Level 1 C-SSRS Documentation Form

Use this form if "yes" to any questions 1, 2 & 3 and "no" to all questions 4, 5 & 6.

C-SSRS RESULTS: **1.** ☐Yes ☐No **2.** ☐Yes ☐No **3.** ☐Yes ☐No **4.** ☐Yes ☐No **5.** ☐Yes ☐No **6.** ☐Yes ☐No

1. COLLECT STUDENT INFORMATION

DATE OF INITIAL CONTACT

STUDENT NAME

NAME OF SCHOOL SCREENER

DATE OF BIRTH

AGE

GRADE

GENDER

STUDENT I.D. NUMBER

PARENT/GUARDIAN NAME(S)

BEST CONTACT NUMBER

ADDITIONAL CONTACT NAME(S)

BEST CONTACT NUMBER

STUDENT LANGUAGE

PARENT/GUARDIAN LANGUAGE

NAME OF INTERPRETER

2. COLLECT REFERRAL INFORMATION

☐ STUDENT SELF-REFERRED ☐ SCHOOL STAFF ☐ PARENT ☐ FRIEND ☐ OTHER

WHAT INFORMATION WAS SHARED THAT RAISES THE CONCERN ABOUT SUICIDE RISK?

3. NOTIFY ADMINISTRATOR

NAME OF NOTIFIED ADMINISTRATOR

DATE NOTIFIED

4. CONTACT PARENT/GUARDIAN

NAME OF PARENT/GUARDIAN CONTACTED

DATE/TIME OF CONTACT

PARENT/GUARDIAN COULD NOT BE REACHED ☐

WAS PARENT/GUARDIAN AWARE OF SUICIDAL THOUGHTS/PLANS? ☐ YES ☐ NO

DOES STUDENT HAVE A MENTAL HEALTH THERAPIST OR COUNSELOR? ☐ YES ☐ NO

OTHER STUDENT HEALTH CONCERN/MEDICATIONS?

PARENT/GUARDIAN PERCEPTION OF SUICIDAL RISK:

5. TAKE ACTION

1) In collaboration with School Screener, Parent/Guardian is referred to one of the Qualified Mental Health Providers. Options available:

a. Contact with **student's mental health therapist/agency (if applicable)**

- ☐ Immediate phone conversation (leaving a voicemail not acceptable)
- ☐ Therapist comes to school
- ☐ Student transported from school to therapist

NAME OF THERAPIST	THERAPIST PHONE NUMBER

b. Referral to **qualified school provider**

- ☐ Phone referral
- ☐ In-person referral

c. Referral to **community provider**

- ☐ Phone referral
- ☐ Fax referral

2) Assist parents/guardians with the following:

- ☐ Provide Printed Parent/Guardian Letter and copy of Resources page (required)
- ☐ Student Resource Document (optional)
- ☐ Student Support & Safety Plan with student (optional)
- ☐ Request parents/guardians to sign Release of Information (ROI) (if applicable)

3) Outcomes:

PLEASE SPECIFY OUTCOME OF INTERVENTION