

# Suicide Assessment Protocol

This form was adapted with permission from Blue Valley School District Suicide Prevention Task Force suicide intervention manual documents. We appreciate their excellent work and thank them for sharing.

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## Indicators of Risk

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Although there is no way to predict behavior with 100% accuracy, we can review research from the American Association of Suicidology, National Association of School Psychologists, Center for Disease Control and Prevention, and the UCLA Mental Health Project for guidance on individual characteristics that compose “indicators of risk” for suicide.

Based on this research, the following list is indicative of behaviors that may indicate increased risk for suicide:

- **Prior attempts and/or hospitalization:** can include hospitalization for depression/mental illness as well as chronic illness or injury that significantly affects a student’s previous pattern of behavior/lifestyle.
- **Self-injurious/destructive behavior:** running into traffic, jumping from heights, injuring/scratching/cutting<sup>1</sup>/marking the body, gunplay, alcohol/drug use, lack of concern for personal safety.
- **Family history:** family member or close friend who has died by suicide, family history of mental illness and/or depression.
- **Grief and loss:** recent change in family dynamic, death of a loved one, divorce, move/change in school, diagnosis of chronic illness (self or loved one.)
- **Changes in physical habits and/or appearance:** sleeping more or less than student’s typical pattern, eating more or less than student’s typical pattern, hygiene (disregard or disinterest.)
- **Threats, both direct and indirect:** ideation (student talking about suicide or “not being here anymore”), references to death in writing (including social media posts or texts), increase in risky behaviors (drugs/alcohol/sexual activity), obsessive thoughts/expressions of death, preoccupation with afterlife.
- **Changes in school performance:** increased absenteeism, particularly in the most recent semester, reduced concentration/drop in grades, increased contact with administration and/or law enforcement (office referrals, arrests, legal consequences.)
- **Depression:** helplessness, hopelessness (inability to identify reasons for living), isolation/withdrawn (less activity or interaction with peers/family/school.)

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<sup>1</sup>Please note, “cutting” in and of itself is not necessarily an indicator of suicide. However, it is a risky behavior that requires support and should be addressed.

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## Intervention

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A concern about a student may come to the attention of the school team in many ways: A friend may express concern, a teacher notices changes, a parent may call. At that time, the school team will assume risk is present and begin the assessment. The assessment may include an interview, self-assessment, parent conference, checklist, “Reasons for living” card and a list of resources/hotlines. Minimally, the checklist is completed and the parents are contacted.

Included in this manual is a flowchart of concern, an example of a self-assessment, the Columbia Suicide Severity Rating Scale (C-SSRS), resource numbers, and a parent signature form.

The assessment should take place in a private comfortable area. The forms and questionnaires are provided as a framework for collecting information. The interviewer may wish to introduce the C-SSRS or the self-assessment with a statement such as:

*“I am concerned about you and your well-being. At this time, I am going to ask some questions in order to help provide some additional support/help.”*

Some students may be uncomfortable if the interviewer is actively taking notes during the conversation. The forms are structured to be completed after the interview takes place in order to avoid raising suspicions and opposition. If a student maintains an attitude of non-compliance and/or hostility about answering the interview questions, the interviewer should assume moderate/ high risk.

The interviewer should keep a copy of the C-SSRS and the Intervention Report/Parent Plan of Action page. The school principal should receive a copy of the Intervention Report. Parents are provided a copy of the C-SSRS, signature form, and local resources (forms and resources found in the Appendices).

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## Sharing Interview Results with Parents

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Parent contact is a requirement of suicide intervention. Often a parent’s greatest fear is that something may happen to harm their child. As such, receiving a call about the possibility of self-harm and suicide can elicit an emotional reaction. While most parents will be very thankful and supportive of the school team for sharing concerns about their child, the caller should be prepared to stay calm, focused, and professional when sharing difficult information.

