

ASSESSMENT OF SUICIDE RISK

Student Name _____ I.D.# _____ Date _____ Counselor _____

PROBABILITY OF ATTEMPT LOW _____ MEDIUM _____ HIGH _____

Instructions: Use as a check list and average for final assessment. Each item carries the same weight.

Table with 4 columns: Risk Level (Low, Medium, High), Item Name, Description, and Assessment. Rows include Suicide Plan (A-E), Previous Suicide Attempts, Stress, Symptoms (A-B), Resources, Type of Communication, Life Styles, Medical Status, and TOTAL CHECKS.