

Student: _____
 Date: _____

Counselor: _____

SAFETY CHECKLIST: YOUTH AT RISK FOR HARM

CONFIDENTIAL

<u>PART I</u>	<u>LOW</u>	<u>MODERATE</u>	<u>HIGH</u>
Suicidal Thoughts	___ no	___ previously	___ currently
Suicide Plan	___ none	___ vague	___ specific*
	*What is plan? _____		
Method	___ none	___ vague	___ specific*
	*Description? _____		
Method Available	___ no		___ yes
When	___ unplanned	___ vague	___ specific
Where	___ unplanned	___ vague	___ specific
Previous Attempts	When? _____		What was method? _____
Alcohol/drug use	___ none	___ sporadic	___ chronic/today

<u>PART II</u>	<u>LOW</u>	<u>MODERATE</u>	<u>HIGH</u>
Self Injury	___ no	___ recent	___ ongoing
	*What is method? _____		
*Physical assault	___ no	___ recent	___ ongoing
*Sexual assault	___ no	___ recent	___ ongoing
*Witness to violent behavior/trauma	___ no	___ recent	___ ongoing
*Bullied/embarrassed/teased by others	___ no	___ recent	___ ongoing
Disturbed sleep (Too much/little, not rested)	___ no	___ recent	___ ongoing
Preoccupied with death/dying	___ no	___ recent	___ ongoing
Weight loss/gain/eating disturbance	___ no	___ recent	___ ongoing
*Poor impulse control (Reacts without Thinking)	___ no	___ recent	___ ongoing
*Fear of losing control	___ no	___ recent	___ ongoing
Loss of concentration	___ no	___ recent	___ ongoing
Agitation (Restless, Tension in Body)	___ no	___ recent	___ ongoing
*Constricted thinking (Black/White Thinking)	___ no	___ recent	___ ongoing
Somatic complaints (Pain in Body, i.e. stomach)	___ no	___ recent	___ ongoing
*Express of guilt/shame/worthlessness	___ no	___ recent	___ ongoing
*Expression of hopelessness	___ no	___ recent	___ ongoing
*Depressed student or parent	___ no	___ recent	___ yes
*Negative Thoughts about Self	___ no	___ recent	___ yes
Perceived support of others	___ several	___ one/two	___ none
*Refuses to contract	___ no		___ yes

TOTAL _____

*Represents High Risk