

Hemet Unified School District
REPORT OF RISK ASSESSMENT

STUDENT INFORMATION

Student Permanent ID Number: _____ Referral Date: _____
School: _____ DOB: _____ Gender: _____ Grade: _____
Parent/Guardian: _____ Phone Number: (H) _____ (C) _____
Address: _____

IDENTIFICATION OF RISK

Who referred student for Risk Assessment: _____
Reasons for concerns: _____

ASSESSMENT

Clinical Interview

1. Risk Assessment Team (Name and Title): _____
and _____ Date: _____
Circle Level of Risk: **LOW** **MODERATE** **HIGH**
2. Administrator [Name and Title]: _____ Time notified: _____
3. Law Enforcement (Name and Title) _____

NOTIFICATION OF PARENT/GUARDIAN

Name QCS Contacting Parent/Guardian: _____ Time Notified: _____
Suicide Prevention Parent Notification signed: **Yes** **No** If no, reason: _____

REFERRAL (Moderate to High Risk)

Referral to RCCMH: **Yes** **No** Contact at RCCMH: _____
Student release time with Parent/Guardian: _____

RESOURCES (Low to Moderate Risk)

Please list the name and type of resources given: _____

RE-ENTRY TO SCHOOL (Three Points of Contact)

Return Date: _____ QCS Name: _____

Scheduled Follow-up

Week 1 Contact Date: _____ Week 2 Contact Date: _____

Hemet Unified School District
Risk Assessment
CLINICAL INTERVIEW

Student Name: _____ Date: _____

Recommended Questions

Ask what is going on in their life that makes you want to hurt yourself?

Do you feel depressed, anxious?

Do things seem out of control?

Do you feel hopeless?

Has something happened recently to add to these feelings?

List the positive things in your life?

Are you thinking about killing yourself or hurting yourself in anyway?

Have you ever tried to hurt yourself before?

Do you think you might hurt yourself today?

Have you thought of ways that you might kill yourself or hurt yourself?

Do you have pills/weapons in the house?

How have you coped in the past when feeling this way?

Are you using any drugs or alcohol? (If yes, explore types, frequency, and recent usage)

How do you deal with stress, anger, sadness?

Other Key Information

Reality Testing, Is the student oriented to time and space?

Is there a trigger event? Has something happened recently to add to these feelings?

Is there a history of mental illness with the student or student's family?

Is there history of family problems or concerns?

Does the student show black and white thinking?

Identify support system; family, friends, school.

Hemet Unified School District
Risk Assessment
CLINICAL INTERVIEW

Student Name: _____ Date: _____

I: Ideation- threatened or communicated to hurt self.

S: Substance abuse- Excessive or increased use.

P: Purposeless- No reason for living.

A: Anxiety- Agitation/insomnia or sleeping too much, feels nervous all the time.

T: Trapped- Feeling there is no way out, stuck in this situation, can't problem solve.

H: Hopelessness- Feeling nothing will ever change no matter what they do.

W: Withdrawing- From friends, family, society. The do not hang out with friends anymore and quite other enjoyable activities.

A: Anger-(uncontrolled) rage, seeking revenge for something done or not done.

R: Recklessness- Risky acts, unthinking, dare devil acts.

M: Mood changes- dramatic changes in the person mood.

Level of Risk **Low** **Moderate** **High**

Hemet Unified School District
Risk Assessment: SAFETY PLAN

Student Name: _____ Date: _____

Parent Name: _____ Staff Name: _____

POTENTIAL CRISIS & CUES/TRIGGERS TO CRISIS: Behaviors, feelings, situations/circumstances.

1. _____
2. _____
3. _____

PREVENTION PLAN: What has worked in the past to prevent a crisis?

1. _____
2. _____
3. _____

LIST POSITIVE THINGS IN YOUR LIFE: What is going right in your life?

1. _____
2. _____
3. _____

PLAN AT TIME OF CRISIS: What will you do at the next crisis?

1. _____
2. _____
3. _____

ADDITIONAL SUPPORT

Team/Family Members	Relationship to Client	Phone #	Initial	Date

General Steps to Follow in a Crisis

1. Stay calm, control your anger, don't assault
2. Make sure your home is secure, remove/lock up items that would present a danger
3. Avoid arguing or lecturing
4. If you feel you are losing control, remove yourself until you are better able to cope
5. If someone is a danger to self/other, call 911 immediately, mental health crisis
6. Crisis Line : Riverside (951) 791-3300; National Hot line 1-800-273-8255

I fully understand and agree to the terms and condition of the above Safety Plan.

Student Initial: _____ Date: _____ Parent/Guardian Initial: _____ Date: _____

Hemet Unified School District
Risk Assessment
SUICIDE PREVENTION PARENT NOTIFICATION

Student Name: _____ DOB: _____

Date: _____ School: _____

As parent/guardian of the student noted above, I acknowledge that I have been informed that the school has serious concerns about my child. These concerns include possible suicide, self-harm, or harm to others. I understand that by signing this form, I am acknowledge that the school is fulfilling its duty to notify me pursuant to California Education Code Section 49602 (c) regarding a matter involving my child's safety. I acknowledge that referrals to local health/mental health providers have been discussed with me. I further understand that it is the parent's responsibility to seek professional care. Some options for health/mental health care are listed below.

Parent Signature: _____ Date: _____

Risk Assessment/Staff Signature: _____ Date: _____

County of Riverside Department of Children's Mental Health: Mt. San Jacinto Children Services

950 Ramona Rd. Suite 2
San Jacinto, CA 92582
Phone: 951-487-2674
Fax: 951-487-2679

MFI: (Valley Wide Counseling)

Accepts Medi-Cal and IEHP insurance
Phone (951) 654-2026

Valley Health Center

Free counseling services: individual, families, teens, addiction issues, groups
24 hour hotline: 951-468-5211 or www.myvalleyhc.com

Other: _____

National Suicide Prevention Lifeline 1 (800) 273- TALK (8255)

Provide copy to parent and keep the original in Confidential File.

Hemet Unified School District
Risk Assessment
RE-ENTRY TO SCHOOL

Student Name: _____ DOB: _____

School Psychologist/Counselor: _____ School: _____

Parent/Guardian: _____ Phone: _____

Below To Be Completed by Licensed Mental Health Professional

Mental Health Assessment: Date: _____ Time: _____. At the time of this assessment:

_____ was not a danger to self or others.

_____ was not gravely disabled.

_____ may return to school psychologist or health office on __/__/__ date.

***Is safe to return to school on (date):** _____

Treatment Facility: _____ Mental Health Professional's Name and title: _____

Dates of Hospitalization/treatment: _____

Diagnosis: _____

Medications*: _____ **If needed at school, request separate form*

Restrictions/Accommodations: NO YES, If yes, please specify:

Follow-up Recommendations for psychotherapy: _____

There was reasonable cause to believe that this student had emotional difficulties and/or was a danger to him/herself or others or gravely disabled and in need of care and treatment. An evaluation of the student named above by the examining clinician has concluded that the student is mentally competent **at the time of his/her assessment** and is capable of functioning in the school environment without being a danger or causing disruption to him/herself or others.

Clinician Signature _____ Date _____

Clinician Name _____ Phone _____

*******Student to report back to the school psychologist/ health office upon returning to school*****

Parent Signature _____ Date _____

PARENT AUTHORIZATION: I give my permission for school personnel and physician to exchange information regarding my child.



Hemet Unified School District
Risk Assessment Team

Dear Mental Health Professional/Physicians:

When a student returns from any kind of hospitalization or mental health assessment, we require a note/discharge/or attached form filled out saying the student is safe to return to school and if there are any accommodations the student may need. This helps us coordinate services and gather any needed resources for the student and family.

Confidentiality is important to us and the information that is provided to us will be kept confidential and only the approved school personnel will have access to it.

Please provide the following information to the school or parent/guardian:

- 1) The Re-Entry to School form provided by the school, or discharge paper work stating the student is safe to return to school and any follow up recommendations.
- 2) Mental health symptoms and/or medications
- 3) The name and number to the therapist student was/is working with for coordination of services.

Our intent is to promote student safety and well-being by working together to help support the student.

Sincerely,

Staff Name
Position
School
Address
Phone #



Hemet Unified School District
Risk Assessment
Parent/Guardian Letter

Dear Parents/Guardians:

When a student returns from any kind of hospitalizations or assessment we require a note from a physician or mental health professional saying that they are safe to return to school and if there is any accommodations that need to be made. This is so that the school may assist you and your student. We ask that you please **bring back to school with you the following information.**

Parent Responsibilities:

- 1) Before your student returns to school please contact the school personnel to schedule your return meeting.
- 2) Bring to the meeting either the Return to School after a Mental Health Concern form given to you by the school or discharge paper work from the hospital/mental provider completed and filled out.
- 3) The signed release of information form, so that we can coordinate services with the student's mental health provider.

We understand the importance of confidentiality. This information will be protected and only shared with the school staff qualified to have the information. Thank you.

Sincerely,

Staff Name
Position
School
Address
Phone #