



## Suicide 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	
<b>Reason for Referral</b>			
<b>Intervention Checklist</b>			
<input type="checkbox"/> Conference confirms student is at suicide risk <input type="checkbox"/> Safety Plan Completed <input type="checkbox"/> Notified principal <input type="checkbox"/> Original sent to the Intervention Supervisor <input type="checkbox"/> Copy retained for file		<input type="checkbox"/> Parent contacted Time: _____ Method: _____  <input type="checkbox"/> Referral to Alta Pointe <input type="checkbox"/> Release of Info signed <input type="checkbox"/> Referral faxed to Alta Pointe	
<b>Further Comments on Intervention Efforts</b>			

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

\_\_\_\_\_  
Date

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