



# Suicide Intervention Report

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

Print Form

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. Have two intervention team members present to complete the screening.

## 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. When was the last time you thought about suicide?

**No Thoughts of Suicide:** Discontinue Interview; Call Parent / Guardian

**Thoughts of Suicide:** Continue Interview

2. Is there a plan?

3. Method & Availability?

4. Stressors?

5. Risky Behavior?

6. Medical Concerns?

7. Previous Attempts: Personal, Family, Friends?

8. Personal Supports & Resources Available?

9. Report of Suicidal Ideation: (select all that apply and indicate time frame of recency or behavior)

Suicidal Ideation	Present within the Last:
Having thoughts about death or killing oneself or others. No specific plan or self-destructive desires	Week    Month    3 Months    6 Months    Year    Longer
Saying or doing something that indicates a self-destructive desire. May describe aspects of a plan.	Week    Month    3 Months    6 Months    Year    Longer
A self-destructive act that student perceives would not be a serious threat to life. May have a specific plan & means available.	Week    Month    3 Months    6 Months    Year    Longer
Conscious intent to die: an act that will cause death with low probability of rescue.	Week    Month    3 Months    6 Months    Year    Longer



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## IV. INTERVENTION

### 1. Parent / Guardian Notification:

Name  Contact Phone   
Notified By  Date Notified

### 2. Referrals:

Safety Contract Signed? (If yes, please attach a copy)  Yes  No

Student's Current Medical Provider, if Applicable (ROI?):

#### Agency / Therapist Referrals:

Agency  Contact Phone   
Agency  Contact Phone   
Agency  Contact Phone

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  Contact Phone   
Follow-Up Date

## 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: