

### INCIDENT SUICIDE CRISIS REPORT

STUDENT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ AGE \_\_\_\_\_  
 SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ SEX \_\_\_\_\_ DATE \_\_\_\_\_  
 NAME OF PARENT/GUARDIAN \_\_\_\_\_  
 PHONE: WORK \_\_\_\_\_ HOME \_\_\_\_\_

I. CHECK APPROPRIATE CONCERNS REGARDING SUICIDAL STUDENTS:

- High level of depression
- High level of agitation
- Possible use of drugs or alcohol
- Verbalizes suicide intent
- Definite suicide plan
- Suicide attempt/gesture during last three (3) months
- Suicide method is readily available
- May be of danger to other persons
- Unwilling to give assurance not to commit suicide
- Written suicide ideation
- Other concerns (specify): \_\_\_\_\_

BEHAVIORAL OBSERVATIONS THAT ARE CONCERNS:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

II. DESCRIBE CONTACT WITH PARENT, WHAT DID PARENT SAY?

\_\_\_\_\_  
 \_\_\_\_\_

ACTIONS TAKEN:

CONTACTED PARENT: YES \_\_\_\_\_ NO \_\_\_\_\_ BY \_\_\_\_\_  
 DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ PHONE WITNESS: \_\_\_\_\_

Signature

Action taken if not available \_\_\_\_\_

DEPARTMENT OF FAMILY SERVICES: (Phone) \_\_\_\_\_

\_\_\_\_\_ COUNTY COUNSELING: (Phone) \_\_\_\_\_

POLICE: (Phone) \_\_\_\_\_

EMERGENCY: 911

III. INTERVENTIONS

CHECK INTERVENTIONS USED:

\_\_\_\_\_ AGENCY/PRACTITIONER REFERRAL  
NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
\_\_\_\_\_ NO REFERRAL/PARENT INFORMED OF AVAILABLE  
RESOURCES.  
EXPLANATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IV. Informed the following school personnel:

	Name	Time	Date
Administrator:	_____		
Nurse:	_____		
Social Worker:	_____		
Counselor:	_____		
Other:	_____		

I (we) have been advised of the above concerns regarding my (our) child and the school district's recommendation of possible interventions on my child's behalf.

\_\_\_\_\_ Signature of parent/guardian    \_\_\_\_\_ Date    \_\_\_\_\_ Witness

In the event of agency referral:  
I, \_\_\_\_\_ hereby give permission to  
\_\_\_\_\_ County School District No. \_\_\_ to release all confidential information on  
\_\_\_\_\_ to \_\_\_\_\_  
(agency).

\_\_\_\_\_ Parent/Guardian    \_\_\_\_\_ Date

V. Parent Comments: \_\_\_\_\_  
\_\_\_\_\_

VI. Administrator's Signature: \_\_\_\_\_

\_\_\_\_\_ Date    \_\_\_\_\_ Time

VII.

CONFIDENTIAL REPORT TO SUPERINTENDENT  
REGARDING SUICIDE CRISIS

STUDENT'S NAME \_\_\_\_\_ AGE \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ SEX \_\_\_\_\_

ACTION TAKEN: PARENTS CONTACTS: \_\_\_\_\_

REFERRED TO: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
POSITION

\_\_\_\_\_  
DATE

Adopted: 06/08/15