

SCHOOL DISTRICT 46- SUNSHINE COAST DISTRICT SUPPORT SERVICES

6030 Lighthouse Avenue, Box 2148, Sechelt, B.C. V0N 3A0 Telephone: 604-885-6782 Fax: 604-885-2617

Admin Reg. 3185: Suicidal Behaviour Assessment Report

Date:			School:	
Principal:				
Name of Student:				
Student's Birth Date:			Grade:	
		<u>.</u>		
Name of person student disclosed to:	Date & T		ime of disclosure:	
Date & Time principal informed:		By (name and position):		
Date & Time parents contacted:		By (name & position):		
Date & Time suicide risk assessment completed:		By (name & position):		
Level of risk assessed as:				
Level of risk determined by: (list factors)				
Intervention provided:				
Follow-up action:				
Report submitted by:				
Date of 6 month follow-up:		By (name	& position):	

➤ Send Original Report to: Director of Instruction- Student Support Services

Due to the High Confidentiality of this report:

- DO NOT PLACE A COPY IN THE STUDENT FILE
- DO NOT ENTER ANY INFORMATION IN MyEd