# Suicide Intervention Report

Print Form

Date

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

**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: