



Suicide Risk Reporting Form

Office of Student and Family Support and Engagement
 MONTGOMERY COUNTY PUBLIC SCHOOLS
 Carver Educational Services Center (CESC)
 850 Hungerford Drive, Room 50, Rockville, Maryland 20850

MCPS Form 335-54
August 2017
Page 1 of 2

Under Maryland law, MCPS staff members have a legal duty to act when they suspect a student's suicidal intent. This law has two essential elements:
Intervene: MCPS staff have a duty to use reasonable means to attempt to prevent a suicide when they are on a notice of a student's suicidal intent.
Parent/Guardian Notification: MCPS staff are required to warn parents/guardians of any suicide threat, including secondhand information, even when the student denies the threat.

Please complete all items below before the end of the school day. Indicate date and time when each step occurred. Some steps are mandatory.

Student _____ MCPS ID# _____

School _____ DOB ____/____/____ Grade ____ Date ____/____/____

Person Completing this Form _____ Phone ____-____-____
 (If different than Interviewer) Name Title

✓	DATE	TIME <small>specify a.m./p.m.</small>	ACTION STEP			
	____/____/____	:	1. Describe what the student said and did to indicate risk of harm to self. Be specific and include the words, actions, or behaviors that initiated this reporting process.			
	____/____/____	:	2. IF THERE IS A MEDICAL EMERGENCY, CALL 911 IMMEDIATELY.			
	____/____/____	:	3. Notify the principal or designee			
	____/____/____	:	4. Locate the student and keep the student under constant supervision by an MCPS staff member, as necessary.			
	____/____/____	:	5. Contact the school counselor, psychologist, pupil personnel worker, nurse, or social worker to obtain additional information such as:			
	____/____/____	:	a. Have you thought about hurting yourself? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	____/____/____	:	b. Have you thought about how you would hurt yourself? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	____/____/____	:	c. Do you have a plan in mind for hurting yourself (describe)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Considering means/nonspecific			
	____/____/____	:	d. Have you tried to hurt or kill yourself before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	____/____/____	:	e. How often do you think about hurting or killing yourself? ____ times per hour/day/week			
	____/____/____	:	f. Do you have access to firearms or medications? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	____/____/____	:	g. Have you told or shown anyone what you are thinking about doing? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	____/____/____	:	h. Do you see hope in your future? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	____/____/____	:	i. Have you been using drugs or alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	____/____/____	:	j. Have you experienced any big changes or losses? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	____/____/____	:	k. Tell me about family or friends who support you (describe)?			
	____/____/____	:	l. Have you been feeling irritable or depressed recently? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	____/____/____	:	m. Has your mood been like it is now or has it changed recently? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	____/____/____	:	n. Will you sign a safety commitment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	____/____/____	:	6. Presence of the following risk factors (list is not all inclusive, check all that apply):			
			<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Change in social relations <input type="checkbox"/> Concerns about home supervision <input type="checkbox"/> Decreased interest in activities <input type="checkbox"/> Suicide of family member or friend <input type="checkbox"/> Verbalizations of hating life <input type="checkbox"/> Family mental health concerns <input type="checkbox"/> Ongoing family conflict <input type="checkbox"/> Recent academic failure <input type="checkbox"/> Decreased interest in school <input type="checkbox"/> Increased risk-taking behavior <input type="checkbox"/> Use of alcohol and/or drugs </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Chronic medical condition <input type="checkbox"/> Awareness of media attention to suicide <input type="checkbox"/> Lack of sense of belonging <input type="checkbox"/> Prior suicide attempts <input type="checkbox"/> Sleep and/or appetite disturbances <input type="checkbox"/> Concerns about sexual orientation <input type="checkbox"/> Experiences with recent personal rejection <input type="checkbox"/> Feelings of boredom <input type="checkbox"/> Recent neglect of personal appearance <input type="checkbox"/> Poor concentration <input type="checkbox"/> Verbalizations/writings/drawings about death </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Feelings of guilt, shame, or self-derogation <input type="checkbox"/> Feelings of excessive pressure to succeed <input type="checkbox"/> Victim of abuse or suspected abuse (e.g., physical, verbal, sexual) <input type="checkbox"/> Perception of others' actions as demeaning or threatening <input type="checkbox"/> History of scratching, cutting, or marking of body <input type="checkbox"/> Feelings of loneliness and having no one in which to confide <input type="checkbox"/> Fear of or actual perception of loss of self-control <input type="checkbox"/> Access to methods (e.g., weapons or medication) </td> </tr> </table>	<input type="checkbox"/> Change in social relations <input type="checkbox"/> Concerns about home supervision <input type="checkbox"/> Decreased interest in activities <input type="checkbox"/> Suicide of family member or friend <input type="checkbox"/> Verbalizations of hating life <input type="checkbox"/> Family mental health concerns <input type="checkbox"/> Ongoing family conflict <input type="checkbox"/> Recent academic failure <input type="checkbox"/> Decreased interest in school <input type="checkbox"/> Increased risk-taking behavior <input type="checkbox"/> Use of alcohol and/or drugs	<input type="checkbox"/> Chronic medical condition <input type="checkbox"/> Awareness of media attention to suicide <input type="checkbox"/> Lack of sense of belonging <input type="checkbox"/> Prior suicide attempts <input type="checkbox"/> Sleep and/or appetite disturbances <input type="checkbox"/> Concerns about sexual orientation <input type="checkbox"/> Experiences with recent personal rejection <input type="checkbox"/> Feelings of boredom <input type="checkbox"/> Recent neglect of personal appearance <input type="checkbox"/> Poor concentration <input type="checkbox"/> Verbalizations/writings/drawings about death	<input type="checkbox"/> Feelings of guilt, shame, or self-derogation <input type="checkbox"/> Feelings of excessive pressure to succeed <input type="checkbox"/> Victim of abuse or suspected abuse (e.g., physical, verbal, sexual) <input type="checkbox"/> Perception of others' actions as demeaning or threatening <input type="checkbox"/> History of scratching, cutting, or marking of body <input type="checkbox"/> Feelings of loneliness and having no one in which to confide <input type="checkbox"/> Fear of or actual perception of loss of self-control <input type="checkbox"/> Access to methods (e.g., weapons or medication)
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Name of Interviewer: _____ Title _____

Distribution: COPY 1/Parent/Guardian; COPY 2/Principal's file (form destroyed after one calendar year), COPY 3/Office of Student and Family Support and Engagement, CESC, Room 50 (in sealed, unmarked envelope inside Pony envelope. **DO NOT FAX.**)

✓	DATE	TIME <i>specify a.m./p.m.</i>	ACTION STEP
	___/___/___	:	7. MANDATORY. PRINCIPAL/DESIGNEE MUST NOTIFY PARENT/GUARDIAN.
	___/___/___	:	8. Inform the parent/guardian of school concerns.
	___/___/___	:	9. Request that the parent/guardian or designee pick up the student.
	___/___/___	:	10. MANDATORY. Recommend that parent/guardian make immediate contact with a mental health professional.
	___/___/___	:	a. Student's private therapist, if student has one.
	___/___/___	:	b. Montgomery County Crisis Center, regardless of whether student has a private therapist. Complete MCPS Form 560-10, Crisis Center Referral Information and provide parent/guardian with: <ul style="list-style-type: none"> • Telephone number of the Crisis Center, 240-777-4000, for free emergency assessment, • Copy of Crisis Center Referral, • Copy of MCPS Form 270-1, Summary of Parent Conference, if completed (<i>see below</i>), and • Copy of MCPS Form 336-32, Authorization for Release of Confidential Information (<i>see 11 below</i>).
	___/___/___	:	c. Other (please specify):
	___/___/___	:	11. Ask parent/guardian to complete and sign MCPS Form 336-32, Authorization for Release of Confidential Information to permit communication between MCPS and mental health provider.
	___/___/___	:	12. Work with parent/guardian to implement recommendations made by mental health professional that are appropriate to and feasible in the school setting.
	___/___/___	:	13. If parent/guardian is unavailable or uncooperative regarding emergency assessment, consider contacting the Mobile Crisis Center Outreach team, 240-777-4000 , for consultation.
	___/___/___	:	14. If child is in crisis and parent/guardian is unwilling to follow through with emergency assessment, consider contacting Child Protective Services, 240-777-4417 .
	___/___/___	:	15. Provide telephone number for confidential Youth Hotline, 301-738-9697 , and Text Line, 301-738-2255 , if appropriate.
	___/___/___	:	16. Follow MCPS Regulation COB-RA, Reporting a Serious Incident , as necessary.
	___/___/___	:	17. Notify the school nurse, if not previously notified.

Describe in detail parents'/guardians' responses (use [MCPS Form 270-1, Summary of Parent Conference](#) if more space is needed):

SUPPORT STRATEGIES IMPLEMENTED (Check all that apply)

✓	ACTION	DESCRIPTION	PERSON(S) RESPONSIBLE	DUE DATE
	MANDATORY mental health referral			___/___/___
	Written safety commitment			___/___/___
	Parent/Guardian follow-up with mental health professional			___/___/___
	Teacher follow-up			___/___/___
	Administrator follow-up			___/___/___
	School counselor monitoring and follow-up			___/___/___
	Consultation with coordinated student services team members			___/___/___
	Referral to the Educational Management Team			___/___/___
	Consultation with student's therapist or Crisis Center			___/___/___
	Consultation with community agencies			___/___/___
	Child Protective Services		CONFIDENTIAL Do NOT name an individual	___/___/___
	Other (specify)			___/___/___

Signature, Interviewer

Position

___/___/___
Date

Signature, Administrator

___/___/___
Date