



Modified Suicide Assessment During School Closures

Los Angeles PMRT/PET- (800) 854-7771 (same phone # to request START), Long Beach MET- (562) 435-6711

Student: _____ Nickname: _____

Date/Time: _____ Staff completing the assessment: _____

School: _____ SID# _____ DOB: _____

** What is the student's current location?	
** What is the name (and relationship) of an adult currently with the student?	
** Emergency contact numbers if call is disconnected?	

1. Current Ideation and Intent	ASK: Are you thinking about suicide or killing yourself now?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided	Comments:
	ASK: How long have you been feeling this way?		
	ASK: On a scale of 1-10, how likely are you to commit suicide in the next 24 hours? Not Likely 1—2—3—4—5—6—7—8—9—10 Very Likely		
2. Communication of Intent	ASK: Have you talked to anyone about your thoughts of suicide?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided	Comments:
	ASSESS: Has the student directly commented directly (or indirectly) about a desire to commit suicide? Include verbal comments, written documents, non-verbal communication, electronic media, etc).		
3. Plan	ASK: Have you thought about how you would commit suicide?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided	Comments:
	ASK: What is your plan?		
4. Means	ASK: Do you have access to guns, medications, weapons, ropes, and other dangerous objects?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided	Comments:
	ASSESS: Based on the students	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:



Long Beach Unified School District
Division of Student Support Services

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	answer, do you believe that they have the MEANS to be able to carry out their plan?	<input type="checkbox"/> Undecided	Comments:
	ASSESS: Does the student discuss alternate methods of killing themselves (i.e. hit by a car, hanging, etc)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided	

A. If the student is in immediate danger and needs immediate intervention for safety	Call 911
B. If the student is safe, calm and compliant, but needs to be assessed for suicide	Call PMRT
C. If the student is agitated or non-compliant and needs to be assessed for suicide	*Call MET <i>Lakewood and Signal Hill, call your local law enforcement agency)</i>

Outcome of the Assessment:

	Yes (include date and time)	No (provide reason why this action was not completed)
PMRT, 911, MET		
Parent contacted		
Student hospitalized		
Teachers notified		

Tracking:

PMRT/MET/911 Contacted:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Student Hospitalized:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Mail a copy of the Modified Suicide Assessment form via District or regular mail to Dr. Erin M. Simon (Director of Student Support Services – Tucker Administrative Offices) within one week of completion. Send Dr. Erin M. Simon an e-mail within 24 hours of completing the modified suicide assessment. The email should state: Who you are; if you called PMRT, 911, MET or your local enforcement agency; and your best contact number. (Do not attach the assessment or provide the student's name)