RISK ASSESSMENT FORM

Student Name: _____ **Date:** _____

Assessed By: _____

INCIDENT

Describe the specific incident or behavior that occurred.

When does the student first remember having thoughts of suicide?

What has stopped him/her from thinking about it?

PLAN

DOES THE STUDENT REPORT A PLAN (CHECK ALL THAT APPLY)?

☐No

☐Yes: ☐Specific ☐Vague ☐Imminent

Student's description of the plan (where, when, how):

Does the student have access to lethal means?

RISK FACTORS

- ☐ Hopelessness
- ☐ Feels isolated
- ☐ Loss of significant other
- ☐ Loss of important relationship
- ☐ Family issues
- ☐ Recent failure at school
- ☐ Recent involvement with the law
- ☐ Struggles with peer relations
- ☐ Family history of suicide
- ☐ History of peer's suicide
- ☐ Poor judgement
- ☐ Impulsive behavior
- ☐ Substance abuse
- ☐ History of mental health issues
- ☐ Previous suicide attempt
- ☐ Other (please describe)

Comments:

STRENGTHS AND RESOURCES

What are the student's reasons for living?

Support:

- ☐ Supportive family
- ☐ Friends/social network available
- ☐ Supervision by parent/adult
- ☐ Activities/plans in near future
- ☐ Hope regarding future
- ☐ Feels valued by friends/family
- ☐ Willing to plan for safety
- ☐ No history of self-injury
- ☐ Therapy/counseling
- ☐ Belief against suicide
- ☐ Other, please describe: (religious beliefs, pets, family member)

Which family members or adult does the student identify as a support?

Which friends/peers does the student identify as supports?

What is the student good at/likes to do/enjoys doing? What does the student look forward to doing?

PRESENTATION AT TIME OF ASSESSMENT (check all that apply)

Emotional State:

- ☐ Numb
- ☐ Irritable
- ☐ Depressed
- ☐ Angry
- ☐ Anxious
- ☐ Scared
- ☐ Other: _____

Cognitive State:

- ☐ Hopeless about future
- ☐ Rigid thinking
- ☐ Auditory, visual, tactile hallucinations
- ☐ Poor Judgement
- ☐ Blaming Self
- ☐ Blaming Others
- ☐ Unable to speak
- ☐ Poor Insight
- ☐ Confused
- ☐ Unrealistic
- ☐ Other: _____

Behavioral State:

- ☐ Lethargic
- ☐ Abnormal movements
- ☐ Agitated
- ☐ Threatening
- ☐ Impulsive
- ☐ Risk-Taking
- ☐ Other: _____

ROCKWOOD SCHOOL DISTRICT

RISK ASSESSMENT FORM

OVERALL RISK LEVEL (SUMMARY)

Student meets criteria for (circle one**) Low/Moderate/High** suicide risk based on the following information. *If student falls between levels, err on the side of caution and assume higher risk category*

Risk Level	Interventions
High Risk: Reports frequent, intense, and enduring suicidal ideation. Reports specific plans, including choice of lethal methods and availability/accessibility of the method. Student presents with multiple risk factors and identifies few, if any, protective factors. If the student has written a suicide note, the student is immediately considered at high risk.	☐ Minimize access to means ☐ Complete Safety Plan ☐ Contact parent/guardian and document contact ☐ Stay with student until parent/guardian arrives ☐ Discuss Safety Plan with student and parent/guardian ☐ Contact building administrator/designee ☐ Hold an After-Care Plan Meeting with student
Moderate Risk: Reports frequent suicidal ideation with limited intensity and duration; has some specific plans to die by suicide but not reported intent. Demonstrates some risk factors but is able to identify reasons for living and other protective factors.	☐ Minimize access to means ☐ Complete Safety Plan ☐ Stay with student until Safety Plan is signed ☐ Contact parent/guardian and document contact ☐ Discuss Safety Plan with student and parent/guardian ☐ Contact building administrator/designee ☐ Hold an After-Care Plan Meeting with student
Low Risk: None or passing ideation that does not interfere with activities of daily living; reports no desire to die (i.e., intent), has no specific plan, exhibits few risk factors, and has identifiable protective factors.	☐ Minimize access to means ☐ Complete Safety Plan ☐ Stay with student until Safety Plan is signed ☐ Contact parent/guardian and document contact ☐ Discuss Safety Plan with student and parent/guardian ☐ Contact building administrator/designee ☐ Hold an After-Care Plan Meeting with student

Assessment Conductor: _____ Administrator: _____

SAFETY PLAN

I, _____, agree not to harm myself. If I feel like I might think about hurting myself, I agree to talk to _____, _____, or _____immediately and/or I will call a crisis hotline for help. I have identified these sources of support and coping skills to assist me (please describe):

If I have tried all of the coping strategies above and I am still feeling unsafe I will call 911 and ask for a Crisis Intervention Team (CIT) Officer to help me.

National Suicide Prevention Lifeline	1-800-273-TALK
Feeling Kinda Blue (Provident Counseling)	www.feelingkindablue.com
St. Louis County Youth Connection Helpline	314-628-2929 Text 4HLP to 31658
GLBT Youth Talkline	1-800-246-PRIDE help@GLBThotline.org
Kids Under Twenty One	314-644-5886 www.KUTO.org
Behavioral Health Response	314-469-6644

(NOTE: The Rockwood School District does not endorse any one of the following crisis numbers over another. These numbers are provided as available resources that those in need may choose to use.)

Student: _____ Date: _____

Assessment Conductor: _____ Date: _____

Administrator: _____ Date: _____

INTERVENTIONS AND ACTION PLAN

INTERVENTION PROCEDURES (check all that apply)

- ☐ Notified parent/guardian
- ☐ Notified building administrator
- ☐ Notified school counselor
- ☐ Notified social worker
- ☐ Notified nurse
- ☐ Sent demographic form to Coordinator of School Counseling
- ☐ After-Care Plan meeting scheduled

As needed:

- ☐ Notified CCL Counselor
- ☐ Notified SSD Area Coordinator
- ☐ Notified school therapist
- ☐ Notified Children's Division
- ☐ Student referred to outside agency
- ☐ Student referred to school therapist
- ☐ Student referred for immediate evaluation

PARENT/GUARDIAN RESPONSE:

ACTION PLAN:

How is the student getting home from school?

What are the next steps for school staff to take?

What are the next steps for the parent/guardian to take?

Assessment Conductor: _____ Administrator: _____

AFTER-CARE PLAN

The school counselor or social worker will hold an After-Care Plan meeting with the student upon returning to school after a risk assessment has been completed. Parent/guardian and administrator attendance is strongly encouraged.

Date of Risk Assessment: _____ **Date of After-Care Plan Meeting:** _____

Meeting attendees:

- ☐ Reviewed Safety Plan
- ☐ Discussed peer supports
- ☐ Discussed adult supports in the school setting
- ☐ Discussed supports outside of school
- ☐ Reviewed coping skills

What has been done to minimize the risk?

Additional supports/resources being provided:

Has there been a change in medications?

How will school staff support the student while at school?

What information can we share and with whom?
Remind parent that student safety always takes priority over confidentiality

Assessment Conductor: _____ Administrator: _____