

SUICIDE RISK ASSESSMENT TOOL

Student Name/DOB: _____ Location: _____ Date: _____

The purpose of this checklist is to determine a student’s level of suicide risk. The assessing party should be the administrator/designee or school site crisis team member(s).

DIRECTIONS: For the items with the **ASK** specification, please directly pose these questions to the student. Take note of the student’s responses in the space provided and mark the check boxes, as appropriate. The * indicates *Unable to Assess*. The items with the **ASSESS** specification should not be asked directly, but rather explored by the assessing party to gather additional background information. Gathering of additional information may also include interviewing other involved individuals, reviewing student history, and referring to other data gathering sources (i.e. MiSIS, iSTAR, teacher reports/observations).

CATEGORY	ASSESSMENT QUESTIONS			
1. Current Problem/Situation	ASK: <i>Tell me what happened.</i>			
2. Current Ideation	ASK: <i>Are you thinking about suicide/killing yourself now?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> *
	ASK: <i>How long have you been feeling this way?</i>			
3. Communication of Intent	ASSESS: Has the student communicated directly or indirectly ideas or intent to harm/kill themselves? (Communications may be verbal, non-verbal, electronic, written. Please note that electronic communications may include texting and social media.) Indicate what was said and how this was communicated.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> *
	ASK: <i>Have you ever shared your thoughts about suicide with anyone else?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> *
	ASK: <i>To whom? What did they say when you told them?</i>			
4. Plan	ASK: <i>Do you have a plan to harm/kill yourself now?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> *
	ASK: <i>What is your plan?</i>			
5. Means and Access	ASK: <i>Do you have access to weapons, guns, medication?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> *
	ASSESS: Does the student have the means/access to kill themselves?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> *
	ASSESS: Indicate means and access.			
6. Past Ideation	ASK: <i>Have you ever had thoughts of suicide in the past?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> *
	ASK: <i>How long ago? Tell me what happened then.</i>			

7. Previous Attempts	ASK: <i>Have you ever tried to kill yourself?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> *
	ASK: <i>How long ago?</i>			
	ASK: <i>What did you do? What happened?</i>			
8. Changes in Mood / Behavior	ASK: <i>In the past year, have you ever felt so sad that you stopped doing things you usually do or things that you enjoy?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> *
	ASK: <i>What are the activities you no longer do?</i>			
	ASSESS: Has the student demonstrated abrupt changes in behaviors? Describe.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> *
	ASSESS: Has the student demonstrated recent, dramatic changes in mood and/or appearance? Describe.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> *
9. Stressors	ASK: <i>Has anyone close to you ever died by suicide? Who? How long ago? How?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> *
	ASK: <i>Has someone close to you died recently or have you been separated from someone who is important to you? (e.g., death, parent separation/divorce, relationship breakup)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> *
	ASK: <i>Has anything stressful/traumatic happened to you? (e.g. domestic violence, community violence, natural disaster)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> *
	ASK: <i>Have you experienced victimization or been the target of bullying/harassment/discrimination? Describe.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> *
10. Mental Illness	ASSESS: Does the student have a history of mental illness (e.g. depression, conduct or anxiety disorder)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> *
11. Substance Use	ASK: <i>Do you use alcohol or drugs? Which ones? How often? How much?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> *
12. Protective Factors	ASK: <i>Do you have an adult at school that you can go to for help?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> *
	ASK: <i>Do you have an adult outside of school, such as at home or in the community, that you can go to for help?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> *
	ASK: <i>What are your plans for the future?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> *
	ASSESS: Can the student readily name plans for the future, indicating a reason to live?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> *

ASSESSMENT RESULTS:

RISK LEVEL/DEFINITION	WARNING SIGNS MAY INCLUDE:
<input type="checkbox"/> No Known Current Risk No known current evidence of suicidal ideation	<ul style="list-style-type: none"> • No known history of suicidal ideation/behavior or self-injurious behavior • No current evidence of depressed mood/affect. For example, statement made was a figure of speech, intended as a joke, or was a repetition of song lyrics or movie script.
<input type="checkbox"/> Low Risk Does not pose imminent danger to self; insufficient evidence for suicide risk.	<ul style="list-style-type: none"> • Passing thoughts of suicide; evidence of thoughts may be found in notebooks, internet postings, drawings • No plan • No history of previous attempts • No means or access to weapons • No recent losses • No alcohol/substance abuse • Support system is in place • May have some depressed mood/affect • Sudden changes in personality/behavior (e.g., distracted, hopeless, academically disengaged)
<input type="checkbox"/> Moderate Risk May pose imminent danger to self, but there is insufficient evidence to demonstrate a viable plan of action to do harm.	<ul style="list-style-type: none"> • Thoughts of suicide • Some details indicating a plan for suicide • Unsure of intent • History of self-injurious behavior • History of previous attempts and/or hospitalization • Difficulty naming future plans or feeling hopeful • History of substance use or current intoxication • Recent trauma (e.g., loss, victimization)
<input type="checkbox"/> High Risk Poses imminent danger to self with a viable plan to do harm; exhibits extreme or persistent inappropriate behaviors; may qualify for hospitalization.	<ul style="list-style-type: none"> • Current thoughts of suicide • Plan with specifics - indicating when, where and how • Access to weapons or means in hand • Making final arrangements (e.g., giving away prized possessions, good-bye messages in writing, text, or on social networking sites) • History of previous attempts or hospitalization • Isolated and withdrawn • Current sense of hopelessness • No support system • Currently abusing alcohol/substances • Mental health history • Recent trauma (e.g., loss, victimization)

Please refer to BUL-2637.2, Section IV for guidelines on determining an appropriate follow-up/re-entry plan and for protocol on documenting actions in RARD on iSTAR.