At the completion of the interview, if the interviewer deems the risk to be low, a phone call alerting the parents may be sufficient. If the parent is not available, you may leave a message asking for the parent to return your call, but reporting on the risk assessment should not be left in a message. In all cases, every attempt must be made to contact the parent prior to the student leaving school.

Moderate and high-risk categories require “in person” contact. The Intervention Report/ Parent Plan of Action form (required) asks for a commitment from the parent for action. Parents are provided with information including the location and phone numbers for mental health/hospital assessments and community resources.

The counselor/psychologist/social worker will also make an appointment with the student for a follow-up visit when the student returns to school. If the risk assessment results in an acute or long term hospitalization, the school team will use the School Re-Entry plan to support the student upon their return to school. If the risk is “High” and the interviewer has intense concerns about the student’s immediate safety, the interviewer along with the principal will ask the parent to commit to transporting the student immediately for an emergency assessment.

If the parent is unwilling or unable to transport the student, or if the parent cannot or will not commit to immediate response, the school team should consider if the student is a “child in need of care” that requires a report to the Department of Human Services and law enforcement is required under your obligation as a mandated reporter to insure the student’s safety.

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## **When Students/Parents Contact Staff Members after Hours**

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Students sometimes contact staff members about self-harm outside the school day, often in the evenings or on weekends. When this occurs, staff members should take the following steps:

1. Call 911 and request a welfare check on a student based on the call/email.
2. Contact the student’s parents/guardians to make them aware of the student’s concerning call or email.
3. Contact the principal and counselor at the school, so they are aware of the student’s email/call and your subsequent request for a welfare check.

We cannot wait until the next school day to determine the student’s safety; we take these steps to help keep the student safe.

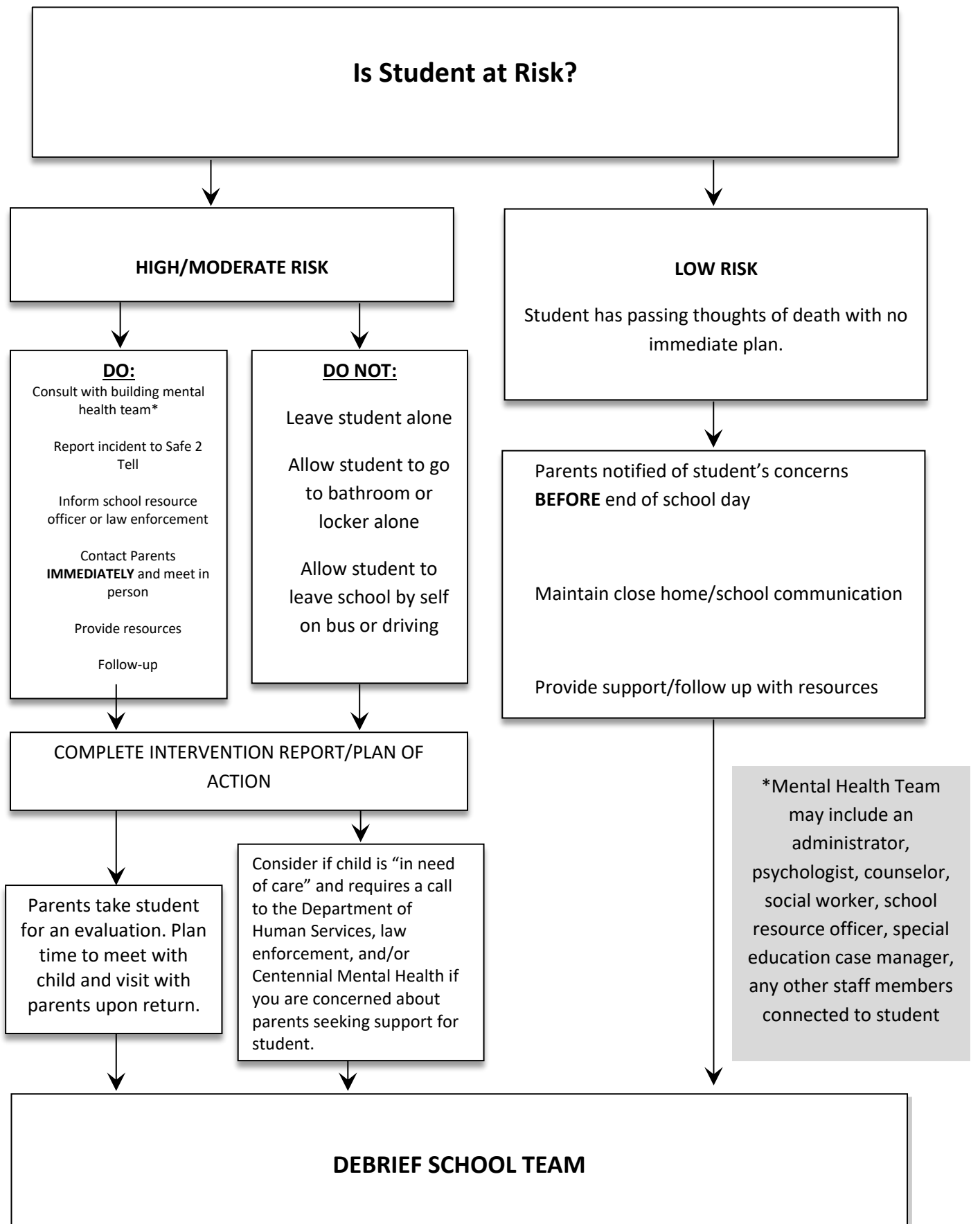
**Building administration will ensure that staff members aware of these steps since students regularly contact teachers and coaches in addition to counselors, psychologists, social workers, and principals.**

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## **Sharing Interview Results with School Team**

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While the specifics of what is shared during the suicide prevention intervention may be considered confidential, it is important that professionals that have responsibilities for the health and wellbeing of the student be informed of the suicidal risk so they are vigilant about warning signs and risk factors. This team may include the building administrator, school resource officer (if assigned to school), local law enforcement, counselor, school psychologist, social worker and teacher(s). All professionals that need this information will maintain confidentiality at all times.



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## Appendices

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## Northeast BOCES Suicide Risk Assessment (Based on SAFE-T Protocol with C-SSRS)

<b>Step 1: Identify Risk Factors</b>	
<b>C-SSRS Suicidal Ideation Severity</b>	<b>Past Month</b>
<b>1) Wish to be dead</b> Have you wished you were dead or wished you could go to sleep and not wake up?	Yes / No
<b>2) Current suicidal thoughts</b> Have you actually had any thoughts of killing yourself?	Yes / No
<b>3) Suicidal thoughts w/ Method (w/no specific Plan or Intent or act)</b> Have you been thinking about how you might do this?	Yes / No
<b>4) Suicidal Intent without Specific Plan</b> Have you had these thoughts and had some intention of acting on them?	Yes / No
<b>5) Intent with Plan</b> Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?	Yes / No
<b>C-SSRS Suicidal Behavior:</b> "Have you ever done anything, started to do anything, or prepared to do anything to end your life?"  Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.  If "YES" Was it within the past 3 months?	<div style="text-align: center; background-color: #cccccc; padding: 2px;"><b>Lifetime</b></div> <div style="text-align: center; background-color: #ffff00; padding: 2px;">Yes / No</div> <div style="text-align: center; background-color: #cccccc; padding: 2px;"><b>Past 3 Months</b></div> <div style="text-align: center; background-color: #ff0000; padding: 2px;">Yes / No</div>
<b>Current and Past Psychiatric Disorder:</b> <input type="checkbox"/> Mood Disorder <input type="checkbox"/> Psychotic disorder <input type="checkbox"/> Alcohol/substance abuse disorders <input type="checkbox"/> PTSD <input type="checkbox"/> ADHD <input type="checkbox"/> TBI <input type="checkbox"/> Cluster B Personality disorders or traits (i.e., Borderline, Antisocial, Histrionic & Narcissistic) <input type="checkbox"/> Conduct problems (antisocial behavior, aggression, impulsivity) <input type="checkbox"/> Recent onset  <b>Presenting Symptoms:</b> <input type="checkbox"/> Anhedonia (inability to feel pleasure) <input type="checkbox"/> Impulsivity	<b>Family History:</b> <input type="checkbox"/> Suicide <input type="checkbox"/> Suicidal behavior <input type="checkbox"/> Axis I psychiatric diagnoses requiring hospitalization  <b>Precipitants/Stressors:</b> <input type="checkbox"/> Triggering events leading to humiliation, shame, and/or despair (e.g. Loss of relationship, financial or health status) (real or anticipated) <input type="checkbox"/> Chronic physical pain or other acute medical problem (e.g. CNS disorders) <input type="checkbox"/> Sexual/physical abuse <input type="checkbox"/> Substance intoxication or withdrawal <input type="checkbox"/> Pending incarceration or homelessness <input type="checkbox"/> Legal problems <input type="checkbox"/> Inadequate social supports



<ul style="list-style-type: none"> <li><input type="checkbox"/> Hopelessness or despair</li> <li><input type="checkbox"/> Anxiety and/or panic</li> <li><input type="checkbox"/> Insomnia</li> <li><input type="checkbox"/> Command hallucinations</li> <li><input type="checkbox"/> Psychosis</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Social isolation</li> <li><input type="checkbox"/> Perceived burden on others</li> </ul> <p><b>Change in treatment:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Recent inpatient discharge</li> <li><input type="checkbox"/> Change in provider or treatment (i.e., medications, psychotherapy, milieu)</li> <li><input type="checkbox"/> Hopeless or dissatisfied with provider or treatment</li> <li><input type="checkbox"/> Non-compliant or not receiving treatment</li> </ul>
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**Access to lethal methods:** Ask specifically about presence or absence of a firearm in the home or ease of accessing

**Step 2: Identify Protective Factors (Protective factors may not counteract significant acute suicide risk factors)**

<p><b>Internal:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ability to cope with stress</li> <li><input type="checkbox"/> Frustration tolerance</li> <li><input type="checkbox"/> Religious beliefs</li> <li><input type="checkbox"/> Fear of death or the actual act of killing self</li> <li><input type="checkbox"/> Identifies reasons for living</li> </ul>	<p><b>External:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Cultural, spiritual and/or moral attitudes against suicide</li> <li><input type="checkbox"/> Responsibility to children</li> <li><input type="checkbox"/> Beloved pets</li> <li><input type="checkbox"/> Supportive social network of family or friends</li> <li><input type="checkbox"/> Positive therapeutic relationships</li> <li><input type="checkbox"/> Engaged in work or school</li> </ul>
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**Step 3: Specific questioning about Thoughts, Plans, and Suicidal Intent – (see Step 1 for Ideation Severity and Behavior)**

