

Hemet Unified School District
REPORT OF RISK ASSESSMENT

STUDENT INFORMATION

Student 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: _____