



Los Angeles Unified School District
STUDENT HEALTH AND HUMAN SERVICES

ATTACHMENT B



SUICIDE RISK ASSESSMENT

Student Name/DOB: _____ Location: _____ Date: _____

The purpose of this checklist is to determine a student's level of suicide risk. The assessing party should be the administrator/designee or Suicide/Threat Prevention Liaison(s).

DIRECTIONS: For the items with the **ASK** specification, please directly pose these questions to the student. Take note of the student's responses in the space provided and mark the check boxes, as appropriate. The * indicates *Unable to Assess*. The items with the **ASSESS** specification should not be asked directly, but rather explored by the assessing party to gather additional background information. Gathering of additional information may also include interviewing other involved individuals, reviewing student history, and referring to other sources (e.g., MiSiS, iSTAR, teacher reports/observations).

CATEGORY	ASSESSMENT QUESTIONS
1. Current Problem/Situation	ASK: Tell me what happened.
2. Current Ideation	<div> ASK: Are you thinking about suicide/killing yourself? <div> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> * </div> </div> <div> ASK: Have you thought about when you would do it (kill yourself)? </div> <div> ASK: How long have you been feeling this way? or When did you start having these thoughts? What grade were you in? How old were you? </div>
3. Communication of Intent	<div> ASSESS: Has the student communicated directly or indirectly ideas or intent to harm/kill themselves? (Communications may be verbal, non-verbal, electronic, written. Please note that electronic communications may include texting and social media.) Indicate what was said and how this was communicated. </div> <div> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> * </div> <div> ASK: Have you ever shared your thoughts about suicide with anyone else? or Have you ever told anybody how you feel? </div> <div> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> * </div> <div> ASK: To whom? What did they say when you told them? or Who did you tell? What did they say when you told them? </div>

4. Plan	<p>ASK: Do you have a plan to harm/kill yourself? or Do you know how you would kill yourself?</p> <p>ASK: What is your plan? or How would you do it?</p> <p>ASK: When do you plan on killing yourself? or When would you do it?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> *
5. Means and Access	<p>ASK: Do you have access to weapons, guns, medication? or</p> <p>This question can be modified depending on the response to question #4. For example, if the student states he would use a machete, then the staff member assessing should ask "Do you know where to get a <u>machete</u>?"</p> <p>ASK: Do you know where to get _____?</p> <p>ASSESS: Does the student have the means/access to kill themselves? If yes, indicate means and access.</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> *
6. Past Ideation	<p>ASK: Have you ever had thoughts of suicide in the past? or Have you thought about killing yourself before today?</p> <p>ASK: How long ago? or What grade were you in or how old were you when you thought about killing yourself before?</p> <p>Tell me what happened.</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> *
7. Previous Attempts	<p>ASK: Have you ever tried to kill yourself?</p> <p>ASK: How long ago? or What grade were you in or how old were you?</p> <p>ASK: What did you do? What happened?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> *

8. Self-Injurious Behavior	ASK: Have you ever tried to hurt yourself?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> *
	ASK: When was the last time you tried to hurt yourself? or What grade were you in or how old were you the last time you tried to hurt yourself?			
	ASK: Did you injure yourself when you tried? or Did you hurt yourself when you tried?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> *
	ASK: What did you use to injure yourself? What did you do to injure yourself? or What did you use to hurt yourself? What did you do to hurt yourself?			
	ASK: Where on your body did you injure yourself? or Where on your body did you hurt yourself?			
	ASK: What were you hoping would happen? or Did you want to die? Do you know what it means to die?			
9. Changes in Mood / Behavior	ASK: In the past year, have you ever felt so sad that you stopped doing things you usually do or things that you enjoy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> *
	ASK: What are the activities that you no longer do?			
	ASK: When you were in (PREVIOUS GRADE), what things did you like to do for fun?			
	ASK: Do you still like doing those things?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> *
	IF NO, THEN ASK: Now that you don't like to do those things, what do you like to do?			
	ASSESS: Has the student demonstrated abrupt changes in behaviors? Describe.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> *

