Complete the Topeka Public Schools Suicide Prevention Interview and complete Tracking completed
Form A

Student Name ______________________________ Date of Interview _____________ Interviewed by _______________________________

Reason for Interview	What did the student say or write? What was reported? By who?		
Life Events *(Reasons)*	Have there been any situations, changes, or life events recently impacting the student?	No Yes	Details:
Ideation *(Thoughts)*	Over the past month, has the student wished s/he were dead or wished s/he could go to sleep and never wake up? Over the past month, has the student had any thoughts about killing him/herself?	No Yes No Yes	Frequency: Duration: Frequency: Duration:
Plan/Intent	Has the student been thinking about how s/he might do this? *(specific plan)* Does the student have access to the necessary resources to act on this plan? Has the student started doing anything or prepared to do anything to end his/her life?	No Yes No Yes No Yes	Method: Means: Intent:
History	Has the student ever attempted suicide before? Has the student ever been hospitalized for suicidal ideation? Does the student know anyone who has attempted or completed suicide?	No Yes No Yes No Yes	When/Method: # of Attempts/ Worst: # of Hospitalizations: Who/Method:
Protective Factors	Is there anyone or anything that has stopped the student from acting on your thoughts of committing suicide? What are some reasons for living? Who are supports? What does the student look forward to? What coping skills/ strategies help the student manage day to day?	No Yes	Who/What: Supports: Strategies:

Sleep Patterns	**Destructive Behavior**	**Emotional Presentation**	**Social Behavior**	**Thought Patterns**	**Recommendations to Parent/Guardian**
☐ Insomnia ☐ Nightly Waking ☐ Oversleeping ☐ Nightmares **Eating Patterns** ☐ Lack of Appetite ☐ Overeating ☐ Eating Extremes	☐ Substance Use ☐ Self-Harm/ Cutting ☐ Sexual Acting Out ☐ Risky Behavior ☐ Spending Sprees ☐ Acting Out on Peers/Staff ☐ Verbal Aggression ☐ Impulsive/ Not thinking	☐ Marked Mood Change(s) ☐ Crying/ Sadness ☐ Self-Critical/ Self-Blaming ☐ Worry/ Anxiety ☐ Rigid Perfectionism ☐ Irritability/ Anger ☐ Disrespectful ☐ Hopelessness ☐ Burden on Others ☐ Feeling of Not Belonging	☐ Decrease in Energy ☐ Change in Academics ☐ Social Isolation ☐ Attendance Change ☐ Quit Recent Activities ☐ Change in Social Group ☐ Bullied ☐ Dating Issues ☐ Housing/ Family Issues ☐ Giving Away Possessions	☐ Auditory Hallucinations ☐ Visual Hallucinations ☐ Paranoia/ Sense of Threat ☐ Delusional Behavior ☐ Disorganized Thinking ☐ Impairment in Memory ☐ Racing Thoughts	**Family Service and Guidance Center Crisis Center, 232-5005** ______________________________ Contact your pediatrician office ______________ School Mental Health Teams have list of additional community resources__________

Signing below indicates I have received a copy of this interview & I am responsible for ensuring this student obtains the care needed to maintain safety.

Parent/Guardian signature ____ Date _____________

Witnessed by ____ Date _____________

Community Resources: Stormont Vail Behavioral Health (785) 270-4600 | Family Service & Guidance Center (785) 232-5005 | Hospital Emergency Room | Family Physician Heritage Mental Health Clinic (785) 272-5566 | Advanced Behavioral Healthcare (785) 783-3020 | KVC Health Systems (913) 322-4900

Adapted from protocol created by Sander et. al and the Columbia Suicide Severity Rating Scale, Posner, et.al.
Revised 2019-20.

Topeka Public Schools Suicide Prevention Tracking Tool **Form B**

Contact Log

Date	Person Contacted	Notes/Outcome

Actions Taken

☐ Form A Interview completed with student

☐ Parent/guardian contacted

☐ Safety plan developed, if needed

☐ Form A/B filed with MHT *(not cum. folder)*

☐ Plan for supervision developed and shared with staff

☐ Form A copy & Form C Tip Sheet provided to parent/guardian

☐ Administrator and teacher notified of situation, outcome, plan

☐ Suicide Tracking Form

☐ Other actions taken (FSGC referral, releases signed, contact with therapist, etc.) : ____

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Form A

Student Name ________________________________ Date of Interview ______________ Interviewed by _________________________________

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