

SUICIDE / SELF HARM RISK FORM (Confidential)

Please type or print legibly.

Date of incident: _____ School: _____ Phone: (____) _____ - _____

Person Completing Form: _____ Title: _____

Student Name: _____ M F Grade: _____

Student ID#: _____ Ethnicity: _____ IEP / 504? Yes No

Address: _____ Home Phone: (____) _____

Parent Contact Date: _____ Parent Response: _____

Presenting Problem: What prompted the concern? What did the student say about suicide? What did the student do? Describe the student's behavior. What are the current stressors? Did the student indicate a suicide plan?

Action Taken: _____

Prior Suicidal Behavior:

Has student talked about committing suicide before? Yes No Unknown If yes, when?: _____

Has student attempted suicide before? Yes No Unknown If yes, when?: _____

Describe situation(s) and action taken: _____

Mental Health or Substance Abuse History (depression, mood swings, etc.): _____

Recommendations for Follow-up:

Completion Date:

Distribution: Original – School File
Copy – Counseling & Guidance Department
Wiggin Center, Room B-17

Revised 07-08

All San Diego students will graduate with the skills, motivation, curiosity and resilience to succeed in their choice of college and career in order to lead and participate in the society of tomorrow.