



Self-Injury Intervention Form

Name of Student	Grade	DOB	Gender
Parent Name(s)		Home Phone	
Address		Work Phone	
City / Zip Code		Special Services	
Referred by	School	Date	
Reason for Referral			
Intervention Checklist			
<input type="checkbox"/> School nurse notified <input type="checkbox"/> Conference confirms student is not at suicide risk <input type="checkbox"/> Shared self-injury resources with student <input type="checkbox"/> Shared self-injury and mental health counseling resources with parents	<input type="checkbox"/> Principal notified <input type="checkbox"/> Original sent to Intervention Supervisor <input type="checkbox"/> Copy retained for file <input type="checkbox"/> Parent contacted Time: _____ Method: _____		
Further Comments on Intervention Efforts			

Counselor's or Social Worker's Signature

Date

Principal's Signature

Date

Please forward this form via the courier to the Intervention Supervisor.

December 2020