

Risk Assessment Referral Form

~ ~ To be completed by Teachers and other School Staff ~ ~

If you become concerned that an individual may pose a risk for harming him/herself or others, complete this form and turn it into the school's principal or designee. In an *Imminent* safety threat, notify principal immediately and take immediate action to isolate the individual, and move other students from harm's way.

Provide any materials which may be useful in conducting a preliminary risk assessment (i.e., writings, notes, printed e-mail or Internet materials, books, drawings, confiscated items, etc.).

Individual under concern_____ **Date of birth**_____ **Date of referral**_____

Person(s) completing this form_____ **Room/phone**_____ **School**_____

Reason for Referral (explain your concerns, any known Precipitating Events and provide any necessary elaboration on checked items

– use back if needed)_____

<u>Imminent Warning Signs</u> (when an individual displays Imminent Warning Signs; take immediate action to maintain safety and mobilize appropriate school personnel)	<u>Early Warning Signs</u> (when an individual displays early warning signs in combination with risk factors, the guidance counselor or designed school staff should be promptly alerted)	<u>Risk Factors</u> (these personal profiles may contribute to harmful or unhealthy choices)
<input type="checkbox"/> Possession and/or use of firearm or other weapon <input type="checkbox"/> Suicide threats or statements <input type="checkbox"/> Exhibiting implusivity such as violent actions, rebellious behavior, or running away <input type="checkbox"/> Making statements about hopelessness, helplessness, or worthlessness <input type="checkbox"/> Giving away favorite possessions <input type="checkbox"/> Making a last will and testament; writing a suicide note <input type="checkbox"/> Refusing help, feeling “beyond help” <input type="checkbox"/> Becoming suddenly cheerful after a period of depression – this may mean that the student has already made the decision to escape all problems by ending his/her life <input type="checkbox"/> Giving verbal hints with statements such as: “I won’t be a problem for you much longer,” “Nothing matters,” “It’s no use,” and “I won’t see you again” <input type="checkbox"/> Saying other things like: “I’m going to kill myself,” “I wish I were dead,” or “I shouldn’t have been born”	<input type="checkbox"/> Depressed Mood <input type="checkbox"/> Social withdrawal or lacking interpersonal skills <input type="checkbox"/> Withdrawal from friends and family <input type="checkbox"/> Marked personality change and serious mood changes (e.g. extreme anxiety, agitation, enraged behavior) <input type="checkbox"/> Difficulty concentrating <input type="checkbox"/> Difficulty in school (decline in quality of work) <input type="checkbox"/> Not tolerating praise or rewards <input type="checkbox"/> Change in eating and sleeping habits <input type="checkbox"/> Loss of interest in pleasurable activities and things one cares about <input type="checkbox"/> Frequent complaints about physical symptoms, often related to emotions, such as stomachaches, headaches, fatigue, etc. <input type="checkbox"/> Persistent boredom <input type="checkbox"/> Neglect of physical health/hygiene <input type="checkbox"/> Complaining of being a bad person or feeling “rotten inside”	<input type="checkbox"/> Previous suicide attempt or gesture <input type="checkbox"/> Feelings of hopelessness or isolation <input type="checkbox"/> Psychopathology (depressive disorders/mood disorders) <input type="checkbox"/> Parental psychopathology <input type="checkbox"/> Substance abuse disorder <input type="checkbox"/> Life stressors such as interpersonal losses (relationship, social, work) and legal or disciplinary problems <input type="checkbox"/> Access to firearms <input type="checkbox"/> Physical abuse or Sexual abuse victim <input type="checkbox"/> Family history of suicidal behavior <input type="checkbox"/> Sexual orientation (homosexual, bisexual, trans-gendered youth) <input type="checkbox"/> Juvenile delinquency <input type="checkbox"/> School and/or work problems <input type="checkbox"/> Contagion or imitation (exposure to media accounts of suicidal behavior and exposure to suicidal behavior in friends or acquaintances) <input type="checkbox"/> Chronic physical illness <input type="checkbox"/> Conduct disorders or disruptive behaviors <input type="checkbox"/> Living alone and/or runaway <input type="checkbox"/> Aggressive or impulsive behaviors <input type="checkbox"/> Excessive feelings of rejection <input type="checkbox"/> Being a victim of violence, teasing, bullying <input type="checkbox"/> Expressions of suicide/violence in writings and drawings <input type="checkbox"/> Other_____