C-SSRS Suicidal Ideation Intensity (with respect to the most severe ideation 1-5 identified above)	Past Month
<p><b>Frequency</b>  <b>How many times have you had these thoughts?</b>                      (1) Less than once a week (2) Once a week (3) 2-5 times in week (4) Daily or almost daily (5) Many times each day</p>	
<p><b>Duration</b>  <b>When you have the thoughts how long do they last?</b>                      (1) Fleeting - few seconds or minutes (2) Less than 1 hour/some of the time (3) 1-4 hours/a lot of time                      (4) 4-8 hours/most of day (5) More than 8 hours/persistent or continuous</p>	
<p><b>Controllability</b>  <b>Could/can you stop thinking about killing yourself or wanting to die if you want to?</b>                      (1) Easily able to control thoughts (2) Can control thoughts with little difficulty (3) Can control thoughts with some difficulty                      (4) Can control thoughts with a lot of difficulty (5) Unable to control thoughts (0) Does not attempt to control thoughts</p>	
<p><b>Deterrents</b>  <b>Are there things - anyone or anything (e.g., family, religion, pain of death) - that stopped you from wanting to die or acting on thoughts of suicide?</b>                      (1) Deterrents definitely stopped you from attempting suicide (2) Deterrents probably stopped you (3) Uncertain that deterrents stopped you                      (4) Deterrents most likely did not stop you (5) Deterrents definitely did not stop you (0) Does not apply</p>	
<p><b>Reasons for Ideation</b>  <b>What sort of reasons did you have for thinking about wanting to die or killing yourself? Was it to end the pain or stop the way you were feeling (in other words you couldn't go on living with this pain or how you were feeling) or was it to get attention, revenge or a reaction from others? Or both?</b>                      (1) Completely to get attention, revenge or a reaction from others (2) Mostly to get attention, revenge or a reaction from others (3) Equally to get attention, revenge or a reaction from others and to end/stop the pain                      (4) Mostly to end or stop the pain (you couldn't go on living with the pain or how you were feeling) (5) Completely to end or stop the pain (you couldn't go on living with the pain or how you were feeling) (0) Does not apply</p>	
<b>Total Score</b>	
<p><b>Follow-up Questions to Ask the Student</b>                      The staff member interviewing the student should ask the following questions at some point during the interview process when it seems appropriate:</p> <ul style="list-style-type: none"> <li>• “Do you have anything with you that would cause me concern?”</li> <li>• “For your own safety and my peace of mind, can an administrator check your bag/pockets/etc.?”</li> </ul>	

## Step 4: Guidelines to Determine Level of Risk and Develop Interventions to LOWER Risk Level

“The estimation of suicide risk, at the culmination of the suicide assessment, is the quintessential **clinical judgment**, since no study has identified one specific risk factor or set of risk factors as specifically predictive of suicide or other suicidal behavior.”

From The American Psychiatric Association Practice Guidelines for the Assessment and Treatment of Patients with Suicidal Behaviors, page 24.

RISK STRATIFICATION	RESPONSE
<p style="text-align: center;"><b><u>High Suicide Risk</u></b></p> <p><input type="checkbox"/> Suicidal ideation with intent or intent with plan <b><u>in past month</u></b> (C-SSRS Suicidal Ideation #4 or #5) or</p> <p><input type="checkbox"/> Suicidal behavior <b><u>within past 3 months</u></b> (C-SSRS Suicidal Behavior)</p>	<p><input type="checkbox"/> Consult with building mental health team including administration.</p> <p><input type="checkbox"/> Contact parents immediately and arrange to meet in person.</p> <p><input type="checkbox"/> Provide resources for student to complete further risk assessment</p> <p><input type="checkbox"/> Stay with student until student is transported for out of district assessment</p> <p><input type="checkbox"/> Follow-up and document outcome of psychiatric evaluation</p> <p><input type="checkbox"/> Utilize Return to School Protocol.</p>
<p style="text-align: center;"><b><u>Moderate Suicide Risk</u></b></p> <p><input type="checkbox"/> Suicidal ideation with method, <b><u>WITHOUT plan, intent or behavior in past month</u></b> (C-SSRS Suicidal Ideation #3) or</p> <p><input type="checkbox"/> Suicidal behavior more than 3 months ago (C-SSRS Suicidal Behavior Lifetime p.8) or</p> <p><input type="checkbox"/> Multiple risk factors and few protective factors</p>	
<p style="text-align: center;"><b><u>Low Suicide Risk</u></b></p> <p><input type="checkbox"/> Wish to die or Suicidal Ideation <b><u>WITHOUT method, intent, plan or behavior</u></b> (C-SSRS Suicidal Ideation #1 or #2) or</p> <p><input type="checkbox"/> Modifiable risk factors and strong protective factors or</p> <p><input type="checkbox"/> No reported history of Suicidal Ideation or Behavior</p>	

