



Willamette

EDUCATION SERVICE DISTRICT

Suicide Risk Assessment - Level 1

Date: _____
Time: _____

1. IDENTIFYING INFORMATION

Name: _____ ID: _____ School: _____ DOB: _____

Age: _____ IEP/504? _____ Medicine/Health information: _____

Address: _____

Parent/Guardian #1 name/phone # (s): _____

Parent/Guardian #2 name/phone # (s): _____

Screener's name: _____ Position: _____

Contact Info: _____

2. REFERRAL INFORMATION

Who reported concern: Self Peer Staff Parent/Guardian Other

When was concern disclosed: _____ Contact information (If applicable): _____

What information did this person share that raised concern about suicide risk? _____

3. WARNING SIGNS/RISK FACTORS

- Expressions of wanting to die, of being gone, or of death in any manner in their:
 - Writing
 - Verbal
 - Drawing
 - Social Media
- Withdrawal from others
- Preoccupation with death
- Feelings of hopelessness/self-hate
- Substance Abuse
- Current psychological/emotional pain
- Discipline problems
- Conflict with others (friends/family)
- Experiencing bullying or being a bully
- Recent personal or family loss or change (i.e., suicide, death, divorce)
- Recent changes in appetite, behavior, sleep
- Family problems
- Giving away possessions
- Current/past trauma (domestic/relational/sexual abuse)
- Crisis within the last 2 weeks
- Stresses from: gender ID, sexual orientation, ethnicity
- Engages in high risk behavior
- Exposure and/or access to weapons, violent video games
- Unmet basic needs
- Mental Health concerns
- Self-Injury (see NSSI Assessment & Protocol)
- Other signs: _____

4. COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS) – Fill out and attach separate screening form

LOW RISK MEDIUM RISK HIGH RISK

5. PROTECTIVE FACTORS

- Engaged in effective health and/or MH care
- Positive problem solving skills
- Positive coping skills
- Restricted access to means to kill self
- Stable living environment
- Willing to access support/help
- Positive self esteem
- Resiliency
- High frustration tolerance
- Emotional regulation
- Cultural and/or religious beliefs that discourage suicide
- Does well in school
- Feels well connected to others (family, school, friends)
- Has responsibility for others

6. PARENT/GUARDIAN CONTACT

Name of parent/guardian contacted: _____ Date contacted: _____

<input type="radio"/> Left a Voicemail Date: _____ Time: _____ <input type="radio"/> Parent/Guardian Called Back Date: _____ Time: _____	<input type="radio"/> Parent/Guardian Answered Was the parent/guardian aware of the student's suicidal thoughts/plans? Yes <input type="radio"/> No <input type="radio"/> Parent/Guardian's perception of threat _____ _____ _____
Parent Action Plan – <input type="radio"/> Will transport child to a mental health evaluator (i.e. hospital, County Mental Health, private therapist) <input type="radio"/> Mental Health evaluation appointment date: _____ <input type="radio"/> Needs additional support <input type="radio"/> Other: _____	Additional Notes: _____ _____ _____

7. CONSULTED WITH administrator (recommended) and/or another trained professional

1. _____
2. _____

8. POTENTIAL SCHOOL ACTION PLANS

- Determined if Student Coping Plan was needed
 - Limited risk factors; Student Coping Plan not needed
 - Filled out a Student Coping Plan. One copy given to student, original placed in Confidential file and/or CUM file
- Provided student and family with resource materials and phone numbers
- Parent/guardian contacted
- Released back to class after Limited or NO risk factors noted
- Released back to class after parent (and/or Agency) contacted and follow up plan established
- Released to parent/guardian
- Called 911. Contact name/date/time: _____
- Parent/guardian took student to hospital
- Parent/guardian scheduled mental health evaluation appointment - Notes: _____
- School Counselor/School Psychologist/School Nurse follow up scheduled - Date/Time: _____

-
- Limited risk factors noted. NO FURTHER FOLLOW-UP NEEDED.
 - Several risk factors noted but no imminent danger. Completed Student Coping Plan with student. Will follow up with student on
Date/time: _____
 - Several risk factors noted and referred for a Suicide Risk Assessment - Level 2 with a crisis worker from the county
(Contact date/time/name): _____

Student Name: _____

Screeener Name: _____

Date: _____

COLUMBIA-SUICIDE SEVERITY RATING SCALE

Screen Version - Recent

SUICIDE IDEATION DEFINITIONS AND PROMPTS	Past month	
	YES	NO
Ask questions that are bolded and <u>underlined</u> .		
Ask Questions 1 and 2		
1) <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u>		
2) <u>Have you actually had any thoughts of killing yourself?</u>		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) <u>Have you been thinking about how you might do this?</u> E.g. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it...and I would never go through with it."		
4) <u>Have you had these thoughts and had some intention of acting on them?</u> As opposed to "I have the thoughts but I definitely will not do anything about them."		
5) <u>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</u>		

6) <u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u>	YES	NO
	Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. If YES, ask: <u>Was this within the past three months?</u>	

- Low Risk
- Moderate Risk
- High Risk

NOTES: