# SUICIDE RISK ASSESSMENT CHECKLIST

**Student Name:** _____ **DOB:** _____

**School:** _____ **Current Grade:** _____ **Date:** _____

**Person Completing Form:** _____

**Circle one:**     **Counselor**     **Psychologist**     **Nurse**     **Administrator**

The questions below should not be read to the student, but rather should be used as a guide while assessing the student.

| Category | Assessment Question | Yes | No | * |
|---|---|---|---|---|
| **1. Current Ideation** | Is the student thinking of suicide now? | | | |
| **2. Communication of Intent** | Has the student communicated directly or indirectly ideas of intent to harm/kill themselves? (Communication may be verbal, non-verbal, electronic, written.) | | | |
| **3. Plan** | Does the student have a plan to harm/kill themselves now? | | | |
| **4. Means and Access** | Does the student have the means/access to kill themselves now? | | | |
| **5. Past Ideation** | Has the student ever thought of suicide? | | | |
| **6. Previous Attempts** | Has the student ever tried to kill themselves (i.e. previous attempts, repetitive self-injury)? | | | |
| **7. Changes in Mood / Behavior** | In the past year, has the student ever felt so sad that he/she stopped doing regular activities? | | | |
| | Has the student demonstrated abrupt changes in behavior? | | | |
| | Has the student demonstrated recent, dramatic changes in mood? | | | |
| **8. Stressors** | Has the student ever lost a loved one by suicide? | | | |
| | Has the student had a recent loss of a loved one or significant other? (E.g. death in family, family divorce or separation, relationship breakup)? | | | |
| | Has the student experienced a traumatic/stressful event (e.g. domestic violence, community violence, natural disaster)? | | | |
| | Has the student experienced victimization or been the target of bullying/harassment/discrimination? | | | |
| **9. Mental Illness** | Does the student have a history of mental illness (i.e. depression conduct or anxiety disorder)? | | | |
| **10. Substance Use** | Does the student have a history of alcohol/substance abuse? | | | |
| **11. Protective Factors** | Does the student have a support system of family and friends at home and school? Does the student have a sense of purpose in his/her life? Can the student readily name plans for the future, indicating a reason to live? | | | |

*Need more information

Adapted from Adam's 12 Five Star Schools

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