

Level 2 C-SSRS Documentation Form

Use this form if "yes" to any questions 1, 2 & 3 and "yes" to any questions 4, 5 & 6.

C-SSRS RESULTS: 1. Yes No 2. Yes No 3. Yes No 4. Yes No 5. Yes No 6. Yes No

1. COLLECT STUDENT INFORMATION

DATE OF INITIAL CONTACT	STUDENT NAME	NAME OF SCHOOL SCREENER		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
DATE OF BIRTH	AGE	GRADE	GENDER	STUDENT I.D. NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PARENT/GUARDIAN NAME(S)		BEST CONTACT NUMBER		
<input type="text"/>		<input type="text"/>		
ADDITIONAL CONTACT NAME(S)		BEST CONTACT NUMBER		
<input type="text"/>		<input type="text"/>		
STUDENT LANGUAGE	PARENT/GUARDIAN LANGUAGE	NAME OF INTERPRETER		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

2. COLLECT REFERRAL INFORMATION

STUDENT SELF-REFERRED SCHOOL STAFF PARENT FRIEND OTHER

WHAT INFORMATION WAS SHARED THAT RAISES THE CONCERN ABOUT SUICIDE RISK?

3. NOTIFY ADMINISTRATOR

NAME OF NOTIFIED ADMINISTRATOR	DATE NOTIFIED
<input type="text"/>	<input type="text"/>

4. CONTACT PARENT/GUARDIAN

NAME OF PARENT/GUARDIAN CONTACTED	DATE/TIME OF CONTACT	PARENT/GUARDIAN COULD NOT BE REACHED <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	
WAS PARENT/GUARDIAN AWARE OF SUICIDAL THOUGHTS/PLANS? <input type="checkbox"/> YES <input type="checkbox"/> NO	OTHER STUDENT HEALTH CONCERN/MEDICATIONS? <input type="text"/>	
DOES STUDENT HAVE A MENTAL HEALTH THERAPIST OR COUNSELOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	PARENT/GUARDIAN PERCEPTION OF SUICIDAL RISK: <input type="text"/>	

5. TAKE ACTION

1) In collaboration with School Screener, Parent/Guardian is to contact student's current mental health therapist/agency (if applicable):

- Immediate phone conversation (leaving a voicemail not acceptable)
- Therapist comes to school
- Student transported from school to therapist

NAME OF THERAPIST

THERAPIST PHONE NUMBER

2) Screener makes referral to the Regional Crisis Line:

PLEASE PROVIDE DETAILS

3) Provide parents/guardians with the following:

- Printed Parent/Guardian Letter and copy of Resources page (required)
- Student Support & Safety Plan with student (required)
- Request parents/guardians to sign Release of Information (ROI)

4) Outcomes:

PLEASE SPECIFY OUTCOME OF INTERVENTION