**Student Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **School**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Person Completing this Form:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- |
| **Who Referred the Student?** | **What Information was Shared that Raises Concerns About Suicide Risk?** |
|  |  |

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| --- | --- | --- |
| **Student Interview** | **Things to Consider** | **Ideas for Safety Plan** |
| Does the student say they are thinking about suicide?  □ Yes □ No  If no, stop here and notify parents about this conversation | How will the student keep safe if they continue to have suicidal thoughts?  For how long do they think they can keep safe? |  |
| Is the student experiencing emotional pain that feels unbearable?  □ Yes □ No | What does the student identify as Risk Factors that increase emotional distress?  What does the student identify as things that ease the pain? |  |
| Does the student say they have a plan?  □ Yes □ No  Does the student have the means to carry out the plan? (ex. gun, rope, pills)  □ Yes □ No | Ask the student to describe their plan.  Discuss with the student ways to stay safe (supervision, removing access to the weapons, etc.). |  |
| Has the student made previous attempts?  □ Yes □ No  Has the student engaged in non-lethal self-harm?  □ Yes □ No | What details of previous attempts or self-harm (time, place, means) can help the student protect themselves against future attempts?  What survival skills helped them in the previous attempt(s)? |  |
| Is the student using alcohol or drugs?  □ Yes □ No | Use of alcohol or drugs decreases inhibitions and can increase risk |  |
| Does the student feel alone?  □ Yes □ No  Does the student have trusted adults to talk to?  □ Yes □ No | Does the student have a support system or resources they can turn to when feeling alone?  If there is a lack of resources, help link the student to resources   * *informal:* family, friends, coach, mentor, youth leader * *formal:* mental health professional, doctor |  |
| What protective factors does the student have? | Friends Activities/Sports School Success  Job Plans for Future Caring Family  Pets Faith Community Counselor  Hobbies Predictability Mentor  Opportunities to Contribute  Coping Skills & Emotional Self-Regulation |  |
| Is the student receiving mental health care?  □ Yes, currently  □ Not currently, but previously  □ No, never | Connect student to current mental health provider.  Help them find a new mental health provider if necessary (connect with parent) |  |

**Consultation Following Student Interview**

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| --- | --- | --- |
| **School Staff** | **Contact Date/Time** | **Recommendations** |
| Counselor |  |  |
| Administrator Notified |  |  |
| ASIST Trained Staff |  |  |
| Other |  |  |
| **Agency** | **Person Contacted – Date/Time** | **Recommendations** |
|  |  |  |
|  |  |  |
|  |  |  |

*Possible Agency Contacts: Suicide Prevention Lifeline, County Crisis Line, Clackamas County Crisis Mental Health Center (MHC), DHS, Police/SRO, Doctor, Private Mental Health Provider*

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| --- | --- | --- |
| **Parent Contact** | | |
| Name of Parent/Guardian: | Date of Contact: | □ Parent/Guardian could not be reached  Follow-up action: |
| Was Parent/Guardian aware of suicidal thoughts/plans?  □ Yes □ No | Parent/Guardian perception of  suicide risk: | Action by Parent/Guardian: |

|  |  |  |
| --- | --- | --- |
| **Next Steps** | | |
| Student released to: | Staff members to inform: | □ Refer to District Student Support & Outreach Specialist |
| □ Provide self-care information to student | □ Scheduled check-ins with supportive staff | □ Refer for Special Education evaluation |
| □ Help connect student with support group | □ Help connect student  with positive activities | □ Follow up with outside mental health provider |
| Other: | | |