

Suicide Risk Management Review: AWARE/Potential Suicide Concern

Please retain a copy at school. This form can also assist with debriefing.

Date:		Student Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
School:		Student Age:	
Y	N	Student confirmed as having suicidal thoughts	
Y	N	Principal or designate notified	
Y	N	Parent/guardian contacted regarding the concern If no, reason:	
Y	N	Student was connected to a safeTALK or ASIST trained staff member If no, reason:	
Y	N	Student indicated “yes” when asked frankly and directly if they had suicidal thoughts.	
Y	N	Student was clear, cooperative and indicated “no” when asked frankly and directly if they had a suicidal plan	
Y	N	NEOFACS mobile services was initiated NEOFACS response time: Location assessment took place:	
Y	N	NEOFACS assessed student and completed a safety plan with the student (student did not require ER visit)	
Y	N	NEOFACS assessed student and recommended child/youth present to ER to assess if need for hospitalization Specify who attended ER with student:	
Y	N	Student/Parent/Guardian opted to seek alternate mental health assessment Specify:	
Y	N	Student identified supports in a Student Action Plan/Be Safe If no, step taken:	
Y	N	Debriefing occurred with school staff involved in student crisis If no, reason:	
Y	N	A follow-up is requested from Supervisor of Mental Health and Wellness School contact person:	

Please forward a copy of the review to Supervisor of Mental Health and Wellness kmcentee@ncdsb.on.ca

SIGNATURES

Principal or designate:	Date:
Staff involved:	Date: