

COLUMBIA-SUICIDE SEVERITY RATING SCALE

Screen with Triage Points for Schools

Student Name _____

Screener Name _____

Date _____

	Past month	
Ask questions that are in bold and underlined.	YES	NO
Ask Questions 1 and 2		
1) <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u>		
2) <u>Have you had any actual thoughts of killing yourself?</u>		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) <u>Have you been thinking about how you might do this?</u> e.g. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it."		
4) <u>Have you had these thoughts and had some intention of acting on them?</u> as opposed to "I have the thoughts but I definitely will not do anything about them."		
5) <u>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</u>		
6) <u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u> Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. If YES, ask: <u>Was this within the past 3 months?</u>	Lifetime	
	Past 3 Months	

Response Protocol to C-SSRS Screening

Item 1 Behavioral Health Referral, Parent/Guardian Contact

Item 2 Behavioral Health Referral, Parent/Guardian Contact

Item 3 Behavioral Health Referral and Consider Consultation (Psychologist/Social Worker) and Student Safety Precautions

Item 4 Student Safety Precautions and psychiatric evaluation by crisis team/EMT/Emergency room

Item 5 Student Safety Precautions and psychiatric evaluation by crisis team/EMT/Emergency room

Item 6 Behavioral Health Referral and Consider Consultation (Psychologist/Social Worker) and Student Safety Precautions

Item 6 3 months ago or less: Student Safety Precautions and psychiatric evaluation by crisis team/EMT/Emergency room

Always notify parents/guardians of any suspicion of suicide risk, even if the child answers "no" to all questions

*** Review Reverse Side ***

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Checklist for School Counselors/School Psychologists/School Social Workers

- ☐ **YES** Consulted with colleague _____
- ☐ **YES Parent/Guardian Contact made** – Parent contact must occur with any suicide risk assessment even when the student is determined not to be in imminent danger (The only exception is in cases when abuse is suspected, in that case, DCFS must be called)
Notes from parent contact
- ☐ **YES Lethal means counseling with parent/guardian – student not present** – e.g. share the importance for parents to provide ongoing monitoring and removal/securing of lethal means (i.e. firearms, methods of asphyxiation, etc.), this could also include changing combinations or key locations to reduce access
Notes:
- ☐ **YES Safety Plan developed**
- ☐ **NO** Notes:
- ☐ **YES Referral and/or mental health resource information provided to parent**
- ☐ **NO** Notes:
- ☐ **YES Consulted District Support** _____
- ☐ **NO** Notes:
- ☐ **YES Released to parent/guardian, school resource officer, or Emergency Services**
- ☐ **NO** Notes:

Use Crisis Resources as appropriate: 988

Please contact District support if you have any additional needs regarding services for students at risk for suicide. As appropriate, document parent/guardian notification with parent/guardian signature if there is an in-person meeting.