



In an imminent safety threat to self or others, notify principal immediately and take immediate action to isolate the individual. Attach copies of any materials which may be useful in conducting a preliminary risk assessment (i.e., writings, notes, printed email or internet materials, books, drawings, etc.)

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| STUDENT INFORMATION: | | |
| Student Name: | Age: | Grade: |
| Person Completing Form: | Title: | |
| Contact Phone Number: | School: | |
| IMMINENT WARNING SIGNS: <i>(check all that apply)</i> | | |
| <input type="checkbox"/> Possession and/or use of firearm or other weapon <input type="checkbox"/> Exhibiting impulsive violent actions, rebellious behavior, or running away <input type="checkbox"/> Making statements about hopelessness, helplessness, or worthlessness <input type="checkbox"/> Suicide threats or statements <input type="checkbox"/> Self-harming <input type="checkbox"/> Giving away favorite possessions <input type="checkbox"/> Making a last will, writing a suicide note <input type="checkbox"/> Homicidal threats <input type="checkbox"/> Giving verbal hints with statements such as "I won't be a problem much longer," "Nothing matters," etc. <input type="checkbox"/> Saying other things like "I'm going to kill myself," "I wish I were dead," "I shouldn't have been born" <input type="checkbox"/> Other | | |
| DOCUMENTATION OF ACTION TAKEN: <i>(check all that apply)</i> | | |
| <input type="checkbox"/> Notify Parent/Guardian <input type="checkbox"/> Contact Law Enforcement <input type="checkbox"/> Contact EMS <input type="checkbox"/> Contact ☒ <input type="checkbox"/> Community Mental Health Referral given to Parent/Guardian | | |

PROVIDE A COPY OF THIS FORM TO THE MENTAL HEALTH SERVICE PROVIDER OF YOUR CHOICE

Signature of Parent/Guardian

Date

Signature of Person Completing this Form

Date

Title