	ASSESS: Has the student demonstrated recent, dramatic changes in mood and/or appearance? Describe.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> *
10. Stressors	ASK: Has anyone close to you ever died by suicide? or Do you know anyone that has killed themselves?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> *
	IF YES, ASK: Who? How long ago? How? or Who? When? How?			
	ASK: Has someone close to you died recently or have you been separated from someone who is important to you? (e.g., death, separation from parent/caregiver, relationship breakup) or Is there someone who is important to you who has died, who you can't see anymore, or not as often as you would like?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> *
	IF YES, ASK: Who? How long ago? What happened? or Who? When? Why can't you see them anymore?			
	ASK: Has anything stressful/traumatic happened to you? (e.g. domestic violence, community violence, natural disaster) or Has anything scary ever happened to you? If yes, describe.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> *
	ASK: Does anyone ever call you names, hit you, or make you feel bad about yourself? If yes, describe.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> *
	ASSESS: Has the student been the target of bullying/harassment/ discrimination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> *

11. Mental Illness	ASSESS: Does the student have a history of mental illness (e.g. depression, conduct or anxiety disorder)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> *
12. Substance Use	ASK: Do you use alcohol or drugs? Which ones? How often? How much? or Do you know what alcohol or drugs are? Do you use any of them? Which ones? How often? How much?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> *
13. Protective Factors	ASK: Do you have an adult at school that you can go to for help? or Do you have a grown up at school that you can go to for help? If yes, identify.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> *
	ASK: Do you have an adult outside of school, such as at home or in the community that you can go to for help? or Do you have a grown up outside of school, such as at home or in the neighborhood that you can go to for help? If yes, identify.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> *
	ASK: What are your plans for the future? or Do you have plans for tonight/tomorrow/weekend? What do you want to do when you grow up?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> *
	ASSESS: Can the student readily name plans upcoming activities in the future, indicating a reason to live? (e.g. family party/event, dance, concert, upcoming game) If yes, describe.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> *

RISK ASSESSMENT LEVELS, WARNING SIGNS & ACTION PLAN OPTIONS:

The assessing party should collaborate with at least one other designated school site crisis team member to determine appropriate action(s) based on the level of risk. Action items should be based upon the severity and risk of suicide. There are circumstances that might increase a student's suicide risk.

RISK LEVEL/DEFINITION	WARNING SIGNS MAY INCLUDE:	ACTION PLAN OPTIONS:
<input type="checkbox"/> No Known Current Risk No known current evidence of suicidal ideation	<ul style="list-style-type: none"> • No known history of suicidal ideation/behavior or self-injurious behavior • No current evidence of depressed mood/affect. For example, statement made was a figure of speech, intended as a joke, or was a repetition of song lyrics or movie script. 	<ul style="list-style-type: none"> • Communicate with parent/guardian, even if it is determined that there is no current risk: <ul style="list-style-type: none"> ○ Provide information regarding the incident or statement made. ○ Explore with the parent/guardian if there are any concerning behaviors at home, school or community. Concerns expressed by parent/caregiver may change the level of risk. ○ Reinforce the importance of student safety and use of appropriate language. ○ Provide Attachment G - Suicide Prevention Awareness for Parents/Caregivers or Attachment H - Self-Injury Awareness for Parents/Caregivers handouts and school/community resources, as needed. • Document all actions in the RARD on iSTAR; include student identification number in the Persons Involved tab of iSTAR.
<input type="checkbox"/> Low Risk Does not pose imminent danger to self; insufficient evidence for suicide risk.	<ul style="list-style-type: none"> • Passing thoughts of suicide; evidence of thoughts may be found in notebooks, internet postings, drawings • No plan • No history of previous attempts • No means or access to weapons • No recent losses • No alcohol/substance abuse • Support system is in place • May have some depressed mood/affect • Sudden changes in personality/behavior (e.g., distracted, hopeless, academically disengaged) 	<ul style="list-style-type: none"> • Reassure and provide support to the student. • Communicate concerns with parent/guardian (see Section IV D), including recommendations to seek mental health services. • Provide Attachment G - Suicide Prevention Awareness for Parents/Caregivers or Attachment H - Self-Injury Awareness for Parents/Caregivers handouts and school/community resources, as needed. • Assist in connecting with school and community resources, including suicide prevention crisis lines (Attachment R – Resource Guide) • Develop a safety plan that identifies caring adults, appropriate communication and coping skills (see Attachments D2 and D4 - My Safety Plan templates). Notify identified adults in the safety plan and provide Attachment E – Adult Gatekeeper handout. • Manage and monitor, as needed. • Document all actions in the RARD on iSTAR; include student identification number in the Persons Involved tab of iSTAR.

RISK LEVEL/DEFINITION	WARNING SIGNS MAY INCLUDE:	ACTION PLAN OPTIONS:
<p><input type="checkbox"/> Moderate Risk</p> <p>May pose imminent danger to self, but there is insufficient evidence to demonstrate a viable plan of action to do harm.</p>	<ul style="list-style-type: none"> • Thoughts of suicide • Some details indicating a plan for suicide • Unsure of intent • History of self-injurious behavior • History of previous attempts and/or hospitalization • Difficulty naming future plans or feeling hopeful • History of substance use or current intoxication • Recent trauma (e.g., loss, victimization) 	<ul style="list-style-type: none"> • Reassure and provide support to the student. • If safe to do so, communicate with parent/guardian and gather additional information relevant to the risk factors. Note: The initial level of risk determined may change as a result of the information gathered. • If consulting, ensure the student is supervised. • Consult with Local District Mental Health Team or SMH CCIS at (213) 241-3841 to determine next steps. <ul style="list-style-type: none"> ○ If next steps include contacting LASPD or PMRT for an assessment, see Action Plan Options indicated for High Risk. • Develop a safety plan that identifies caring adults, appropriate communication and coping skills (see Attachments D2 and D4 - My Safety Plan templates). Notify identified adults in the safety plan and provide Attachment E – Adult Gatekeeper handout. • Communicate concerns with parent/guardian (see Section IV, D), including: • Recommendations to seek mental health services. Request Attachment J – Parent/Guardian Authorization for Release/Exchange of Information • Provide Attachment G - Suicide Prevention Awareness for Parents/Caregivers or Attachment H - Self-Injury Awareness for Parents/Caregivers handouts and school/community resources, as needed. • Document all actions in the RARD on iSTAR; include student identification number in the Persons Involved tab of iSTAR. • Continue to monitor student and be a source of support if mental health needs change.

RISK LEVEL/DEFINITION	WARNING SIGNS MAY INCLUDE:	ACTION PLAN OPTIONS:
<p><input type="checkbox"/> High Risk</p> <p>Exhibits extreme or persistent high-risk behaviors, such as current access to means, self-injury, or suicide attempts (e.g., abusing drugs/alcohol, running into traffic, jumping from high places); poses imminent danger to self with a viable plan to do harm; may qualify for hospitalization.</p>	<ul style="list-style-type: none"> • Current thoughts of suicide • Plan with specifics - indicating when, where and how • Access to weapons or means in hand • Making final arrangements (e.g., giving away prized possessions, good-bye messages in writing, text, or on social networking sites) • History of previous attempts or hospitalization • Isolated and withdrawn • Current sense of hopelessness • No support system • Currently abusing alcohol/substances • Mental health history • Recent trauma (e.g., loss, victimization) 	<ul style="list-style-type: none"> • Supervise student at all times (including restrooms). • Reassure and provide support to the student. • Contact LASPD (213) 625-6631 OR PMRT (800) 854-7771 for an assessment and possible transport to a hospital for a mental health evaluation. • Only one agency should be contacted for response. Either agency is authorized to assess, determine if the current circumstances meet criteria for a hold, and transport an individual for a psychiatric evaluation (5150/5585), if needed. • See <u>Important Considerations</u> on page 10 of BUL-2637.4 for clarification regarding accompanying a student to a hospital and providing relevant information to the evaluating psychiatrist. • Develop a safety plan that identifies caring adults, appropriate communication and coping skills (see Attachments D2 and D4 - My Safety Plan templates). Notify identified adults in the safety plan and provide Attachment E – Adult Gatekeeper handout. • Establish a plan for re-entry, manage and monitor, as needed (see Attachment K – Student Re-Entry Guidelines). • Communicate concerns with parent/guardian (see Section IV, D), including: • Re-entry plan and recommendations to seek mental health services. Request Attachment J – Parent/Guardian Authorization for Release/Exchange of Information • Provide Attachment G - Suicide Prevention Awareness for Parents/Caregivers or Attachment H - Self-Injury Awareness for Parents/Caregivers handouts and school/community resources, as needed. • Document all actions in the RARD on iSTAR; include student identification number in the Persons Involved tab of iSTAR. • Continue to monitor student to be a source of support if student's mental health needs change.

For support and consultation: School Mental Health Crisis Counseling and Intervention Services (SMH CCIS)
Monday-Friday | 8:00 am-4:30 pm | (213) 241-3841

In case of an emergency, call 911. For law enforcement and/or after-hours response, contact the Los Angeles School Police Department (LASPD) at (213) 625-6631.