Youth Suicide Risk Assessment Form

Student name _____ Date of assessment _____

Referral source (name / title): _____
Assessed by (name / title): _____
Reason for referral:

Student description of problem (use student's words):

I. IDEATION

Does the student report thoughts of suicide? ☐ Yes ☐ No

Timeframe:

Right now ☐ Yes ☐ No
Past 24 hours ☐ Yes ☐ No
Past week ☐ Yes ☐ No
Past month ☐ Yes ☐ No
Past year / lifetime ☐ Yes ☐ No

When does the student first remember having thoughts of suicide? _____
Describe ideation in student's words:

Frequency (every minute / hourly / daily / weekly): _____
Duration (a few seconds / minutes / hours / days): _____
Intensity (not disruptive → completely disruptive): _____
Location (where the ideation occurs): _____

What stops or interrupts the ideation? When and where is it **not** present?

II. INTENT

How much does the student want to **die**? ☐ not at all ☐ somewhat ☐ a great deal
Describe intent in student's words:

How much does the student want to **live**? ☐ not at all ☐ somewhat ☐ a great deal
When is the student's desire to live stronger? What is different when he or she wants to live?

III. PLAN

Does the student report a plan?	☐ Yes	☐ No
	☐ Specific	☐ Vague
	☐ Imminent	☐ Future imminent
Has the student written a suicide note?	☐ Yes	☐ No

How does the student envision dying?
☐ gun ☐ hanging ☐ cutting ☐ pills ☐ jumping ☐ suffocation ☐ other _____

Does the student have access to the means?	☐ Yes	☐ No
Does the student know how to use the means?	☐ Yes	☐ No

Where does the student envision dying? _____
When does the student envision dying? _____

Has the student made an attempt in the past?	☐ Yes	☐ No

How recently? _____

Did someone interrupt it?	☐ Yes	☐ No
Did the student stop him or herself?	☐ Yes	☐ No
Did it result in hospitalization?	☐ Yes	☐ No

Describe the current **suicide plan** in the student's words:

What would make it more likely that the student will follow through with the plan (**triggers**)?

What could **reduce the likelihood** that the student will follow through with the plan?

IV. STRENGTHS AND RESOURCES

What are the student's **reasons for living**?

What **family member** or adult does the student identify as a support?

What **friends / peers** does the student identify as supports (online or offline)

What is the student good at / likes to do / enjoys doing? What does the student look forward to doing?

V. RISK FACTORS (check all that apply)

- ☐ Prior suicide attempt
- ☐ Failing a grade / repeating a grade
- ☐ Suspended from school
- ☐ Recent humiliation in front of peers
- ☐ Recent suicide death of friend / family
- ☐ Victim of intimate partner violence
- ☐ Sleep disturbance / insomnia
- ☐ Depression / bipolar depression
- ☐ Perceived burden to others
- ☐ Other _____
- ☐ Gun in the home
- ☐ Dissatisfied with grades
- ☐ Disciplinary crisis
- ☐ Socially isolated
- ☐ General dislike of school
- ☐ Sexual abuse
- ☐ Victim of (cyber) bullying
- ☐ Perpetrator of (cyber) bullying
- ☐ Self-injurious behavior (NSSI; cutting, etc.)
- ☐ Chronic illness
- ☐ Conflict with staff
- ☐ Conduct disorder
- ☐ Anxiety
- ☐ Stressful events
- ☐ Physical abuse
- ☐ Substance abuse
- ☐ PTSD
- ☐ Legal involvement

VI. PRESENTATION AT TIME OF ASSESSMENT (Check all that apply)

Emotional state

- ☐ Numb
- ☐ Irritable
- ☐ Other _____
- ☐ Depressed
- ☐ Angry
- ☐ Anxious
- ☐ Scared

Cognitive state

- ☐ Hopeless about future
- ☐ Rigid thinking
- ☐ Auditory, visual, tactile hallucinations
- ☐ Poor judgment
- ☐ Blaming self
- ☐ Poverty of speech
- ☐ Poor insight
- ☐ Other _____
- ☐ Blaming others
- ☐ Confused
- ☐ Unrealistic

Behavioral state

- ☐ Lethargic
- ☐ Abnormal movements
- ☐ Other _____
- ☐ Agitated
- ☐ Threatening
- ☐ Impulsive
- ☐ Risk-taking

