



STUDENT SUICIDE PREVENTION EMERGENCY REFERRAL FORM

GENERAL INFORMATION		
Student Name:	Birth Date:	
School Name:	Grade:	
Referring Person:	Title/Position:	
Referral Date:	Referral Time:	
NATURE OF REFERRAL		
<input type="checkbox"/> Verbal Threat of Intent to Harm Self <input type="checkbox"/> Written Threat of Intent to Harm Self <input type="checkbox"/> Graphic Drawing/Picture of Intent to Harm Self		
COMMENTS		
OTHER WARNING SIGNS (check all that apply)		
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Gives away Personal Items <input type="checkbox"/> Is Very Moody <input type="checkbox"/> Family Problems <input type="checkbox"/> Physical/Sexual Abuse <input type="checkbox"/> Loss of Energy <input type="checkbox"/> Peer Rejection <input type="checkbox"/> Drug Use/Abuse </div> <div style="width: 50%;"> <input type="checkbox"/> Neglect of Appearance <input type="checkbox"/> Sudden Change of Any Kind <input type="checkbox"/> Asks Legal Questions about Death <input type="checkbox"/> Poor Grades <input type="checkbox"/> Talks of Life After Death <input type="checkbox"/> Ends a Relationship <input type="checkbox"/> Death of Friend/Family Member </div> </div>		
ACKNOWLEDGEMENT OF RECEIPT		
Referral Received By:	Date Received:	Time Received: