

Suicide Incident Referral Form

If you are in contact with a student who has taken actions to end his or her life, please immediately seek medical assistance by calling 911.

Because we are concerned about the safety of our KSC community members, we are requiring that all students who have a serious suicide incident meet with a counselor for 3 sessions to undergo a safety assessment. A suicide incident is one where a person has not just thought about suicide but has also taken action that may put him or her in danger. For example, if a student starts talking about suicide and is under the influence of substances, that qualifies as a serious suicide incident. If a student has talked about suicide and later jumps in front of a car and is almost hit, that qualifies even though the s/he may later say it was just an accident. If a student is suicidal and cuts, even if it is not deep, that qualifies.

If you encounter a student about whom you have concerns, please talk with the student about your concerns. If you still believe the student may be suicidal, fill out this form as completely as possible, even if the student agrees to come to the Counseling Center voluntarily. Please submit the form to the Associate Vice-President for Student Affairs (Elliot Hall, Third Floor, 358-2841) within 24 hours of you becoming aware of the student's situation. It does not matter whether the incident qualifies for the safety assessment – we will make that decision. If you are concerned about a KSC student, let us know so we can contact that student and assess the danger to him/her.

If the incident occurs over the weekend or if you have immediate concerns, please contact Campus Safety at 358-2228

Student's name _____

Student's address _____ Phone _____

Year in School _____ Age _____

Information about the incident:

Date of occurrence _____ Time _____

Location _____

Briefly describe the incident:

How and when did this situation come to your attention:

What action have you taken in regard to the incident:

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Did the student agree to make an appointment at the Counseling Center? Y N

Please provide any additional information you have:

Student has made comments such as 'I would be better off dead' or 'I wish I could just disappear': (please be specific)

Student has told you or others they want to harm themselves: (please be specific)

Student has communicated **how** they would harm themselves: (please be specific)

Student has made direct suicidal threats or gestures: (please be specific as to how and when)

Student is experiencing a difficult situation (death of friend or family member, relationship breakup, etc.) (please describe)

Student has made previous suicide attempts: ___Yes ___No ___Unknown

Student has been withdrawn or isolated: ___Yes ___No ___Unknown

Student is experiencing academic difficulties: ___Yes ___No ___Unknown

Student has shown marked personality changes: ___Yes ___No ___Unknown

Student has shown an increase or excessive use of alcohol or drugs: ___Yes ___No ___Unknown

Student is currently under psychological or medical care: ___Yes ___No ___Unknown

Student has a local support system ___Yes ___No ___Unknown

Your Name_____

Where you can be reached_____

Relationship to identified Student_____

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