

SAMPLE INCIDENT REPORT/DOCUMENTATION
Supporting Document to
The Idaho Guidelines for School-Based Suicide Intervention

Date: _____ Interviewer name: _____

Interviewer Title: _____ School: _____

Student Name: _____ Grade: _____ Age: _____

Date of Birth: _____ Parent/Guardian: _____

Address: _____

Phones: _____

Incident reported by: _____

____ Incident written up and copy to _____

____ Collected relevant data on student (behavior, attendance, teacher concerns, etc.)

Assessment concerns:

____ depression (Comment on level: _____)

____ agitation (Comment on level: _____)

____ possible drug/alcohol use (Describe: _____)

____ agitation/anxiety (Comment on level: _____)

____ possible drug/alcohol use (Describe: _____)

____ verbalizes suicide intent (Level of risk: _____)

____ has definite plan (Describe: _____)

____ means are readily available (Describe: _____)

____ previous attempts (Dates: _____)

____ potential danger to others (Elaborate: _____)

____ other concerns (Specify: _____)

Brief description of student interview: _____

Parent/Guardian Notification date and time _____

Method of contact _____

Parent response _____

_____ discussed removal of lethal means (Comments: _____)

_____ referred? - Referred to _____

_____ referral contacted (Comments: _____)

_____ release of confidentiality signed (Comments: _____)

Parent/guardian concerns _____

Follow up with relevant school personnel (names and dates) _____

_____ safety plan established? (Comments: _____)

Follow up contacts with parent/guardian and/or mental health personnel dates and times:

_____ Debriefed people involved _____

_____ Planned for student return (See Student Re-Entry Plan link from Intervention Page)

_____ Copies of important documents (including this) filed where and when: _____