

Suicide Risk Monitoring Tool – Elementary/Middle School Version

Student name _____ Date _____

Completed by (name / title): _____

I. IDEATION

- Are you having thoughts of suicide? Yes No
- Right now Yes No
- Past 24 hours Yes No
- Past week Yes No
- Past month Yes No

Please circle / check the most accurate response:

How often do you have these thoughts? (Frequency): less than weekly / weekly / daily / hourly / every minute

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 somewhat a great deal

II. INTENT

How much do you want to **die**? not at all somewhat a great deal

How much do you want to **live**? not at all somewhat a great deal

III. PLAN

- Do you have a plan? Yes No
- 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? _____

IV. WARNING SIGNS

How hopeless do you feel that things will get better? not at all somewhat a great deal

How much do you feel like a burden to others? not at all somewhat a great deal

How depressed, sad or down do you currently feel? not at all somewhat a great deal

How disconnected do you feel from others? not at all somewhat a great deal

Is there a particular trigger/stressor for this student? If so, what? _____

Has it improved? not at all somewhat a great deal

V. PROTECTIVE FACTORS

REASONS FOR LIVING <i>(things 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?

**FOR THE CLINICIAN – SUMMARY PAGE
ELEMENTARY SCHOOL / MIDDLE SCHOOL STUDENTS**

Purpose: This tool is meant to be a suicide risk management screening. It is not a comprehensive suicide risk assessment measure. At times, we must monitor ongoing suicidality of students who have already been assessed either 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. Monitoring suicidality and managing risk over time is the purpose of this form.

We have created two versions of this tool as elementary and early middle school students are better able to identify responses when provided with less choices than older middle school and high school students. 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.

As you know your student best, we have created within this form a place to document the particular triggers or stressors for this individual. This will allow you to monitor and track their unique stressors over time.

V. LEVEL OF CURRENT RISK:

Recommendations for further treatment and management of suicide risk should be a direct result of the ratings of risk as identified below in collaboration with your school district procedure. In all cases, parents should be notified to inform them you met with their child.

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):

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. Has written suicide note or 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.

VI. ACTIONS TAKEN / RECOMMENDATIONS:

Parent/guardian contacted?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Released to parent/guardian?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Referrals provided to parent?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Safety plan developed?	<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
Outpatient therapy recommended?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Recommending 24-hour supervision?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Hospitalization recommended?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Other? Please describe: