

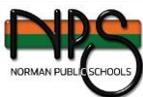
Safety Threat Assessment

In an imminent safety threat to self or others, notify principal immediately and take immediate action to isolate the individual. Attach copies of any materials which may be useful in conducting a preliminary risk assessment (i.e., writings, notes, printed e-mail or Internet materials, books, drawings, etc.)

STUDENT INFORMATION		
Student Name:	Age:	Grade:
Person Completing Form:	Title	
Contact Phone Number:	School:	
IMMINENT WARNING SIGNS (check all that apply)		
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Possession and/or use of firearm or other weapon</div> <div style="width: 50%;"><input type="checkbox"/> Self-harming</div> <div style="width: 50%;"><input type="checkbox"/> Exhibiting impulsive violent actions, rebellious behavior, or running away</div> <div style="width: 50%;"><input type="checkbox"/> Giving away favorite possessions</div> <div style="width: 50%;"><input type="checkbox"/> Making statements about hopelessness, helplessness, or worthlessness</div> <div style="width: 50%;"><input type="checkbox"/> Making a last will, writing a suicide note</div> <div style="width: 50%;"><input type="checkbox"/> Suicide threats or statements</div> <div style="width: 50%;"><input type="checkbox"/> Homicidal Threats</div> <div style="width: 50%;"><input type="checkbox"/> Giving verbal hints with statements such as "I won't be a problem much longer," "Nothing matters," etc.</div> <div style="width: 50%;"><input type="checkbox"/> Saying other things like "I'm going to kill myself," "I wish I were dead," or "I shouldn't have been born"</div> <div style="width: 50%;"><input type="checkbox"/> Other</div> </div>		
DOCUMENTATION OF ACTION TAKEN (check all that apply)		
<input type="checkbox"/> Notify Parent/ Guardian <input type="checkbox"/> Contact Law Enforcement <input type="checkbox"/> Contact EMS <input type="checkbox"/> Contact DHS <input type="checkbox"/> Community Mental Health Referral given to Parent/Guardian		

PROVIDE A COPY OF THIS FORM TO THE MENTAL HEALTH SERVICE PROVIDER OF YOUR CHOICE.

Signature of Parent/Guardian	Date	
Signature of Person Completing Form	Date	Title



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