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

[**Suicide Risk Assessment Steps and Procedure**](https://docushare.everett.k12.wa.us/docushare/dsweb/Get/Document-127824/Suicide%20Risk%20Assessment%20Steps%20&%20Procedures.pdf)

*\*Asterisk denotes drop-down list*

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

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| **Staff Member Completing Form:** |

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| **Identification of Risk** |
| **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/Get/Document-125103/asQ%20Screening%20TOOL%20-%20EPS%20FIS%20-%20fillable.pdf)

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| **Notification of Parent/Guardian** | | |
| **Parent/Guardian:** | **Phone Number:** | |
| **Parent/Guardian:** | **Phone Number:** | |
| **Staff who notified parent/guardian:** | | **Date Notified:** |
| **Name of parent/guardian 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/Resources Given** |
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