facilitators/times/specific interventions:
☐ Informed Relevant School Staff of Follow-up Actions	
☐ Release of Information Obtained for Agency/Community Providers	
☐ Inpatient Hospitalization (after screening) ☐ Release of Information	
☐ Local Emergency Room (after screening) ☐ Release of Information	
☐ Referred to/already seeing qualified mental health professional (outpatient) Therapist Name/Contact information: Release of Information:	
Other (list)/Notes:	