

# EXHIBIT

2003

Students

## SUICIDE PREVENTION EXHIBIT

### Student Crisis Intervention Program Suicide Incident Report

Student Name: \_\_\_\_\_

School: \_\_\_\_\_

Concern: \_\_\_\_\_  
(What, When, Where)

Signature of Concerned Person \_\_\_\_\_ Date \_\_\_\_\_

Signature of Principal Contacted about this Incident \_\_\_\_\_ Date \_\_\_\_\_

Lethality Assessment Completed by: \_\_\_\_\_

Title: \_\_\_\_\_

Action Taken: \_\_\_\_\_

Parent(s) or guardian(s) contacted by: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

School social worker and/or school psychologist Actions

Date Initial Comments on Actions Taken (Please date all entries and be specific)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This document should be filed in a confidential file by the Building Principal.

Adoption date: July 2003