

SiS: Suicide in Schools Model Youth Suicide Risk Assessment Form (SRA 2.0)

Student name _____ Date of assessment _____

Assessment completed In Person Virtually

Referral source (name / title): _____

Assessed by (name / title): _____

***Note: For all sections, please note online and offline content that indicates safety or suicide risk.**

Reason for referral and/or completing this form:

Student description of problem or event(s) that preceded this suicidal crisis (use student's words):

[If student reports thoughts of **harm to others**, please engage your school's threat assessment protocol.]

I. IDEATION

Does the student report thoughts of suicide? Yes No **If no, go to Section II**

Timeframe: Past 24 hours Yes No

Past week Yes No

Past month Yes No

Past year / lifetime Yes No

Right now Yes No

When does the student first remember having thoughts of suicide?

Describe current ideation in student's words, including the precipitating event(s):

Has the student expressed suicidal thoughts to others online and/or offline?

Frequency (every minute / hourly / daily / weekly): _____

Duration (a few seconds / minutes / hours / days): _____

Intensity (not disruptive / completely disruptive): _____

Location (where are you when you have thoughts?): _____

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

How likely is it that they will tell someone about their suicidal thoughts?

II. INTENT

How much do they want to **live**? not at all= 1 2 3 4 5 =a great deal

When is the student’s desire to live stronger? What is different when they want to live?

How much do they want to **die**? not at all= 1 2 3 4 5 =a great deal

Describe intent in student’s words (when is desire to die stronger, how strong is the intent, etc.):

How confident are they that they WILL NOT attempt suicide in the future?

not at all= 1 2 3 4 5 =a great deal

III. PLAN

Does the student report a plan? Yes No plan

Specific Vague

Imminent Future

Has the student written a suicide note (online/offline)? Yes No

How does the student envision dying?

No method

firearm hanging suffocation cutting pills jumping other _____

Does the student have access to the means? Yes No N/A

Does the student know how to use the means? Yes No N/A

Where does the student envision dying? _____

When does the student envision dying? _____

Describe **current suicide plan** in the students own words including if they disclosed plan online/offline:

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

Even if there is no current plan, what would make it more likely that the student will attempt suicide?

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

Or, if no plan, what will reduce the likelihood of a suicide attempt?

Has the student made a prior suicide attempt?

Yes No

How recently? _____ How many _____

For the most recent attempt: Did someone interrupt it? Yes No

Did the student stop themselves? Yes No

Did it result in injury and/or hospitalization? Yes No

Describe the **previous attempt** (method used, their response to the outcome, etc.)

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)

Which **school staff** does the student identify as a support?

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

V. RISK FACTORS (Y = Yes, applies. N = No, does not apply. U = Unable to assess)

- | | | |
|---|---|--|
| <input type="checkbox"/> Prior suicide attempt | <input type="checkbox"/> Gun in the home | <input type="checkbox"/> Chronic illness |
| <input type="checkbox"/> Failing a grade / repeating a grade | <input type="checkbox"/> Dissatisfied with grades | <input type="checkbox"/> Conflict with staff |
| <input type="checkbox"/> Suspended from school | <input type="checkbox"/> Disciplinary crisis | <input type="checkbox"/> Conduct disorder |
| <input type="checkbox"/> Recent humiliation in front of peers | <input type="checkbox"/> Socially isolated | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Treated unfairly/victimized due to (circle): ethnicity, perceived gender identity, or sexual orientation | | |
| <input type="checkbox"/> Recent (suicide) death of friend / family | <input type="checkbox"/> TBI/concussion | <input type="checkbox"/> ADHD |
| <input type="checkbox"/> Victim/witness intimate partner violence | <input type="checkbox"/> Sexual abuse | <input type="checkbox"/> Physical abuse |
| <input type="checkbox"/> Family relationship problems / conflict | <input type="checkbox"/> Neglect | <input type="checkbox"/> Eating disorder |
| <input type="checkbox"/> Sleep disturbance / insomnia | <input type="checkbox"/> Victim of (cyber) bullying | <input type="checkbox"/> Substance use |
| <input type="checkbox"/> Depression / bipolar depression | <input type="checkbox"/> Perpetrator of (cyber) | <input type="checkbox"/> PTSD |
| <input type="checkbox"/> Perceived burden to others | <input type="checkbox"/> bullying | <input type="checkbox"/> Legal involvement |
| <input type="checkbox"/> Non-suicidal self-injury (e.g., cutting) | <input type="checkbox"/> Other _____ | |

VI. INTERPERSONAL DISTRESS

- How hopeless do they feel? not at all= 1 2 3 4 5 =a great deal
- How much of a burden on others do they feel? not at all= 1 2 3 4 5 =a great deal
- How depressed, sad, or down do they feel? not at all= 1 2 3 4 5 =a great deal
- How disconnected do they feel from others? not at all= 1 2 3 4 5 =a great deal
- Write down their biggest trigger/stressor _____
- How much of a trigger/stressor is it right now? not at all= 1 2 3 4 5 =a great deal

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 **socio-environmental stressors**? (e.g., due to race/ethnicity, sexual or gender identity, academic testing or activities such as significant sports loss or upsetting assemblies, classroom presentations, school disruptions or teacher changes, pandemic, etc.) Yes No
Describe:

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

XII. 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.

At the time of the assessment the youth presented with NO RISK for suicide.

Consultation with other School Mental Health Professional/ Suicide Prevention Coordinator/admin received?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Parent/guardian contacted?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Release of Information signed?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Released to parent/guardian?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Copy of SRA provided to referral?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Copies of SRA and Safety Plan provided to parent/guardian?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Safety plan developed/reviewed/updated?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Recommending removal of method/means?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If currently in treatment, contact made with therapist/psychiatrist?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If not in treatment, referrals provided to parent?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	<input type="checkbox"/>	outpatient therapy	<input type="checkbox"/>	Crisis center / hospitalization
	<input type="checkbox"/>	Local crisis number	<input type="checkbox"/>	988 or text "home" to 741-741
If the student reported thoughts of harm to others, was threat assessment protocol completed?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	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 8 of Erbacher, Singer and Poland (2023): *Suicide in Schools: A Practitioner's Guide to Multi-Level Prevention, Assessment, Intervention and Postvention (Second edition)*. Routledge Press.