Client Name: _________________________ Parent/guardian: _____________________
Client Phone: _________________________ Parent Phone: _______________________
School-based MHP: ____________________ Assessment date: ____________________
School-based MHP Phone: _______________ Parent emergency phone: ______________

Suicide Hotline: 1-800-273-8255 or 911
or National Crisis Text Line: Text HOME to 741741

Reason for Assessment (check all that apply)

☐ Indicated by school-wide screening. Describe: ________________________________
☐ New or first report of suicide ideation/urges to harm.
☐ Increased suicide ideation/urge to harm. Describe: ___________________________
☐ Verbal threat or other behavior indicating imminent suicide risk.
☐ Current suicide attempt/serious self-injury. Describe: __________________________
☐ Other. Describe: _______________________________________________________

Provisional Psychiatric Diagnosis (optional)

Results from Testing/Scales

<table>
<thead>
<tr>
<th>Date</th>
<th>Test or Scale Used</th>
<th>Score</th>
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<tbody>
<tr>
<td></td>
<td>Columbia-Suicide Severity Rating Scale</td>
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<td>MINI Suicide Scale</td>
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<td></td>
<td>Modular Assessment of Risk for Imminent Suicide (MARIS)</td>
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<td></td>
<td>Reynolds Adolescent Depression Scale</td>
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<td>Suicide Ideation Questionnaire-Jr.</td>
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</table>
Imminence Risk

☐ Student’s estimate about the likelihood of an attempt within 72 hours? __________ %
☐ Student’s estimate about how much of her/him wants to die? __________________ %
☐ Other. Describe: ____________________________________________________________

Risk Factors

☐ Low academic achievement
☐ Bullied at school/home/community/web
☐ Child abuse: past or current (circle)
☐ Disciplinary suspension/expulsion
☐ Death: family or friend (circle)
☐ Domestic violence: peer or parents (circle)
☐ Legal problems
☐ Mental disorder
☐ Relational problems
☐ Sexual/gender minority
☐ Social isolation/ostracism
☐ Substance use: self or family (circle)
☐ Other: __________________________

Warning Signs

☐ Browsing risky websites/social media
☐ Deteriorating hygiene
☐ Eating/sleeping problems (circle)
☐ Giving away possessions
☐ Increased agitation/irritability/fighting
☐ Intentional self-injury:
  ☐ Asphyxiation
  ☐ Burning
  ☐ Cutting
  ☐ Drinking/drugs
  ☐ Head banging
  ☐ Other: __________________________
☐ Other: __________________________

Internal Resources/Strengths

☐ Emotional regulation skills
☐ Hopefulness for future
☐ Plans for recreation or enjoyment
☐ Problem-solving skills
☐ Reasons for living
☐ Resilience to setbacks
☐ School engagement (likes going)
☐ Self-esteem
☐ Sense of humor
☐ Spiritual beliefs (suicide is wrong)
☐ Social skills
☐ Willingness to commit to safety plan
☐ Other: __________________________

External Resources/Assets

☐ Caring parents/family
☐ Civic clubs (scouts, bowling league)
☐ Community mental health resources
☐ Music groups
☐ Nurturing adult (therapist, pastor, rabbi)
☐ Parent-child communication
☐ Sports teams
☐ Religious fellowships
☐ Restricted access to means (esp. guns)
☐ Restricted access to alcohol & drugs
☐ Supportive friends
☐ Supportive teachers, coaches, staff
☐ Other: __________________________

Acute Stressors

☐ Arrest or approaching trial
☐ Accident or major injury
☐ Being the victim of a crime
☐ Eviction from home

Chronic Stressors

☐ Incarceration of a parent
☐ Chronic illness or disability
☐ Living in a high-crime neighborhood
☐ Homelessness
Domestic violence incident  
Child abuse incident  
Failing a school test  
Parent loses job  
Rape  
Romantic breakup  
Recent overdose  
Other: ____________________________  
Parental divorce  
Foster care  
Grade retention  
Parental unemployment  
Recurring sexual abuse  
Series of unstable relationships  
Substance addiction  
Other: ____________________________

Preparation/Planning

How lethal is the student’s plan? ___________________________________________________

How local is the student’s plan? ___________________________________________________

How imminent is the student’s plan? ________________________________________________

How plausible is the student’s plan? ________________________________________________

How has the plan been practiced? ________________________________________________

Other: ________________________________________________________________________

Emotional Regulation Skills

Answer each question with a Y for Yes or N for No based on information gleaned from each source.

| 1. Is the student normally aware of her/his emotional state? |
| 2. Is the student usually composed during emotional stress? |
| 3. Is the student’s response to emotional distress proportionate? |
| 4. Can the student regain emotional composure quickly? |
| 5. Is the student resistant to peer pressure (suicide contagion)? |
| 6. Can the student abstain from alcohol or drug use? |
| 7. Has the student refrained from a suicide attempt for two years? |

Other: ________________________________________________________________________

Note: Consider use of the Difficulties in Emotion Regulation Scale or Dysregulation Profile for students with poor ER skills.

Crisis Team Conclusion
Severity/Risk Rating:   Low   Medium   High

**Team Action Plan (Who does what by when?)**

<table>
<thead>
<tr>
<th>Person</th>
<th>Action</th>
<th>Date</th>
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**Next Meeting:**  Date    Place    Time

**Signatures of those Present***

<table>
<thead>
<tr>
<th>Person</th>
<th>Date</th>
<th>Yes/No</th>
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</thead>
<tbody>
<tr>
<td>Student</td>
<td>Date</td>
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<tr>
<td>Parent(s)</td>
<td>Date</td>
<td></td>
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<tr>
<td>School Administrator</td>
<td>Date</td>
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<tr>
<td>School-based MHP</td>
<td>Date</td>
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<tr>
<td>School Resource Officer</td>
<td>Date</td>
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<tr>
<td>Other</td>
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* Signature does not imply agreement, only acknowledgement of the report.

(Original report stays with school as a student health record.)
Suggested Citation: