# 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 s	uicide?		Yes		No	If no, go to Section II
Timeframe: Past 24	4 hours		Yes		No	
Pas	st week		Yes		No	
Past	month [		Yes		No	
Past year / I	ifetime 🕻		Yes		No	
Rig	ht now		Yes		No	
When does the student first remember having	thoughts	of	suicide	2		

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**

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)?
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
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<ul> <li>Specific</li> <li>Vague</li> <li>Imminent</li> <li>Future</li> </ul>
🔲 Imminent 🗔 Future
Has the student written a suicide note (online/offline)?  Yes No
How does the student envision dying?
□ 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 su	icide attempt?		Yes		No
How recently?		How many			
For the most recent attempt:	Did someone interrupt it?		Yes		No
Die	the student stop themself?		Yes		No
Did it result in ir	njury and/or hospitalization?		Yes		No
Describe the provide attempt (method used their responses to the system of the line of the system of					

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	s not apply. U = Unable to assess)
Prior suicide attempt	Gun in the home Chronic illness
Failing a grade / repeating a grade	Dissatisfied with grades Conflict with staff
Suspended from school	Disciplinary crisis Conduct disorder
Recent humiliation in front of peers	Socially isolated Anxiety
Treated unfairly/victimized due to (circle): e	thnicity, perceived gender identity, or sexual orientation
Recent (suicide) death of friend / family	TBI/concussion ADHD
Victim/witness intimate partner violence	Sexual abuse Physical abuse
Family relationship problems / conflict	Neglect Eating disorder
Sleep disturbance / insomnia	Victim of (cyber) bullying Substance use
Depression / bipolar depression	Perpetrator of (cyber) PTSD
Perceived burden to others	bullying Legal involvement
Non-suicidal self-injury (e.g., cutting)	Other
—	
VI. INTERPERSONAL DISTRESS	
How hopeless do they feel?	not at all= 1 2 2 3 4 5 =a great deal
How much of a burden on others do they feel?	not at all= 1 2 3 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= $1 \square 2 \square 3 \square 4 \square 5 \square$ =a great deal
Write down their biggest trigger/stressor	
How much of a trigger/stressor is it right now?	not at all= $1 \square 2 \square 3 \square 4 \square 5 \square$ =a great deal

VII. ASSESSMENT OF SCHOOL ENVIRONMENT		
School staff interviewed		
Documents reviewed		
Recent changes in <b>schoolwork</b> ? Describe:	🗅 Yes	🗋 No
Recent changes in <b>emotions/mood</b> ? Describe:	Yes	🗆 No
Recent changes in <b>thoughts/cognitions</b> ? Describe:	Yes	🗋 No
Recent changes in <b>behaviors</b> (discipline)? Describe:	🗋 Yes	🗆 No
Changes in <b>appearance?</b> Describe:	Yes	🛛 No
Changes in <b>peer interaction?</b> Describe:	Yes	🗆 No
Any <b>socio-environmental stressors?</b> (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.) Describe:	🗋 Yes	🗋 No
Any comments indicating suicidal ideation, self-destruction or death? Describe:	🗅 Yes	🗋 No

## VIII. INFORMATION FROM PARENT(S)/GUARDIAN(S)

Parent/guardian interviewed

# Has your child ever mentioned having thoughts of suicide or dying?

- 1. If so, when and how often? Please let us know if they have ever received counseling or psychiatric supports (including hospitalization) for emotional or behavioral concerns, including suicidal thoughts or behaviors. Describe:
- 2. How likely do you think it is that they would act on these thoughts? Please describe:
- 3. Can you think of anything that has been very **stressful** for your child lately, such as the loss of a family member, change in family structure (e.g., parent moves in or out), adjusting to living in the USA, or conflict between your child and a family member? Please describe:
- 4. Have you noticed a change in what you or your community would consider normal for your child in terms of their **behavior** - either significantly more active (e.g., engaging in risky behaviors or harming themselves/agitation) or withdrawn (e.g., not participating in activities that he/she would normally/sleep problems)? Describe:
- 5. Have you noticed a change in what you or your community would consider normal for your child in terms of their **emotions** either significantly more emotional (e.g., sad, angry, scared) or less emotional (e.g., quiet, withdrawn, unresponsive) than usual? Please describe:
- 6. Have you noticed a change in what you or your community would consider normal for your child in terms of their **thoughts** either significantly more preoccupied or significantly less able to concentrate and focus on any one thing?
- 7. Does your child know anyone who has died by suicide or attempted suicide? If so, who and when?

IX. PRESENTATION AT TIME OF ASSESSMENT	(Che	ck all that apply)	
Emotional state		Within normal limits	
🗅 Numb		Sad	Anxious
Irritable		Angry	Scared
□ Other			
Cognitive state		Within normal limits	
Hopeless about future		Blaming self	Blaming others
Checked out (dissociated)		Rigid thinking	Confused
Auditory, visual, tactile hallucinations		Poor insight	Poor judgment
□ Other		Poverty of speech	Unrealistic
Behavioral state		Within normal limits	
Lethargic		Agitated	Impulsive
Abnormal movements		Threatening	Risk-taking
□ Other			

#### X. RISK ASSESSMENT

- 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.

#### **XI. 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*):

- Current risk state (compared to prior or baseline, if known):
- Available resources at school, home, and in the community:
- Foreseeable changes that might increase or decrease risk:

## **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?		Yes		No		
Parent/guardian contacted?		Yes		No		
				-		
Release of Information signed?		Yes		No		
Released to parent/guardian?		Yes		No		
Copy of SRA provided to referral?		Yes		No		
Copies of SRA and Safety Plan provided to parent/guardian?		Yes		No		
Safety plan developed/reviewed/updated?		Yes		No		
Recommending removal of method/means?		Yes		No		
If currently in treatment, contact made with therapist/psychiatrist?		Yes		No		
If not in treatment, referrals provided to parent?		Yes		No		
Outpatient therapy						
🗅 Local crisis number 🛛 🗅 988 or tex	t "ho	me" t	o 741	L-741		
If the student reported thoughts of harm to others, was threat						
assessment protocol completed?		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 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.