Suicide/Homicide Risk Assessment   ([SEE school violence and safety protocol](#))

Date: _____   Name: _____   ID Information: _____   School/Location:_____

Personnel Name: _____   Counselor Name: _____

1. Circle the appropriate option(s) in the CATEGORY, then circle rate of risk in RISK RATE column.
2. <u>Stressors and symptoms won't always match exactly. These are intended as a guide only; use clinical judgment and practice wisdom.</u>

CATEGORY	LOW RISK	MODERATE RISK	HIGH RISK	RISK RATE (circle one)
Age/Sex	Male/Female: under 10 years	Male: under 15 Female: under 19	Male: 15-19	L M H
Stressors	No significant stress Recent success Increased responsibility	Recent move Delinquent behavior Change of schools	Romantic break-up, death/loss, family divorce Abuse in home, homosexuality, humiliation by peers, recent disciplinary crisis	L M H
Symptoms	Low level of anger, depression, guilt	Withdrawal, revenge, Hostility, chronic physical symptoms	Active psychosis, severe depression, hopelessness, substance abuse, conduct disorder, Sudden weight/energy gain or loss, deterioration in grooming, talks/writes about death, self-inflicted injuries	L M H
Support/Resources _____	Family and friends available, concerned	Some family support, Socially isolated	Family and friends available for little/no support No other source of support	L M H
Plan	Vague or none	Uncertainty re: method, method selected, other details vague	Time & method specified, method & location specified, previous rehearsal, previous attempt	L M H
Lethality	Small amount aspirin/Tylenol	Jumping, drowning, car wreck, gas, cutting	Drugs, poison, hanging, gun, bomb	L M H
Access	None or remote	Difficult, time consuming, not readily available	Method at hand or readily available, firearm in home	L M H

Overall rating of HIGH is attained if a HIGH rating is received in two or more categories above the black line, or in any category below the black line

PARENTAL NOTIFICATION: **Y** / **N** / **NA**   Date Notified: _____ Time Notified: _____   **FINAL RATING:** L   M   H

Notification given BY: _____   Position:_____

Notification given TO: _____   Relationship to Named:_____

Counselor Signature: _____   Date of Assessment: _____   [(SEE SAFETY CONTRACT)](#)

Certificate of Professional Initiating Involuntary Examination Completed: ____ Yes ___ No   If No, Safety Plan / Contract Completed: ___ Yes ___ No