

## Report of Suicide Risk

School: \_\_\_\_\_ Date: \_\_\_\_\_

Grade: \_\_\_\_\_ Parent Notification Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  Male  Female Parent Notification Time: \_\_\_\_\_

Staff Members Involved:

Description of Problems:

Recommendations to Parents/Guardians:

Results of Follow Up Contact:

Staff Member Signature

Parent Signature (Optional)