



## Suicide Intervention Form

Name of Student	Grade	Race	Gender
Parent Name(s)	Home Phone		
Address	Work Phone		
City / Zip Code	Special Services		
Referred by	School	Date	
<b>Reason for Referral</b>			
<b>Intervention Checklist</b>			
Conference confirms student is at suicide risk Safety Plan Completed Notified principal Original sent to the Intervention Supervisor Copy retained for file	Parent contacted Time: _____ Method: _____  Referral to Alta Pointe  Release of Info signed Referral faxed to Alta Pointe		
<b>Further Comments on Intervention Efforts</b>			

\_\_\_\_\_  
Counselor's or Social Worker's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date

**Please forward this form to the Prevention and Support Services Coordinator via the courier.**