



Willamette

EDUCATION SERVICE DISTRICT

Suicide Risk Assessment - Level 1

1. IDENTIFYING INFORMATION

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

Age: _____ IEP/504? _____ Address: _____

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

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

Screener's name: _____ Position: _____

Contact Info: _____

Screener consulted with: _____ at the school.

2. REFERRAL INFORMATION

Who reported concern: Self Peer Staff Parent/Guardian Other

Contact information: _____

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

3. INTERVIEW WITH THE STUDENT

A. Does the student exhibit any of the following warning signs?

- Written statements, poetry, stories, electronic media about suicide
- Withdrawal from others
- Preoccupation with death
- Feelings of hopelessness
- Substance Abuse/Mental Health Issues
- 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., death, divorce)
- Recent changes in appetite
- Family problems
- Giving away possessions
- Current trauma (domestic/relational/sexual abuse)
- Crisis within the last 2 weeks
- Stresses from: gender ID, sexual orientation, ethnicity
- Other signs:

Does the student admit to thinking about suicide? Yes No

Does the student admit to thinking about harming others? Yes No

Does the student admit to having a plan? Yes No

If so, what is the plan (how, when, where)? _____

Is the method available to carry out the plan? Yes No Explain: _____

Is there a history of previous gesture(s) or attempts? Yes No If yes, describe: _____

Is there a family history of suicide? Yes No Explain: _____
Has the student been exposed to suicide by others? Yes No Explain: _____
Has the student been recently discharged from psychiatric care? Yes No Date/Explain: _____

B. Does the student have a support system? Yes No
List an adult the student can talk to **at home**: _____
List an adult the student can talk to at school: _____
Additional supports: _____

C. Protective Factors (see supplemental Risk & Protective Factor sheet):

4. PARENT/GUARDIAN CONTACT

1. Name of parent/guardian contacted: _____ Date contacted: _____
2. Was the parent/guardian aware of the student's suicidal thoughts/plans? Yes No
3. Parent/Guardian's perception of threat? _____

5. ACTIONS TAKEN

Yes No Called 911 (Contact date/time/name) _____
Yes No Safety Plan created with student
Yes No Copy of Safety plan given to student, original placed in CUM file
Yes No Parent/guardian contacted
Yes No Released back to class after Parent (and/or Agency) confirmed plan and follow up plan established. Notes: _____
Yes No Released to parent/guardian
Yes No Parent/guardian took student to hospital
Yes No Parent/guardian scheduled mental health evaluation appointment
Notes: _____
Yes No Provided student and family with resource materials and phone numbers
Yes No School Counselor/School Psychologist/School Nurse follow up (date/time) scheduled: _____
Yes No School Administrator notified (date/time): _____

Limited or NO risk factors noted. NO FURTHER FOLLOW-UP NEEDED.
Consulted with and approved by: 1. _____
2. _____

Several risk factors noted but no imminent danger. Completed Safety Plan. 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 Marion, Polk, or Yamhill County (Contact date/time/name): _____



Suicidal Behavior Risk and Protective Factors

Risk Factors

- Current plan to kill self
- Current suicidal ideation
- Access to means to kill self
- Previous suicide attempts
- Family history of suicide
- Exposure to suicide by others
- Recent discharge from psychiatric hospitalization
- History of mental health issues (major depression, panic attacks, conduct problems)
- Current drug/alcohol use
- Sense of hopelessness
- Self-hate
- Current psychological/emotional pain
- Loss (relationship, work, financial)
- Discipline problems
- Conflict with others (friends/family)
- Current agitation
- Feeling isolated/alone
- Current/past trauma (sexual abuse, domestic violence)
- Bullying (as aggressor or as victim)
- Discrimination
- Severe illness/health problems
- Impulsive or aggressive behavior
- Unwilling to seek help
- LGBT, Native-American, Alaskan Native, male

Protective Factors

- Engaged in effective health and/or mental health care
- Feel well connected to others (family, school, friends)
- 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
- Has responsibility for others