

## SiS: Suicide in Schools Model Suicide Risk Monitoring Tool (SMT 2.0)

Student name \_\_\_\_\_  
Completed by (name / title): \_\_\_\_\_

Today's date \_\_\_\_\_  
Prior monitoring date \_\_\_\_\_

### I. IDEATION

Have you had thoughts of suicide since the last time a school staff member met with you?  Yes  No (*jump to section II*)  
Right now  Yes  No

*Please circle / check the most accurate response:*

How often do you have these thoughts? (Frequency): hourly / daily / weekly / other \_\_\_\_\_  
How long do these thoughts last? (Duration): a few seconds / minutes / hours / days / a week or more  
How disruptive are these thoughts to your life (Intensity): not at all= 1  2  3  4  5  =a great deal

### II. INTENT

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

### III. PLAN

Do you have a plan?  Yes  No (*if no, jump to section IV*)  
Have you written a suicide note?  Yes  No  
Have you identified a method?  Yes  No  
Do you have access to the method?  Yes  No  N/A  
Have you identified when & where you'd carry out this plan?  Yes  No  N/A  
Have you made a recent attempt?  Yes  No

*If so, when / how / where?* \_\_\_\_\_

How confident are you that you will:  
be able to keep yourself from attempting suicide? not at all= 1  2  3  4  5  =a great deal  
tell someone about your suicidal thoughts? not at all= 1  2  3  4  5  =a great deal

### IV. INTERPERSONAL DISTRESS

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

### V. PROTECTIVE FACTORS

REASONS FOR LIVING <i>(things I'm good at / like to do / enjoy / other)</i>	SUPPORTIVE PEOPLE <i>(family / adults / friends / peers)</i>

## What could change about your life that would make you no longer want to die?

**Summary:** Please compare this to the baseline on the SRA or prior SMT and note how the current risk state compared to prior or baseline/most recent SMT. You want to be able to answer the question: “does risk appear increased or decreased and why?”

### VII. ACTIONS TAKEN / RECOMMENDATIONS:

Recommendations for further treatment and management of suicide risk should be based on their baseline SMT and the current SMT in collaboration with your school district procedure.

Consultation with other School Mental Health Provider / 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 the SRA provided to referral?	<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
Copies of Safety Plan provided to parent/guardian?	<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 line	<input type="checkbox"/>	988 / text “home” to 741-741		

Other? Please describe:

### FOR THE CLINICIAN – SUMMARY PAGE

**Purpose:** This tool is not a comprehensive suicide risk assessment measure. At times, we must monitor ongoing suicidality of students who have already been assessed by you, an outside mental health professional, or in a hospital setting. Clinicians working with suicidal students often report being unsure when a student may need re-hospitalization or further intervention and when levels of suicidality are remaining relatively stable for that *individual* student. As you know your student best, this form is a place to document the student’s particular triggers or stressors. This will allow you to monitor and track their fluctuating suicide risk over time.

With older middle school and high school students, complete this form with them the first time, explaining each area and ensuring they understand how to complete it. During subsequent sessions, they can complete the form independently, followed by a collaborative discussion of risk and treatment planning.

With elementary and early middle school students, the clinician should complete this form through collaborative discussion with the child during each session or meeting. Alter the wording as needed to make it developmentally appropriate to ensure the child understands what you are asking.