

Student Suicidal Behavior Assessment Report

Report Completed By _____ Date of Report _____
(School Social Worker or School Psychologist) Date of Incident _____

Student Name _____ DOB _____ Grade _____ School _____

1. Nature of Behavior(s) of Concern:

- A. Self Injurious Behavior _____ B. Suicidal Ideation _____
- C. Suicide Threat _____ D. Suicide Attempt _____

2. Specific Concerns:

- A. Did the behavior occur at school? Yes _____ No _____
- B. Did the student require medical treatment outside of school? Yes _____ No _____

Comments: _____

C. Describe the details of the Behavior(s) of Concern including method of injurious behavior, severity of injuries, plan, method, availability, place, feelings displayed.

3. Risk Assessment

- A. Interview of Student Date _____ By Whom _____
- B. History of Previous Suicidal Threats/Attempts/Ideation/Self-Injurious behavior (date/method)

C. Precipitating Event(s)

- 1. _____
- 2. _____
- 3. _____

D. Current level of Suicidal Risk Low _____ Medium _____ High _____ None _____
(Not considered at risk for Suicide at this time)

E. Summary of Risk Assessment

4. Action Plan

- A. Parents Contacted Date _____ By Whom _____
- B. Outside Agencies Involved Date _____ Identify _____
- C. Administration notified Date _____ By Whom _____
- D. Police Contact/Report by Administrator* Date _____ By Whom _____
Who was notified? _____

Police Liaison Officer _____ Livonia Police _____ Westland Police _____ Other _____

E. Have copies been distributed to persons listed below? Yes _____ No _____

C: Director of Student Services
Director of Elementary/Secondary Education
Confidential File

*Contact required in cases of suicidal attempt or threat school by Bldg. Administrator or Designee