

SECTION V – STUDENTS
(5000-62)

(Policy 5158.10)

Moscow School District No. 281
650 N Cleveland
Moscow ID 83843-3659
208-882-1120

SUICIDE PREVENTION REPORT

Student Name _____ Address _____

Parent/Guardian(s) _____

Home Phone _____ Parent(s) Work Phone _____

School _____ Time _____ Date _____

Initial report given by: Student(s) Parent Teacher/Staff Other _____

Brief Description of Initial Report: _____

Crisis Interview facilitated by: _____ Date _____

Brief Description of Crisis Interview: _____

Notification of Administrator _____ Date _____

Signature

Name of Parent/Guardian notified _____ Date/Time _____

List referrals given _____

Student released to _____

Copies: Counselor/School Psychologist
Parent/Guardian
Building Administrator

(3-26-02)