

## UNIVERSITY OF IDAHO SUICIDAL BEHAVIOR REPORT FORM

The University of Idaho believes it is important to foster an environment that encourages students to maintain a standard of responsibility and self-care. Some students who are distressed engage in behaviors that impact their self-welfare and the welfare of the university community. These behaviors may require further assessment by appropriate professionals to ensure the safety of the student and other community members. This form is designed to obtain information and help us respond to students who are (or recently have been) in a suicidal crisis to ensure they have access to help when it is needed. If you are aware of the suicidal behavior of a student (including thoughts, threats, attempts or other concerning behavior), please complete this form and return it to the Suicidal Behavior Assessment Team (SBAT) at the Dean of Students Office within 24 hours (**FAX 208.885.9494 or email vandalcare@uidaho.edu**). We will review your report and determine if further assessment of the student is necessary. If you have any questions, please contact the SBAT at 885-6757. If a student meets criteria for imminent suicidal risk, immediate actions such as calling 911 or contacting the police or hospital emergency room should be taken.

### Student Information

Name:		ID#:		Phone:	
Address:			Email:		

### Reporter Information (The SBAT may contact you for further information)

Name:		Date:		Relationship to Student:	
Email:			Phone:		

### Information about the incident:

Describe the suicidal behavior the student exhibited:
How and when did this situation come to your attention?
What action (if any) has been taken in response to the suicidal behavior?

**Describe additional information regarding the student’s current or past suicidal behavior:** (If you have no information on a particular question, please indicate NI.)

<b>The student has:</b>	<b>Please specify student’s behavior</b>
Made comments such as “I would be better off dead” or “I wish I were dead” or “I wish I could just disappear” ( <b>suicidal fantasies</b> )	
Told you or others they wanted to harm themselves ( <b>suicidal ideation</b> )	
<b>Made suicidal threats</b>	
Communicated how they would harm themselves ( <b>suicidal plan</b> )	
<b>Made a suicide attempt or gesture</b>	
Participated in <b>self-harm</b> (cutting, self-mutilation, etc.) or other high-risk behaviors	
Engaged in <b>previous suicidal behavior</b> (ideation, attempts, etc.)	

**Please provide any other information you may know about the student below. The student has:**

Been withdrawn or isolated from others	
Used alcohol or other drugs excessively	
Recently experienced a difficult situation or stressor (ending of a relationship, a death, etc.)	
Experienced academic difficulties	
Received any psychological or medical care or taking medication – if so, who is their provider and what are they taking	