

Student Suicide Intent and Assessment Checklist

1. Does the student express current suicidal ideation (has the patient indicated thoughts about wanting to hurt or kill self?)
 - a. How strong is the student's desire to kill himself/herself (0 = not intense at all; 10 = very intense)?

If No, Assessment is complete. If yes, continue Assessment.

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| 2. Does the student have an identified plan to die by suicide? | Yes | No |
| 3. Does the student have an identified a means of executing his/her plan? | Yes | No |
| 4. Does the student have access to the means of executing his/her plan? | Yes | No |

If Yes to Questions 1 through 4, a definite referral for hospitalization is indicated; however, continuing this assessment will provide more information regarding the student's situation.

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| 5. Is the student visibly agitated? | Yes | No |
| 6. Does the student express feelings of hopelessness? | Yes | No |
| 7. Does the student have a history of mental illness? | Yes | No |
| 8. Does the student express no fear of dying? | Yes | No |
| 9. Does the student use alcohol or illicit drugs? | Yes | No |
| 10. Is there a family history of suicide? | Yes | No |
| 11. Has the student made prior attempts of suicide? | Yes | No |
| a. Has the student made multiple suicide attempts? | Yes | No |
| 12. Does the student feel connected to other people (i.e., are supportive relationships completely absent)? | Yes | No |
| 13. Does the student feel as though the people in his/her life would be better off if he/she were gone? | Yes | No |
| 14. Does the student omit references to the future? | Yes | No |
| 15. Is the student experiencing disorganized thoughts? | Yes | No |
| 16. Is the student experiencing hallucinations? | Yes | No |
| 17. Has the student experienced any recent personal losses (e.g., death of a loved one, major break-up, job loss)? | Yes | No |
| 18. Has the student recently been diagnosed with physical illness? | | |
| 19. Is the student experiencing guilt, blame, or shame for personal behaviors? | | |

Student Name: _____ Date of Assessment: _____

Signature & Title of Assessor: _____