

Mast Way

SUICIDE RISK ASSESSMENT AND REFERRAL RECORD

Student Name: _____ Date: _____

School: _____

Person Conducting Assessment: _____

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Is the student currently thinking or has recently thought thought about committing suicide? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. If the answer to question 1 is <i>no</i> , skip to question 6.
If the answer to question 1 is <i>yes</i> , does the student have some plan in mind for committing suicide regardless of how vague it might be about the plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the student indicate <i>when</i> he or she might harm others? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has the student indicated <i>where</i> he or she might commit suicide?
Where? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does the student have the means or resources to carry out his or her plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Has the student recently and chronically experienced loss of friends, relationships, status or self-esteem? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Is the student currently experiencing abuse at home? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Is the student currently experiencing turmoil at home? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Is the student currently experiencing turmoil or abuse from peers? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Does the student exhibit poor impulse control? | <input type="checkbox"/> | <input type="checkbox"/> |

*If there are one or more *YES* answers to questions 1 – 5, the student should be considered an “at-risk” student and referral made to the appropriate personnel. If there are no *YES* responses to questions 1 – 5 the student should be noted as showing no discernible risk and noted below.

*Enter the totals of *YES* answers for questions 6 – 10 below.

	A At Risk	B No discernible Risk
Number of <i>YES</i> responses to questions 1 – 5	_____	_____
Number of <i>YES</i> responses to questions 6 – 10	_____	_____
Total	_____	_____

***Please indicate any general concern you may have for the student:**

Staff members involved:

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Recommendations and Follow-up:

Results of Parent contact:

Signature of person conducting assessment: _____

Date: _____