



Communication of Risk and Harm

Date of Report: _____ Student's Name: _____

Grade: _____ Parent/Legal Guardian: _____ Phone: _____

Student's risk level as determined by: _____ Title: _____

REPORTING PARTY

School: _____ Guardian Contacted: Yes No

Hope Squad Referral: Yes No

Notes: _____

CONCERNS

Suicide Threat/Ideation

Suicide Attempt

Suicide Plan: _____

Cutting

Crisis, Other: _____

Suicide Completion

ACTION TAKEN

Student taken to E.R. by parent/guardian

Student taken home by parent/guardian

Police contacted - Pink slip

DCFS Contacted 1.855.323.3237

911 called for ambulance hospitalization

Contacted Parents: Yes No

SUMMARIZE SITUATION AND ACTION TAKEN

Safety Plan: _____ Other: _____

List of referrals and resources given to student/parent (resources found in Trauma Response manual): _____

Additional Notes: _____

Date each item when completed.

1 copy to Building Administrator: _____

1 copy to Coordinator of Student Services: _____

1 copy for own records (optional): _____