VII. ASSESSMENT OF SCHOOL ENVIRONMENT

School staff interviewed _____

Documents reviewed _____

Recent changes in **schoolwork**? ☐ Yes ☐ No
Describe:

Recent changes in **emotions/mood**? ☐ Yes ☐ No
Describe:

Recent changes in **thoughts/cognitions**? ☐ Yes ☐ No
Describe:

Recent changes in **behaviors** (discipline)? ☐ Yes ☐ No
Describe:

Changes in **appearance?** ☐ Yes ☐ No
Describe:

Changes in **peer interaction?** ☐ Yes ☐ No
Describe:

Any **environmental stressors?** (e.g., this calendar-year, such as academic testing or activities such as significant sports loss or upsetting assemblies, classroom presentations, school disruptions or teacher changes, etc?) ☐ Yes ☐ No
Describe:

Any comments indicating suicidal ideation, self-destruction or death? ☐ Yes ☐ No
Describe:

VIII. ASSESSMENT OF PARENT(S)/GUARDIAN(S)

Parent/guardian interviewed _____

Has your child ever mentioned having thoughts of suicide or dying? ☐ Yes ☐ No
If so, when and how often?
Describe:

How likely do you think it is that he/she would act on these thoughts? Please describe:

Can you think of anything that has been very **stressful** for your child lately, such as the loss of a family member or change in family structure (e.g., parent moves in or out)? Please describe:

Have you noticed a change in what you would consider normal for your child in terms of his/her **behavior** - either significantly more active (e.g., engaging in risky behaviors or harming him/herself) or withdrawn (e.g., not participating in activities that he/she would normally)? Please describe:

Have you noticed a change in what you would consider normal for your child in terms of his/her **emotions** – either significantly more emotional (e.g., sad, angry, scared) or less emotional (e.g., quiet, withdrawn, unresponsive) than usual? Please describe:

Have you noticed a change in what you would consider normal for your child in terms of his/her **thoughts** – either significantly more preoccupied or significantly less able to concentrate and focus on any one thing?

Does your child know anyone who has died by suicide or attempted suicide? If so, who and when?

IX. RISK ASSESSMENT SUMMARY

1. **Low risk:** None or passing ideation that does not interfere with activities of daily living; reports no desire to die (i.e., intent), has no specific plan, exhibits few risk factors, and has identifiable protective factors.
2. **Moderate risk:** Reports frequent suicidal ideation with limited intensity and duration; has some specific plans to die by suicide but no reported intent. Demonstrates some risk factors but is able to identify reasons for living and other protective factors.
3. **High risk:** Reports frequent, intense, and enduring suicidal ideation. Reports specific plans, including choice of lethal methods and availability / accessibility of the method. Student presents with multiple risk factors and identifies few if any protective factors. If the student has written a suicide note, the student is immediately considered at high risk.

OVERALL RISK LEVEL (summary): Student meets criteria for **low / moderate / high** suicide risk based on the following information *(If a student falls between levels, err on the side of caution and assume higher risk category)*:

X. ACTIONS TAKEN / RECOMMENDATIONS

Actions taken should be a direct result of the risk level identified above in collaboration with your school district procedure. In all cases, parents should be notified to inform them you met with their child.

Parent/guardian contacted?	☐ Yes	☐ No
Released to parent/guardian?	☐ Yes	☐ No
Referrals provided to parent?	☐ Yes	☐ No
Safety plan developed?	☐ Yes	☐ No
Recommending removal of method/means?	☐ Yes	☐ No
If currently in treatment, contact made with therapist/psychiatrist?	☐ Yes	☐ No
Outpatient therapy recommended?	☐ Yes	☐ No
Recommending 24-hour supervision?	☐ Yes	☐ No
Hospitalization recommended?	☐ Yes	☐ No
Release of Information signed?	☐ Yes	☐ No
Copy of this assessment provided to referral?	☐ Yes	☐ No
Consultation received?	☐ Yes	☐ No

Other? Please describe:

Assessor's signature and credentials _____ Date _____

Reviewed by:

Name and credentials _____

Signature _____ Date _____

Note: *This form is intended for use by qualified mental health professionals who have been trained in how to conduct a youth suicide assessment. For a more in-depth explanation of how to use this form, please refer to chapter 6 of* Erbacher, Singer and Poland (2015): *Suicide in Schools: A Practitioner's Guide to Multi-Level Prevention, Assessment, Intervention and Postvention.* New York: Routledge Press.