**SUICIDE RISK INCIDENT REPORT**

**Send to District Office, Attention: Natalie Bates**

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| --- | --- |
| Student: Click here to enter text. | Student ID: Click here to enter text. |
| School: Click here to enter text. | Grade: Click here to enter text. |
| DOB: Click here to enter text. | Gender: Click here to enter text. |
| Parent/Guardian Names: Click here to enter text. | Date: Click here to enter text. |

RISK ASSESSMENT – Please check one

LOW  MED  HIGH

DESCRIPTION OF INCIDENT:

Click here to enter text.

EMERGENCY ACTIONS TAKEN: (Identify parent notification method and response)

Click here to enter text.

FOLLOW UP PLAN:

Signature of Person Completing this report:

Printed Name: