**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: |

|  |  |
| --- | --- |
| **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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