

Student Risk of Suicide or Self-Harm Documentation

Suicide Risk Assessment Steps and Procedure

**Asterisk denotes drop-down list*

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

Staff Member Completing Form:

Identification of Risk
Reason for Concern:

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

[asQ Suicide Risk Screen Guide and Tool](#)

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:		

Other Notifications (Dependent Upon Severity)		
	Name:	Date:
<input type="checkbox"/> Building Administrator		
<input type="checkbox"/> School Counselor		
<input type="checkbox"/> Other (i.e. School Psych/Case Manager/Crisis Line):		
<input type="checkbox"/> 911		

Actions Taken/Resources Given
•
•
•