## Step 5: Documentation

### Risk Level :

High Suicide Risk

Moderate Suicide Risk

Low Suicide Risk

### Clinical Note:

- Your Clinical Observation
- Relevant Mental Status Information
- Methods of Suicide Risk Evaluation
- Brief Evaluation Summary
  - Warning Signs
  - Risk Indicators
  - Protective Factors
  - Access to Lethal Means
  - Collateral Sources Used and Relevant Information Obtained
  - Specific Assessment Data to Support Risk Determination
  - Rationale for Actions Taken and Not Taken
- Provision of Crisis Line 1-800-273-TALK (8255)
- Implementation of Safety Plan (If Applicable)

<b>Performance/Degree</b>	<b>Risk Present</b>	<b>Moderate Risk</b>	<b>High Risk</b>
School Attendance	<input type="checkbox"/> No change noted, attendance pattern is not consistent	<input type="checkbox"/> Increasing number of absences over previous 6 weeks	<input type="checkbox"/> Significant absences/truancy
Discipline/Legal	<input type="checkbox"/> No significant school discipline issues/legal involvement	<input type="checkbox"/> Prior significant school discipline issues/legal involvement	<input type="checkbox"/> Current school consequences/legal consequences

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**Assessment Summative Notes**

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<b>Next Steps:</b>	<b>Notes</b>
High Suicide Risk:	
Moderate Suicide Risk	
Low Suicide Risk	
<b>Communication to Parents</b>	<b>Notes</b>

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## PARENT/GUARDIAN PLAN OF ACTION

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Student Name \_\_\_\_\_

Date \_\_\_\_\_

I understand that my child has been assessed as being at-risk for suicide due to the following indicators:

Has considered suicide or is considering suicide

Has the means available or immediate accessibility

Other: \_\_\_\_\_

----- SEE FOLLOWING PAGE FOR EMERGENCY RESOURCES -----

Parent/Guardian Plan of Action: \_\_\_\_\_

Appointment with physician (family practitioner, psychiatrist):

\_\_\_\_\_

Appointment with outside therapist/counselor:

\_\_\_\_\_

School Counselor/School Psychologist/School Social Worker scheduled follow-up visit with the student.

Date: \_\_\_\_\_

### Release to Parent/Guardian

I have been informed by school personnel of their concerns for my child's safety. I understand that I am responsible for taking action necessary to ensure my child's continued safety:

\_\_\_\_\_  
*Parent's/Guardian's Signature*

\_\_\_\_\_  
*Date*

### Parent/Guardian Contact

#### Notes:

Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_

<b>Centennial Mental Health Offices</b>		
Akron 871 East 1 <sup>st</sup> Street Akron, CO 80720 970-345-2254	Fort Morgan 821 East Railroad Avenue Fort Morgan, CO 80701 970-867-4924	Holyoke 115 North Campbell Holyoke, CO 80734 970-854-2114
Julesburg 118 West 3 <sup>rd</sup> Street Julesburg, CO 80737 970-474-3769	Sterling 211 West Main Street Sterling, CO 80751 970-522-4392	Wray 365 West Second Street Wray, CO 80758 970-332-3133
Yuma 215 South Ash Street Yuma, CO 80759 970-848-5412	24-Hour Emergency Services: Crisis interventions and evaluations to determine need for psychiatric hospitalizations are available throughout the service region 24 hours per day, seven days per week	

<b>Local Hospitals</b>		
Colorado Plains Medical Center 1000 Lincoln Street Fort Morgan, CO 80701 970-867-3391	Haxtun Hospital District 235 W. Fletcher Haxtun, CO 80731 970-774-6123	Melissa Memorial Hospital 1001 E Johnson Holyoke, CO 80734 970-854-2241
Sedgwick County Health Center 900 Cedar Street Julesburg, CO 80737 970-474-3323	Sidney Regional Medical Center 1000 Pole Creek Crossing Sidney, NE 69162 308-254-5825	Sterling Regional Medical Center 615 Fairhurst Street Sterling, CO 80751 970-522-0122
Wray Community District Hospital 1017 West 7th Street Wray, CO 80758 970-332-4811	Yuma District Hospital 1000 West 8 <sup>th</sup> Ave Yuma, CO 80759 970-848-5405	East Morgan County Hospital 2400 Edison Street Brush, CO 80723 970-842-6200

<b>Other Resources</b>		
<b>Colorado Crisis Services</b>	<a href="http://www.coloradocrisiservices.org">www.coloradocrisiservices.org</a>	Call 1-844-493-8255 Text "TALK" to 38255
<b>The Trevor Project</b> Crisis and suicide prevention for LGBTGQ	<a href="http://www.thetrevorproject.org">www.thetrevorproject.org</a>	Call 1-866-488-7386 Text "Trevor" to 1-202-304-1200
<b>National Suicide Prevention Lifeline</b>	<a href="http://www.suicidepreventionlifeline.org">www.suicidepreventionlifeline.org</a>	Call 1-800-273-TALK (8255)
<b>Crisis Text Line</b>	<a href="http://www.crisistextline.org">www.crisistextline.org</a>	Text HOME to 741741
<b>Safe 2 Tell</b> Provides an anonymous way for students, parents, school staff, and community members to report concerns regarding their safety or safety of others.	<a href="http://www.safe2tell.org">www.safe2tell.org</a>	Call 877-542-7233  Download the Safe2Tell App
<b>The LifeSource Project</b> LifeSource Project provides financial assistance for up to 6 sessions of therapy for families in financial need.	<a href="http://www.nchd.org">www.nchd.org</a>	Call 970-520-5207  or Sherri Yahn 970-522-3741 ext. 1242

**If the situation is potentially life-threatening, get immediate emergency assistance by calling 911, available 24 hours a day.**

# Re-Entry Follow-up Meeting Checklist

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Grade: \_\_\_\_\_ Lead Team Member/Contact: \_\_\_\_\_

*Welcome the student and family back to school. Invite them to review their experience and express any concerns.*

Notes

### Questions to Ask Family—What triggered the recent events?

- Was a release signed to talk to the hospital? Offer a release of information to parents to sign if they choose.
- What safety plan was created with the hospital staff?
- Is there anything that would benefit the school to know to improve student experience?
- What supports can we place for your student to help during the school day?
- What outside supports are in place? Is there a signed release to talk to the therapist?

Notes

### Questions to Ask Student (this can include parents or be done individually with the student)

- What triggered or caused your recent feelings and thoughts about suicide?
- Develop a plan of what student will tell friends/peers about absence.
- What would you like staff to know? (Teacher notification-in person)
- Who are your staff/school supports?
- Academic interventions/plan
- What subjects or classes are the student most worried about?

Notes

Was there a safety plan created with outside resources?  Yes  No

### Scheduled Check-in Dates

Week One	Week Two	Week Three	Week Four
#1 _____	#1 _____	#1 _____	#1 _____
#2 _____	_____	_____	_____
#3 _____	_____	_____	_____
#4 _____	_____	_____	_____
#5 _____	_____	_____	_____

**The team member should plan on at least weekly follow up meetings with the student for at least 3 weeks.**



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## Suicide Risk Monitoring

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Use this document when talking to a student who returns to school after a suicide intervention has been initiated and/or when talking to a student who returns to school after a hospitalization for self-harm or potential self-harm.

Student \_\_\_\_\_ Staff \_\_\_\_\_ Date \_\_\_\_\_

1. Are you having thoughts of suicide or harming yourself

Yes (complete C-SSRS tool)    No (continue below)

2. Risk Factors

a. How hopeless do you feel that things will get better?

Not at all 1    2    3    4    5  A great deal

b. How much do you feel like a burden to others?

Not at all 1    2    3    4    5  A great deal

c. How depressed, sad, or down do you currently feel?

Not at all 1    2    3    4    5  A great deal

d. How disconnected do you feel from others?

Not at all 1    2    3    4    5  A great deal

e. Is there a specific trigger/stressor for you? If so, has it improved at all

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

Not at all 1    2    3    4    5  A great deal

Notes

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2. Protective Factors

- |  |   |  |  |   |
|--|---|--|--|---|
| <input type="checkbox"/> coping with stress                          | <input type="checkbox"/> tolerating frustration     | <input type="checkbox"/> religious beliefs | <input type="checkbox"/> fear of death, killing self | <input type="checkbox"/> identifies reasons to live |
| <input type="checkbox"/> cultural, spiritual beliefs against suicide | <input type="checkbox"/> responsibility to children | <input type="checkbox"/> beloved pets      | <input type="checkbox"/> social network              | <input type="checkbox"/> therapeutic relationships  |
| <input type="checkbox"/> school/work engagement                      |   |  |  |   |

***Reasons for Living (things good at, like to do, enjoy)***

1.

2.

3.

***Supportive People***

1.

2.

3.

***Notes***

***Current Impression of Student Status***

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## Student Self-Assessment

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### 1. How is your energy?

1       2       3       4       5  
Hard to get out of bed      Best day ever

### 2. How stressed do you feel?

1       2       3       4       5  
Relaxed      Overwhelmed

### 3. Do you have hope?

1       2       3       4       5  
I will always feel this bad      I will get better

### 4. Have you thought about ways you could hurt yourself?

1       2       3       4       5  
No      Kind of      I have a detailed plan

### 5. How often have you thought about hurting yourself?

1       2       3       4       5  
Almost never      Once or twice      Almost always

### 6. How do you feel right now?

1       2       3       4       5  
Strong      Weak

### 7. How are you sleeping?

1       2       3       4       5  
Less than usual      Like usual      More than usual

Evaluator should consider cognitive and developmental age of student when considering use of a self-evaluation.

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## Safety Plan

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Think of the most recent suicidal crisis. Write a one to two sentence description of what **triggered** the suicidal crisis

Triggers

- 
- 

**Suicidal thoughts and behaviors:** What are the thoughts, emotions, or behaviors that let you (and those around you) know that you were in crisis?

Suicidal  
Thoughts/  
Behaviors

- 
- 

**Internal Coping:** What can you do on your own to distract yourself from suicidal thoughts? What do you like to do? What have you done in the past?

Internal  
Coping

- 
- 
- 

**External Coping:** Who and/or what can help distract you from your suicidal thoughts?

External  
Coping

- 
- 
-

**Safety Plan:** List your coping strategies from the past, starting with the most enjoyable

**Safety Plan**

- 
- 
- 
- 
- 
- 

**Emergency Numbers** I will call in the event that my suicidal thoughts continue or get worse after using the coping strategies listed above:

**People to Call**

- Safe and trusted adult \_\_\_\_\_
- School personnel \_\_\_\_\_
- National Suicide Prevention Lifeline: 1-800-TALK (8255)
- 911

If no one is available and I have tried all of the coping strategies listed above, and still believe I might do something to end my life, I will go to the emergency room or call 911.

By signing below, I agree that I have been part of the creation of this safety plan and that I intend to use it when I am having thoughts of suicide. I realize that my signature below does not make this a legal contract, but rather a plan for my continued well-being and happiness.

\_\_\_\_\_  
Student Signature Date

\_\_\_\_\_  
School Personnel, Credential Signature Date

\_\_\_\_\_  
Supervisor/Administrator, Credential Signature Date

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

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## Reasons for Living Cards

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<p>Things that make me happy</p> <ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li></ul> <p>People I love who love me</p> <ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li></ul> <p>Other reasons to live</p> <ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li></ul>	<p>Things that make me happy</p> <ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li></ul> <p>People I love who love me</p> <ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li></ul> <p>Other reasons to live</p> <ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li></ul>
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