

SUICIDE RISK FOLLOW-UP

Student Name: _____ Completed by: _____

This form is to be completed for any student determined to be at Moderate or High Risk as soon as possible after the incident and maintained in student's confidential file with other risk assessment and screening paperwork.

Immediate Action

- Mental Health Agency contacted Agency: _____ Date/Time: _____
- Principal/Administrator briefed Date/Time: _____
- Attendance personnel notified Date/Time: _____

Return Procedures

- Date of return: _____

Student returned to school with written note from mental health agency or records from mental health agency visit regarding next steps/transition plan/etc.

- Conduct an interview with student to determine need for assistance
- Review safety plan
- Schedule follow-up screening/monitoring
- Ensure student is referred to MHT and/or Rtl

Student returned without information from mental health agency

- Contact parent to obtain further information/Contact mental health agency if seen
Parent contacted: _____ Date/Time: _____
- Hold re-entry meeting
- Conduct interview with student to determine need for assistance
- Review safety plan
- Schedule follow-up screening/monitoring
- Ensure student is referred to MHT and/or Rtl

Student Did Not Return

- Student did not return to school the following day
- Contact parent to obtain further information/Contact mental health agency if seen
Parent contacted: _____ Date/Time: _____
- If parent does not respond OR parent response does not ensure student safety, make DFCS referral Date/Time: _____
- Schedule re-entry meeting to review safety plan, interview student, and schedule monitoring
- Ensure student is referred to MHT and/or Rtl