

# Woodridge Local School District

## SUICIDE REPORT FORM

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Person Making Initial Report: \_\_\_\_\_

Name and Position of Person Handling Case: \_\_\_\_\_

\_\_\_\_\_

Student Interviewed by: \_\_\_\_\_

Comments:

Parent or Responsible Person Contacted: \_\_\_\_\_

(Name)

Parent Contact Made By: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Contact Witnessed By: \_\_\_\_\_

Follow-up Taken:

Follow-Up Done By: \_\_\_\_\_

Comments:

Other People/Organizations Contacted: