



# Boise School District - Suicide Risk Screener

Student Name:		Today's Date:	
Student Date of Birth:		Student ID Number:	
School:		Grade:	
Parent/Guardian Name(s):		Parent/ Guardian phone number:	

Initial Referral given by: ☐ Student(s) ☐ Parent ☐ Teacher/Staff ☐ Self ☐ Other

Reason for referral (statement/artwork/etc):

PLEASE COMPLETE THE [COLUMBIA-SUICIDE RISK SCREENER- SCREEN VERSION](#) AND THEN PROCEED  
(Found at the end of this form).

Briefly describe the student interview, including past attempt/mental health concerns and any protective factors/ reasons for living that she student shared (can include non-verbal behavior/affect/observations):

- ☐ I have considered other factors that may have an impact on this student. These may include the student's cultural background, religion, social connectedness, sexuality, atypicality, diagnosis (perceived or official), etc.

Who has been informed of the potential suicide risk? (ie: teacher(s), para(s), social worker, nurse, counselor, school psych.):

What additional actions have been completed?

- ☐ Community Resources Provided: \_\_\_\_\_
- ☐ [Safety Plan](#) Created: \_\_\_\_\_
- ☐ Release of Information provided for: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

## Notification of Parent/Guardian:

Method of Communication: \_\_\_\_\_

Name of Person Communicated with: \_\_\_\_\_

Date/Time Notification Occurred: Date: \_\_\_\_\_ Time: \_\_\_\_\_

If parent/guardian is unavailable, action taken (Principal Notified/SRO (Main #-570-6468) Involved H&W/Emergency Room) :

Describe what action (if any) the parent/guardian reports they will take based on the information shared:

\_\_\_\_\_  
(Student Services Professional Signature)

(Date/Time)\_\_\_\_\_

\_\_\_\_\_  
(Principal Signature)

## Columbia Suicide Severity Rating Scale (C-SSRS) - Screener

	PAST MONTH
Ask questions 1 and 2.	
1. Have you wished that you could go to sleep and never wake up or that you were dead?	
2. Have you thought about killing yourself?	
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.	
3. Did you think about ways you could kill yourself?	
<p>4. Some people think about killing themselves but know they would NEVER do it. Others think about killing themselves and think that they might do something.</p> <p>Was there a time when you thought about killing yourself and it was something you MIGHT do, even if you weren't completely sure?</p>	
5. Did you make a plan for how you would kill yourself (things like when, how, and where) and, even if you weren't completely sure when you made this plan, was it something that you thought you MIGHT do?	
Always ask question 6	
<p>6. Have you <u>EVER</u> tried to kill yourself, started to do something to kill yourself or done anything to get ready to kill yourself?</p> <p>If YES, was this in the past 3 months?</p> <p>Examples: took pills, tried to shoot yourself, cut yourself or hang yourself, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump, wrote, or sent a goodbye message, did research on the internet about killing yourself, or got what you needed to kill yourself, etc.</p>	

- Low Risk
- Moderate Risk
- High Risk