

Suicide Risk Screening Form: Level 1

To be used for every Level 1 Suicide Risk Screening



I. STUDENT INFORMATION

Date of Initial Contact	Student Name		NCSID Student ID#
D.O.B.	Age	Grade	Name of School Screener
Parents/Guardians		Best Contact Number	
Second/Additional Contact		Best Contact Number	
Language of student		Language of Parent/Guardian	Interpreter Name

II. REFERRAL INFORMATION

<input type="checkbox"/> Student Self-referred	<input type="checkbox"/> School Staff:	<input type="checkbox"/> Parent:	<input type="checkbox"/> Friend:	<input type="checkbox"/> Other:
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What information was shared that raises the concern about suicide risk?

III. INTERVIEW WITH STUDENT

Yes <input type="checkbox"/> No <input type="checkbox"/> Does the student admit to thinking about suicide?	! In addition to suicidal thoughts, be listening for other risk factors. See page 6 & 7 for examples
Risk Factors:	Things to keep in mind:
Yes <input type="checkbox"/> No <input type="checkbox"/> Does the student admit to having a plan? Further information: (How student plans to do it, how prepared student is, how soon it may happen)	Discuss ways to disable the plan. What can be done about the means, timing, and supervision?
Yes <input type="checkbox"/> No <input type="checkbox"/> Are the means available to carry out the plan? (Rope, guns, weapons, pills, medication, knives, etc.) If yes, describe:	
Yes <input type="checkbox"/> No <input type="checkbox"/> Does the student use alcohol or drugs? Describe:	Use of alcohol and drugs elevates risk due to increased impulsivity and reduced inhibitions.

Interview with Student, continued

Things to keep in mind:

Emotional Pain	Is the student experiencing emotional pain that feels unbearable? Consider asking about the following to assess current level of pain: <input type="checkbox"/> On a scale of 1-10 (with 10 being the highest), how does your pain feel right now? <input type="checkbox"/> Recent personal or family loss including death by suicide <input type="checkbox"/> Withdrawal from others/changes in behavior <input type="checkbox"/> Feelings of hopelessness <input type="checkbox"/> Family conflict <input type="checkbox"/> Self-destructive behavior <input type="checkbox"/> Serious peer conflict or loss of romantic attachment	What does the student identify as things that ease the emotional pain? Think about ideas such as talking, walking, listening to music, art, reading, writing, etc.
Physical Pain	Is the student experiencing physical pain that feels unbearable? Consider asking about the following to assess current level of pain: <input type="checkbox"/> On a scale of 1-10 (with 10 being the highest), how does your pain feel right now?	What does the student identify as things that ease the physical pain?
Previous Attempt	Yes <input type="checkbox"/> No <input type="checkbox"/> Does the student admit to any previous suicide attempts? Describe:	Explore relationships with family members, friends, other adults (coaches, teachers, pastors, etc.).
Support	Yes <input type="checkbox"/> No <input type="checkbox"/> Does the student have resources or a trusted support system they can turn to when feeling suicidal? Describe:	Support past survival skills. Do they have the means they had before? How did they survive after the previous attempts?
Mental Health	Yes <input type="checkbox"/> No <input type="checkbox"/> Is the student receiving mental health care? Yes <input type="checkbox"/> No <input type="checkbox"/> Did they receive mental health care in the past? Therapist Name: _____ Comments: _____	Consider diagnosis, stigma, medication. Was mental health treatment helpful? Why? Why not?

IV. PARENT/GUARDIAN CONTACT

Name of parent/guardian contacted	Date/Time of contact	Parent/Guardian could not be reached <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/> Was parent/guardian aware of suicidal thoughts/plans? Yes <input type="checkbox"/> No <input type="checkbox"/> Does student have a mental health therapist or counselor? Therapist Name/#: _____ Other student health concerns/medications? _____ Parent/Guardian perception of suicidal risk: _____		

V. INFORMATION GATHERED FROM ADDITIONAL SOURCES (OPTIONAL)

(Student's Therapist/Agency, Clackamas County Crisis Line 503-655-8585, School Resource Officer, Family Physician, DHS, etc.)

VI. DECISION and ACTION

Decision: Do we proceed to Level 2 Suicide Risk Assessment?

Decision must be made in consultation with another School Screener or the Clackamas County Crisis Line, 503-655-8585

If No, proceed below



Communicate with Parent/Guardian:

- ☐ Share risk factors present for child
- ☐ Give parent the *Parent Letter/Info Sheet* (can mail, send with student)
- ☐ Review Student Resource Document
- ☐ Request that parents sign release of information forms for providers
- ☐ Schedule time/meeting to complete Student Support Plan
- ☐ Notify school administrator who signs this form and files original with a copy to Counselor's working file
- ☐ Complete Student Resource Document with student (optional)

If Yes, proceed below.



Level 2 – In collaboration with School Screener, parent/guardian is referred to one of the Qualified Mental Health Providers below for Suicide Risk Assessment. Options available:

1) Contact with **Student's mental health therapist/agency**

- ☐ Immediate phone conversation (leaving a voicemail not acceptable)
- ☐ Therapist comes to school
- ☐ Student transported from school to therapist

Name of Therapist:

Phone:

2) Consult with **Clackamas County Crisis Line (503-655-8585)**

- ☐ Phone consultation
- ☐ Crisis Line recommends student be seen at Centerstone Urgent Walk-In Clinic at 11211 SE 82nd Ave Happy Valley
- ☐ Crisis Line recommends student be seen by Qualified Mental Health Provider within their private insurance network

3) Transportation to **hospital**

- ☐ Parent transports
- ☐ SRO/Law Enforcement transports
- ☐ Ambulance transports

- ☐ Give parent/guardian the Parent Letter/Info Sheet
- ☐ Request parents sign release of information form
- ☐ Schedule time/meeting to complete Student Support Plan
- ☐ Notify school administrator who signs this form and files original with copy to counselor's working file.
- ☐ Consider filling out the Student Resource Document
- ☐ Consider providing copy of screening Form to parents

The School Screener serves as a school point person for follow up communication with parents and identified community providers, and schedules meeting with student and parent to complete *Student Support & Safety Plan* upon student's return to school.

**Level 1
Screening
Completed**

School Screener: _____
Print Name Signature Date

Consulted with: _____
Print Name

Copies to: ☐ School Counselor ☐ School Screener ☐ Building File