

# Suicide Risk Observation

Student Name: \_\_\_\_\_

Mental Health Team Rep: \_\_\_\_\_

Date: \_\_\_\_\_

**This form is designed as a tool to inform parents. This form is structured to be completed after the interview takes place. If a student maintains an attitude of non-compliance and/or hostility about answering the interview questions, the interviewer should assume moderate/high risk.**

Performance/ Degree	Low Risk	Moderate Risk	High Risk
<b>SYMPTOMS</b>			
<b>Depression</b>	<input type="checkbox"/> Mild, feels slightly down	<input type="checkbox"/> Moderate, some moodiness, sadness, irritability, loneliness and decrease in energy	<input type="checkbox"/> Overwhelmed with sadness and feelings of worthlessness
<b>Stress</b>	<input type="checkbox"/> No significant stress	<input type="checkbox"/> Moderate reaction to loss or environmental/family changes	<input type="checkbox"/> Severe reaction to loss or environmental/family changes
<b>Demeanor</b>	<input type="checkbox"/> Direct expression of feelings and/or suicidal intent, sadness or crying "I just don't want to feel this way anymore"	<input type="checkbox"/> Hostile or angry. Example: "They'll be sorry", "I'll show them" or "I'm a burden"	<input type="checkbox"/> Flat affect, little to no emotion expressed, matter-of-fact statement of intent
<b>Attendance</b>	<input type="checkbox"/> No change noted, attendance pattern is not consistent	<input type="checkbox"/> Increasing number of absences over previous 6 weeks	<input type="checkbox"/> Significant absences/truancy
<b>Hopelessness</b>	<input type="checkbox"/> Ambivalent towards future	<input type="checkbox"/> Expresses that things will not get better	<input type="checkbox"/> Cannot offer reasons for living
<b>Discipline/Legal</b>	<input type="checkbox"/> No significant school discipline issues/legal involvement	<input type="checkbox"/> Prior significant school discipline issues/legal involvement	<input type="checkbox"/> Current school consequences/legal consequences
<b>SUICIDE PLAN</b>			
<b>Details</b>	<input type="checkbox"/> Vague	<input type="checkbox"/> Some specific	<input type="checkbox"/> Well thought out, knows when, where, how
<b>Availability of means</b>	<input type="checkbox"/> Not available, will have to get	<input type="checkbox"/> Within a few hours	<input type="checkbox"/> Have on hand
<b>Time</b>	<input type="checkbox"/> No specific time or in future	<input type="checkbox"/> Within a few hours	<input type="checkbox"/> Immediately
<b>PRIOR ATTEMPTS</b>	<input type="checkbox"/> Any reported concern (by adult or student/friend)	<input type="checkbox"/> Repeated threats	<input type="checkbox"/> Any previous attempt
<b>MEDICAL HISTORY</b>	<input type="checkbox"/> No significant medical history	<input type="checkbox"/> Short term illness, currently under doctor's care/prescription	<input type="checkbox"/> Chronic or debilitating illness
<b>PROTECTIVE FACTORS</b>			
<b>Resources</b>	<input type="checkbox"/> Help available, significant others concerned and willing to help	<input type="checkbox"/> Family and friends available but unable to consistently help	<input type="checkbox"/> Family and friends not available, exhausted, or unable to intervene
<b>Coping Behaviors</b>	<input type="checkbox"/> Daily activities continue as usual with little chance	<input type="checkbox"/> Some daily activities disrupted' disturbance in eating, sleeping, school work	<input type="checkbox"/> Gross disturbances in daily functioning
<b>Lifestyle</b>	<input type="checkbox"/> Stable relationships, personality, and school performance	<input type="checkbox"/> Recent acting out behavior and substance abuse; acute suicidal behavior, unstable personality	<input type="checkbox"/> Suicidal behavior in unstable personality, emotional disturbance, repeated difficulty with peers, family and teachers
<b>Next Step</b>	<input type="checkbox"/> "Low Risk"- Phone call to Parent/Guardian: _____		<input type="checkbox"/> Complete Parent/Guardian Plan of Action