

BELLINGHAM SCHOOL DISTRICT
Suicide Intervention Form

Student's Name:		Student ID #:	
School:	Teacher:		Referral Date:
DOB:	Age:	Gender:	Time:
Parent's Name(s):			
Address:		City/Zip:	
Home Phone:		Work Phone:	
Student Referred by:		Relationship:	
Person Recording Data:		Occupation:	

REASON FOR REFERRAL:

INTERVENTION CONFERENCE:

FOLLOW-UP PLAN: (If student has a mental health therapist he or she is working with, include this person in plan. Also include copy of follow-up agreement with parent(s).)

Plan of Action:	Name of Person Contacted:	Date:	Time:	By Whom:
Notification of Parents				
Administrator Notified				
Agencies Notified				
Contract Signed				