

Documentation of Suicide Risk

Date _____

Student name:

Male Female

Date of birth: ____/____/____

Grade: _____

Homeroom: _____

Parent or guardian name:

Contact information:

Parent/guardian notification:

Date: ____/____/____ Time: _____

Method: Phone contact In person

Staff member making contact: _____

Description of problem that precipitated parent or guardian contact

Nature of problem: _____

School staff involved: _____

Recommendations to parent or guardian

_____ Immediate referral for crisis screening

_____ Referral for outpatient assessment

_____ Other _____

continued

Documentation of Suicide Risk *continued*

Response of parent or guardian:

Follow-up contact

Date: ___ / ___ / ___ By staff member: _____

Contact information if different from above: _____

Parent/guardian signature

(if in-person contact)

Staff member signature

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LIFELINES INTERVENTION
CHAPTER 4: SETTING THE
STAGE

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