

STUDENT SUICIDE RISK ASSESSMENT FORM

Student's Name: _____ Referred by: _____

Person Conducting Assessment: _____ Date: _____

1. Circumstances preceding referral for suicide risk assessment/summary of reason for concern:

2. Stressors/precipitants from student's perspective (*i.e. What's going on in your life right now?*):

3. Current and Recent Mood

a. *On a scale of 0-10 (0 being the worst and 10 the best), how have you been feeling over the **past week**? Have you been feeling depressed, hopeless, helpless, or overwhelmed?*

b. *How would you describe how you are feeling **right now**?*

4. Current Ideation

a. Assess student's current level of suicidal ideation:

	Yes	No	Unsure
<i>In the past few weeks, have you wished you were dead?</i>			
<i>Have you felt that you or your family would be better off if you were dead?</i>			
<i>Have you felt that your life is not worth living?</i>			
<i>Have you been thinking about ending your life or killing yourself?</i>			

If yes or unsure for any of the above:

b. *How long have you been feeling this way?*

c. *Have you thought about ending your life **today or very soon**?*

5. Plan

a. *Do you have a plan for how you would end your life?*

D Yes/detailed and thought-out

D Considering means/details are vague

D No/thoughts of death without consideration of how they would kill themselves

b. *If yes or considering: What is your plan (including how, when, where)?*

6. Means

a. *Do you have access now to whatever you need to carry out your plan? If yes: Where?*

7. Intent

a. *Do you intend to carry through with your plan to end your life soon?*

- D Denies intent
- D Endorses intent
- D Unclear/Passive
- D Evasive in answering question

b. *Do you intend to end your life if something does or doesn't happen? Is there anything that would make you more likely to want to end your life?*

c. *Is there anything that would make you more likely to want to live?*

8. History of Suicidal Ideation/Attempts

a. *Have you ever thought about attempting suicide in the past?*

- D No
- D Yes. When? _____

b. *Have you ever attempted suicide before?*

- D No
- D Yes

If **yes**, description of past attempt(s), including trigger for attempt, how student attempted, and what happened:

9. Resources/Support

a. *Do you have someone in your life whom you can turn to for support?*

- D No, feels isolated.
- D Yes. *Who?* _____

b. If yes: *Have you talked to them about how you are feeling?*

- D Yes
- D No. *Why not?* _____

Determining Protocol to Follow:

- **Low Risk Protocol:** Student demonstrates suicidal ideation (#4), but does NOT have a detailed plan (#5), access to means (#6), or intent to attempt (#7). History of ideation/attempts, detailed plan, ambiguous intent, or lack of support increases risk to Moderate to High Risk.
- **Moderate to High Risk Protocol:** Student demonstrates suicidal ideation (#4) with some combination of planning (#5), access to means (#6), intent (#7), history of ideation/attempts (#8), and/or lack of support (#9).
- **Extremely High Risk Protocol:** Student reports ready access to or possession of means (#6) and strong intent to carry out plan as soon as possible (#7).