



Student Support Services
Report of Suicide Risk

School: _____ Date: _____

Student Name: _____ Gender: Male Female

DOB: _____ Age: _____ Grade: _____

ESE 504 N/A

Parent's Name: _____ Phone Number: _____

Columbia Rating Scale:

- Wish to be dead
- Suicidal thoughts
- Suicidal thoughts with method (w/o specific plan or intent to act)
- Suicidal intent (w/o specific plan)
- Suicidal intent with specific plan

Presenting Problems:

Action Taken:

Assessment completed by: _____

SRO Contacted? Yes No

Did the Alachua County Crisis Center come to assist with assessing the student? Yes No N/A

If yes, was parental consent obtained for MRT? Yes No

Family was referred to an outside agency? Yes No Agency: _____

Resulted in Involuntary Examination (Baker Act)? Yes No N/A

*As Needed Action(s):

Name of the qualified professional who initiated the IE process? _____

Role of the qualified professional who initiated the IE process? _____

Plan of Action:

Attempt to reach parent or guardian:

Date: _____

Name/Relationship: _____

Please see page 2 to document more contact attempts

Attempt to reach parent or guardian:

Date	Time	Method	Contact	Outcome
_____	_____ a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> In-Person	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> _____	<input type="checkbox"/> No Answer <input type="checkbox"/> Left Message <input type="checkbox"/> Successful
_____	_____ a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> In-Person	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> _____	<input type="checkbox"/> No Answer <input type="checkbox"/> Left Message <input type="checkbox"/> Successful
_____	_____ a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> In-Person	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> _____	<input type="checkbox"/> No Answer <input type="checkbox"/> Left Message <input type="checkbox"/> Successful
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_____	_____ a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> In-Person	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> _____	<input type="checkbox"/> No Answer <input type="checkbox"/> Left Message <input type="checkbox"/> Successful