



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