**Student Risk of Suicide or Self-Harm Documentation Form**

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| Staff Member Completing Form: |   |

\*Asterisk denotes drop-down list

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| **Student Information:** |
| Student:  | Student ID:  | Date:  |
| School: \*  | Grade: \*  | DOB:  |

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| **Parent/Guardian Information:** |
| Parent/Guardian 1:  | Phone Number:  |
| Parent/Guardian 2:  | Phone Number:  |

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| **Identification of Risk:** |
| Type of Incident: \*  |   |
| Reason for Concern:  |

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| **Risk Screening:** |
| Screening Conducted by:  |
| Date of Screening:  |
| Type of Screening Conducted: \*  |   |
| Results of Screening:  |
| Recommendation: \*  |   |

 [asQ Suicide Risk Screen Guide and Tool](https://docushare.everett.k12.wa.us/docushare/dsweb/View/Collection-18670)

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| **Notification of Parent/Guardian:** |
| *If parent/guardian notified school of the concern, skip to “Other Notifications” section* |
| Staff who notified parent/guardian: |  | Date Notified: |  |
| Parent/Guardian Response: | **\***  |
| Steps Taken if Unable to Notify Parent:  |

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| **Other Notifications (Dependent Upon Severity):** |
|  | **Name:** | **Date:** |
| [ ]  Building Administrator |   |   |
| [ ]  School Counselor |   |   |
| [ ]  Other (i.e. School Psych/Case Manager/Crisis Line) |   |   |
| [ ]  911 |   |   |

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| **Actions Taken/Recommendations Made:** |
| * [Resources](https://docushare.everett.k12.wa.us/docushare/dsweb/View/Collection-18693) provided to parent/guardian on:
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