SUICIDE REPORT FORM

Student's Name: _____ Date: _____

Name of Person Making Initial Report: _____

Name and Position of Person Handling Case: _____

_____

Student Interviewed by: _____

Comments:

Parent or Responsible Person Contacted: _____
(Name)

Parent Contact Made By: _____Date:_____

Parent Contact Witnessed By: _____

Follow-up Taken:

Follow-Up Done By: _____

Comments:

Other People/Organizations Contacted:

This form is to be filed in the student's confidential file separate from the student's curriculum folder.

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