SUICIDAL ASSESSMENT -- CHECKLIST
(Suggested points to cover with student/parent)

(1) PAST ATTEMPTS, CURRENT PLANS, AND VIEW OF DEATH

T Does the individual have frequent suicidal thoughts?
T Have there been suicide attempts by the student or significant others in his or her life?
T Does the student have a detailed, feasible plan?
T Has s/he made special arrangements as giving away prized possessions?
T Does the student fantasize about suicide as a way to make others feel guilty or as a way to get to a happier afterlife?

(2) REACTIONS TO PRECIPITATING EVENTS

T Is the student experiencing severe psychological distress?
T Have there been major changes in recent behavior along with negative feelings and thoughts?

(3) PSYCHOSOCIAL SUPPORT

T Is there a lack of a significant other to help the student survive?
T Does the student feel alienated?

(4) HISTORY OF RISK-TAKING BEHAVIOR

T Does the student take life-threatening risks or display poor impulse control?