Your Educational Partner of Choice
BOCES 2
Monroe 2–Orleans Board of Cooperative Educational Services

Suicide/Self-Injurious Behavior (SIB) Risk Assessment

Worksheet adapted from *SafeSide Framework for Recovery-Oriented Suicide Prevention Training*-2/2020
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Student's Legal Name:	**DOB:**	**Grade:**
Student is Also Known As:	**Home School District:**	
Pronouns Used:	**School Program:**	
Classification:	**School Location:**	
Report By/Title:	**Teacher/Case Manager:**	
	Date of Report:	

Known history and current status
Summary of Circumstances Leading to Current Risk Threat Assessment:
Strengths/Protective Factors:
List any current mental health providers and appointment history if known: **Any prescribed medications**?
Long-term Risk Factors
Mental health diagnosis: ☐ **No** ☐ **Yes, Explain**:
Suicide-related hospitalization: ☐ **No** ☐ **Yes, Explain**:
Family member or friend suicide or attempt: ☐ **No** ☐ **Yes, Explain**:
Other(s) (such as ACE's history): ☐ **No** ☐ **Yes, Explain**:
Impulsivity and Self-Control (including substance use)
History of substance use: ☐ No ☐ Yes, Explain (include history of frequency, amount and duration):
Intentional self-harm: ☐ No ☐ Yes, Explain (include frequency, intensity and duration):
Other evidence of impulsivity: ☐ No ☐ Yes, Explain:
History of Past Suicidal Behavior (include parent/guardian input):

Recent/Current Suicidal Behavior and Means (***COLOMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS) – SCREEN VERSION***)		
1. Have you wished you were dead or wished you could go to sleep and not wake up?	**YES** ☐	**NO** ☐
2. Have you actually had any thoughts of killing yourself?	**YES** ☐	**NO** ☐
If YES to #2, ask questions #3, 4, 5, and 6. If NO to #2, go directly to question# 6.		
3. Have you been thinking about how you might do this?	**YES** ☐	**NO** ☐
4. Have you had these thoughts and had some intention of acting on them (as opposed to "I have the thoughts but I definitely will not do anything about them.")?	**YES** ☐	**NO** ☐
5. Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?	**YES** ☐	**NO** ☐
6. Have you ever done anything, started to do anything, or prepared to do anything to end your life? Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed	**YES** ☐	**NO** ☐

from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.				
If Yes, ask: Was this within the past three months?			YES ☐	NO ☐
Colombia Scale Suicide Risk level indicated:	☐ No Risk	☐ Low	☐ Medium	☐ High
Summary:				

If suicide risk is no/low, is there continued risk of non-suicidal self-injurious behavior? ☐ **No,** ☐**Yes, Describe:**

Identifiable Stressors/Precipitants - List stressors that could be precipitating suicidal or self-injurious thoughts or behavior based on client report and any available collateral data sources:

Symptoms, Suffering and Recent Changes in student

High anxiety, stress, or emotional pain: ☐ Unable to assess ☐ No
☐ Yes, as ☐ Increased ☐ Decreased ☐ Same, Explain:

Hopelessness or helplessness: ☐ Unable to assess ☐ No
☐ Yes, as ☐ Increased ☐ Decreased ☐ Same, Explain:

Feeling a burden to others: ☐ Unable to assess ☐ No
☐ Yes, as ☐ Increased ☐ Decreased ☐ Same, Explain:

Negative appraisal of illness or recovery: ☐ Unable to assess ☐ No
☐ Yes, as ☐ Increased ☐ Decreased ☐ Same, Explain:

Increased withdrawal from other people: ☐ Unable to assess ☐ No
☐ Yes, as ☐ Increased ☐ Decreased ☐ Same, Explain:

Change in physical presentation (hygiene/attire/body presentation): ☐ Unable to assess ☐ No
☐ Yes, as ☐ Increased ☐ Decreased ☐ Same, Explain:

Sudden or unexplained improvement: ☐ Unable to assess ☐ No
☐ Yes, as ☐ Increased ☐ Decreased ☐ Same, Explain:

Engagement and Reliability

Reporting it believable and reliable: ☐ No ☐ Yes, Explain:

Engaged and cooperative with assessment and planning: ☐ No ☐ Yes, Explain:

Appears relieved or soothed to be receiving help: ☐ No ☐ Yes, Explain:

Known history of seeking help during crisis: ☐ No ☐ Yes, Explain:

Formulation

Risk status (higher/lower/similar to X population): ☐ Higher ☐ Lower ☐ Similar
Explain:

Risk State (higher/lower/similar to X point in time in student's own history) ☐ Higher ☐ Lower ☐ Similar
Explain:

Available Resources (≥2):

Foreseeable Changes (≥2) that if they occur could significantly increase risk (Include contingency plan for foreseeable changes):

Response to identified risk

List members involved in Consultation/Team Discussion:

Mini interventions (what do we do with the student while in school):

Contingency/Safety Plans

Personal Warning signs:

Coping Strategies:
Healthy Distractions:
Natural Supports:
Referrals for Unmet Needs: ☐ None Needed or ☐ Referral made, specify: **Options Considered and Rejected**:
Additional Comments:

(Note: Worksheet may be used to gather comparison data over time)

*Notify all relevant educational team members across settings of any safety concerns and proposed intervention strategies

Copies: Records Dept./Medical

MH Dept. Chair

☐ Shared as part of a health and safety referral, specify with whom:

☐ Shared with outside provider with signed HIPAA, specify with whom:

Form revised 3/18/2021