

Alachua County Public Schools
Student Support Services
Report of Suicide Risk

School: _____ Date: _____

Student Name: _____ DOB: _____

Address: _____ Parent Notified: Yes No

Parent's Name: _____ Date of Notification: _____

Telephone Number: _____ Time: _____

Staff Members Involved:

_____	_____
_____	_____
_____	_____
_____	_____

Presenting Problems _____ Level of Risk _____

Recommendations:

Results of Parental Contact:

Name/relationship of person contacted:

Family was referred to an outside agency? Yes No

Agency: _____

Resulted in Baker Act? Yes No