



# Non-Suicidal Self-Injury (NSSI) Intervention Report

Print Form

Office of Instruction  
Mat-Su Borough School District  
501 N. Gulkana  
Palmer, AK 99645  
P: (907)746-9212 || F: (907)746-9292

Date

**Special Instructions:** This form contains confidential information. It is not a diagnostic instrument. It is a tool to guide decisions regarding student safety. Our practice is always to encourage the family to obtain a second opinion as to the level of risk in a student's life. Please have two intervention team members present to complete the screening. *When used throughout this form, the abbreviation NSSI refers to Non-Suicidal Self-Injury.*

## I. REFERRAL

Student Name  DOB  Student ID   
School  Grade   Male  Female

Intervention Team Members Present:

Name  Title   
Name  Title

## II. REASON FOR REFERRAL (Attach documentation, if available)

## III. INTERVIEW

1. Suicidal Ideation / Gestures?  No  Yes (If yes, discontinue and use suicide report form)  
2. Confirms NSSI?  No  Yes

NSSI Criteria (Check as Many as Apply):

- Performed on Self  Physically Harmful  Not Suicidal  Intentional & Purposeful

3. Type(s) of NSSI Performing   
*(ex: cutting, burning, erasing, reopening wounds, hair pulling, hitting, bruising, scratching, pin poking, pinching, biting)*

4. Date of Most Recent Incident  Date of NSSI Onset

5. Frequency of Occurrence  Has NSSI Occurred at School?  No  Yes

6. Evidence of Recent NSSI

7. Did School Nurse Evaluate and Treat Injury?  No  Yes

8. What occurs just before you hurt yourself?

9. How does this behavior help you cope?

*(ex: relieve feelings, cope, euphoria, express pain, get control, communicate, self-nurture, punish, reenact abuse)*

10. Secondary Behavioral Concerns

11. Personal Supports and Resources

*(ex: willing to discuss NSSI, level of knowledge, in treatment currently, use of healthy coping, level of secrecy, hygiene)*



# Non-Suicidal Self-Injury (NSSI) Intervention Report

Print Form

Office of Instruction  
Mat-Su Borough School District  
501 N. Gulkana  
Palmer, AK 99645  
P: (907)746-9212 || F: (907)746-9292

Date

## IV. INTERVENTION

### 1. Parent / Guardian Notification:

Name	<input type="text"/>	Contact Phone	<input type="text"/>
Notified By	<input type="text"/>	Date Notified	<input type="text"/>

### 2. Referrals:

Student's Current Medical Provider, if Applicable (Release of Information?):

#### Agency / Therapist Referrals:

Agency	<input type="text"/>	Contact Phone	<input type="text"/>
Agency	<input type="text"/>	Contact Phone	<input type="text"/>
Agency	<input type="text"/>	Contact Phone	<input type="text"/>

### 3. Others Notified (if Applicable - Emergency Contact, OCS, AST/PD):

### 4. Release of Student: Stayed at School Released to Parent / Guardian

### 5. Parent/Guardian's Plan for Safety:

### 6. School's Plan for Safety:

7. School Contact	<input type="text"/>	Contact Phone	<input type="text"/>
Follow-Up Date	<input type="text"/>		

## V. FOLLOW-UP PLAN

### 1. Follow-Up Interview

Interview Completed By  Interview Date

How is the student currently doing?

Did the student see a medical provider?  Yes  No

How can the school continue to support the student?

### 2. Is further follow-up needed with parent / guardian? Yes No

3. Medical Provider Contact, if applicable (ROI?)

4. Others Notified, if applicable (OCS, AST / PD, etc.)

### 5. Other Notes: