

This checklist complements the guidance offered in [Comprehensive School Suicide Prevention in a Time of Distance Learning](#), is supported by the checklist titled [Preparing for School Suicide Intervention in a Time of Distance Learning: A Prevention Checklist](#) and is designed to stimulate thinking about conducting school suicide intervention via telehealth. It should not supplant, nor is it a substitute for, approved school district protocols.

- 1. Determine location and contact information for primary caregivers.
 - Caregiver's current physical location _____.
 - Caregiver's cell phone number _____, alternate phone number _____, email address _____ other communication options _____.
- 2. Contact primary caregiver and obtain informed consent.
 - If indicated, parent communication with emergency response services (911) facilitated.
 - Permission to conduct a risk assessment obtained.
 - Permission to conduct a risk assessment NOT given (Actions taken, e.g., call protective services, ask for wellness check) _____.
 - Intervention procedures when primary caregivers not available to provide consent _____.
 - Reason for referral shared.
 - Emergency contact information verified/obtained.
 - Immediate recommendations for student care and supervision offered.
- 3. Document the reason for referral for a suicide intervention.

*Risk Factors*¹

<input type="checkbox"/> Mental illness	<input type="checkbox"/> Local suicide cluster
<input type="checkbox"/> Substance use disorder	<input type="checkbox"/> Lack of social support and sense of isolation
<input type="checkbox"/> Hopelessness	<input type="checkbox"/> Asking for help is associated with stigma
<input type="checkbox"/> Impulsive and/or aggressive tendencies	<input type="checkbox"/> Lack of healthcare
<input type="checkbox"/> Trauma or abuse history	<input type="checkbox"/> Exposure to suicide death
<input type="checkbox"/> Major physical or chronic illness	<input type="checkbox"/> Nonsuicidal self-injury
<input type="checkbox"/> Previous suicide attempt	<input type="checkbox"/> Cultural/religious belief that suicide is an acceptable solution to coping challenges
<input type="checkbox"/> Family history of suicide	Other _____
<input type="checkbox"/> Recent loss of relationship	
<input type="checkbox"/> Access to lethal means	

*Warning Signs*¹

<input type="checkbox"/> Talks about wanting to die or kill self	<input type="checkbox"/> Acts anxious, agitated, or reckless
<input type="checkbox"/> Looks for ways to kill self	<input type="checkbox"/> Sleeps too little/too much
<input type="checkbox"/> Reports feeling hopeless/having no purpose	<input type="checkbox"/> Withdraws or reports feeling isolated
<input type="checkbox"/> Reports feeling trapped/in unbearable pain	<input type="checkbox"/> Shows rage or talks about seeking revenge
<input type="checkbox"/> Talks about being a burden	<input type="checkbox"/> Displays extreme mood swings
<input type="checkbox"/> Increasing use of alcohol or drugs	Other _____

Call 911 if there is a direct and imminent suicide threat.
- 4. Determine location and contact information for student at risk.
 - Student's exact location: street address, _____, room currently in _____
 - Student's cell phone number _____, alternate phone _____, email address _____ other communication channels _____.
 - Reason for referral clarified with student _____.
 - Assent to conduct a risk assessment obtained.
 - Action taken if student does not provide assent (consider requesting a wellness check) _____.

¹ Adapted from SAVE.org

- 5. Student suicide risk assessment interview.
 - Call 911 if there is a direct and imminent suicide threat.**
 - Call 911 if the student terminates the assessment without reason or warning.**

Suicide Thoughts

Are you thinking about suicide? _____
 How often do you think about suicide? _____
 Have you been researching suicide online? _____
 Have you shared your thoughts about suicide with anyone? _____
 Who can you talk to that can help you cope with suicidal thinking? _____

Suicide Plan

Do you have a suicide plan? _____
 How would kill yourself? _____
 Do you have the means to carry out your plan? _____
 When will you carry out your plan? _____

Prior Suicide Thoughts and Behaviors

Have you had thoughts of suicide in the past? _____
 How long ago? _____
 Have you ever tried to kill or hurt yourself in the past? _____ If yes, when? _____
 Was there anyone that helped you cope with your prior suicidal thinking? _____

Suicide Risk Assessment Data

Data provided by district approved screening tools (e.g., [CSSRS](#), or [Suicide Safe Mobile App](#)) _____

- 6. Primary caregiver interview.

Has your child displayed abrupt behavior changes? _____
 What is your child's current support system? _____
 Is there a history of mental illness? _____
 Is there a history of recent losses, trauma, or bullying? _____

- 7. Determine risk level, select interventions, and develop student safety plan.

- Student at *low risk* (current thoughts of suicide, but no suicide plan, acknowledges helping resources)
Specify plan: _____
- Student at *moderate risk* (prior attempt, thoughts of and plan for behavior or no resources, but no time frame for behavior)
Specify plan: _____
- Student at *high risk* (thoughts of suicide, plan for behavior, time frame for behavior specified, and no helping resources)
Specify plan: _____

<input type="checkbox"/> Provided 24/7 resource numbers	<input type="checkbox"/> Identified caring adults
<input type="checkbox"/> Connected with school/community resources	<input type="checkbox"/> Promoted communication and coping
<input type="checkbox"/> 911, wellness check	<input type="checkbox"/> Provided treatment referral
<input type="checkbox"/> Mobilized prosocial support system	<input type="checkbox"/> Protective services referral

- 8. Primary caregiver action plan.

- Caregiver protective actions
Specify plan including specific referrals made: _____

<input type="checkbox"/> Increased supervision	<input type="checkbox"/> Mobilized prosocial support system
<input type="checkbox"/> Constant student supervision (including bathroom)	<input type="checkbox"/> Connected with school/community resources
<input type="checkbox"/> Means restriction	<input type="checkbox"/> Transported to services
<input type="checkbox"/> Provided 24/7 resource numbers	<input type="checkbox"/> protective services referral
<input type="checkbox"/> Immediate treatment referral	

- 9. Collaboration.

Share intervention actions with identified school and community crisis intervention resources. _____

- 10. Re-entry planning.

- Consent to obtain/exchange confidential information with treatment providers obtained.
- Communicate with community-based therapists/social workers/case managers.
- Modify re-entry planning to address remote learning re-entry and virtual connection with teachers.
- Provide teachers with warning signs and actions to take if warning signs are seen.
- Develop plan to monitor the student's level of ideation and intent _____.
- Document all re-entry actions including re-entry meetings _____.