



INITIAL SUICIDE AND SELF HARM ASSESSMENT FORM

Student: _____ Date: _____ Time of
Incident: _____

Supervisor completing interview: _____ Time of LSI:

Incident type:

- Suicide attempt
- Suicide threat
- Self-reported suicidal thoughts
- Deliberate self harm
- Deliberate self harm attempt/threat OR risky behavior that places student at risk for self harm
- Self-reported self harm thoughts

Incident description:

Please include the level of actual harm or level of potential harm. If plan or attempt, was the plan or attempt feasible:

Current Intervention Plans:

Does this student have a specific treatment plan or ICMP intervention related to management of self harm or suicidal statements/behaviors? yes no

If yes, summarize the plan:

Immediate Safety Plan:

Include staffing, removal of potentially dangerous items, supervision level, etc.

Student statement:

What does the student say about this event? Student's intent? Student's plan? Did student want to hurt or kill self?

Summary of findings from the LSI:

Triggers, sore spots, or setting conditions:

Skills and resources student can use:

Supports student wants:

Current risk factors:

Does the student still feel like hurting him/herself after talking with staff? If yes, is he/she willing to follow a safety plan?

Staff observations:

- Abrupt changes in appearance
- Recent weight gain or appetite change
- Sleeplessness or Sleepiness
- Lethargy, Exhaustion
- Increased Irritability or Anger
- Moodiness, Not Communicating
- Increased risk-taking
- Recent Accountability Action
- Recent humiliation or disappointment
- Recent experience of loss
- Other: _____

Please describe:

Notifications (choose appropriate section):

- Event occurred during regular business hours
- Event occurred after regular business hours

For use during regular business hrs.

Direct verbal notification to: (indicate name)	Time notified:	By whom:
Program admin:		
Clinician:		
Nurse:		
Clinical admin:		

For use after regular business hrs.

Direct verbal notification to(indicate name):	Time notified:	By whom:
Program admin on call:		
Clinical admin on call:		
Nurse:		
Send urgent email summary to campus nursing dept., clinical dept., and campus admin group		

Supervisor completing this initial assessment

Print Name

Date

Signature

Time Complete

Clinical assessment:

- Low Risk: No additional safety planning needed at this time
- Moderate Risk: See Self Harm Intervention Plan
- High Risk: See Self Harm Intervention Plan
- Extreme Risk: See Self Harm Intervention Plan and Individual Programming Checklist

Comments:

Print Name

Date

Signature

Time of Assessment