

SUICIDE INTERVENTION FORM

(Confidential - for Administrator/SAT use only)

School _____ Principal _____ Date _____

Student's Name _____ DOB _____ Age _____ Sex _____

Parent's Name _____

Address _____ Phone :(h) _____ (w) _____

Parent's Name (non-custodial if divorced) _____

Address _____ Phone: (h) _____ (w) _____

Student referred by _____

Recorded by _____

1. State reason for referral.

2. List behavioral or verbal indicators if possible suicide risk (refer to Appendix A and B) in this student.

3. Describe level of possible suicide risk as assessed by _____

4. Describe indicators that resulted in given risk assessment rating.

Behaviors: _____

Feelings: _____

Suicide Plan and Method: _____

5. Describe Actions Taken:

ACTION	DATE/TIME	PERSON RESPONSIBLE

6. Follow-up: Describe follow-up recommendations and actions.

RECOMMENDATION	ACTION	DATE	PERSON RESPONSIBLE