Suicide Intervention Protocol Incident Report

This report is to be completed by The Seattle School faculty/staff member following an intervention with a Seattle School student.

***DO NOT FILL OUT THIS DOCUMENT HERE IN DRIVE.**

Follow these Directions instead:

- Click File > Download as > Microsoft Word
- Find the document file in your downloads folder & fill it out in Word
- Print the document
- Delete the document file from your computer!
- Give document to Daniel Tidwell-Davis or Misty Anne Winzenried in a sealed envelope

Your Name: _____

Your association with The Seattle School: _____
(i.e., student, faculty, staff)

Student's Name: _____

Date of the incident about which you are reporting: _____

What happened? Provide details of the student's behavior, which constituted your concern.

Where and when did it happen? Please provide all context (dates and times in chronological order and location) you consider relevant to this incident.

Date: _____ Signature: _____

Your contact information: telephone: _____

Email: _____

Please return this form in a sealed envelope to Daniel Tidwell-Davis, Director of Student & Academic Services or Misty Anne Winzenried, Dean of the Graduate School.

Plan of Action

(This form may be filled out in person or over the phone. Student signature is required)

_____ (name of student) has agreed to contact the following people: (e.g. his/her therapist, a specific friend, a relative, etc.).

And, will take the following actions to encourage safety (e.g. meet with a therapist, meet with Daniel Tidwell-Davis, give prescription medications to a trusted friend to hold):

Student Signature: _____ Date: _____

Staff / Faculty Signature _____ Date: _____

Please return this form in a sealed envelope to Daniel Tidwell-Davis, Director of Student & Academic Services or Misty Anne Winzenried, Dean of the Graduate School.