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## SUICIDAL BEHAVIOR ASSESSMENT FORM

(Submit with Referral)

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ School: \_\_\_\_\_

1. How did you become aware of the student's suicidal threat/action?

2. Describe the incident and/or situation surrounding threat/action:

3. Any history of thoughts to end life/harming self/including family history.

4. Any history of bullying issues:

5. Recent thoughts of harming/killing self.

6. What is usually happening when you have these thoughts?

7. What stops these thoughts?

8. Level of Risk:

\_\_\_\_ Low

\_\_\_\_ Medium

\_\_\_\_ High

9. Parent Contacted: \_\_\_\_\_ Yes \_\_\_\_\_ No

10. Response from Parent:

11. Safety contract signed by student: \_\_\_\_\_ Yes \_\_\_\_\_ No

12. Safety contract signed by parent: \_\_\_\_\_ Yes \_\_\_\_\_ No

13. Parent provided with Counseling Resources: \_\_\_\_\_ Yes \_\_\_\_\_ No

## **SAFETY CONTRACT**

To be signed by Child/Adolescent:

I, \_\_\_\_\_, agree not to harm myself intentionally or unintentionally. If I feel like I cannot honor this agreement, at any time, I will let my parent or an adult I trust know so that they can take action to protect me. I also agree not to do harm to anyone else no matter what they say or do to me.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

Parental Agreement:

I, \_\_\_\_\_, the parent/guardian of this young person, agree to insure my child's physical safety. I will be certain that all potentially dangerous elements are stored safely at home and I will ask for family or friends assistance if I cannot be with him/her. I also agree to transport my child to the nearest Emergency facility if at anytime I cannot assure his/her safety. If at any time I feel as if my child presents a risk to harm anyone else, I will contact law enforcement to assist in maintaining safety.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

*Adopted in part from the River Edge Behavioral Health Center, Safety Contract*