**STUDENT SUICIDE INTERVENTION DOCUMENTATION FORM (SAMPLE)**

This form is intended to document the overall intervention process. Please note that documentation should never be kept in the student’s cumulative file. The school district will decide how to store documentation appropriately.

**STUDENT INFORMATION**

Date student was identified as possibly at risk of suicide:

Name of student:

Name of school:

Date of birth:

Grade level:

Name of parent/guardian:

Parent/guardian contact information:

**IDENTIFICATION OF RISK**

Who identified the student as being at risk?

[ ]  Student (Self)

[ ]  Parent/Guardian

[ ]  Teacher

[ ]  Other Staff

[ ]  Student (Peer)

[ ]  Other:

Reason for concern:

*Continue to next page.*

**SUICIDE RISK SCREENING**

Action taken by the school to ***screen*** for suicide risk:

[ ]  School staff conducted screening.

Name of staff person:

Date of screening:

Type of screening conducted: **Columbia-Suicide Severity Rating Scale (C-SSRS) screener**

Results of the screening: **see completed screener (attached)**

**NOTIFICATION OF PARENT/GUARDIAN**

School staff who notified parent/guardian:

Date parent/guardian was notified:

Parent Contact Acknowledgement Form signed? [ ]  YES [ ]  NO If no, reason:

**RESOURCES GIVEN**

[ ]  School personnel:

[ ]  Outside provider:

[ ]  Hospital:

[ ]  Other:

Warm handoff facilitated? [ ]  YES | Date:

 [ ]  NO | Reason:

**FACILITATING A STUDENT’S RETURN TO SCHOOL**

Re-integration meeting scheduled? [ ]  YES | Date:

 [ ]  NO | Reason:

**DOCUMENTATION**

Name of staff completing this form:

Date form was completed: