



Non-Suicidal Self-Injury (NSSI) Intervention Report

Print Form

Office of Teaching and Learning
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)



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IV. INTERVENTION

1. Parent / Guardian Notification:

Name Contact Phone
 Notified By Date Notified

2. Referrals:

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

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: