Lewis-Clark State College - Suicide Incident Report (SIR)

SIR Instructions:

Lewis-Clark State College encourages students to maintain a standard of responsibility and self-care while attending classes. However, some students who are distressed experience emotions and engage in behaviors that impact their self-welfare and that of the college community and some that may require further assessment by appropriate professionals.

The attached form is designed to obtain information to assist us to respond to students who are potentially (or recently have been) in a suicidal crisis to ensure they have access to help when it is needed.

If you are aware of any suicidal behavior of a student (including thoughts, threats, attempts or other concerning behavior), please complete this form and return it to the Behavior Response Team (BRT) at the Vice President of Student Affairs or the Student Counseling Center within 24 hours. We will review your report and determine if further assessment of the student is necessary. If you have any questions, please contact the Vice President of Student Affairs office at (208) 792-2218, RCH 112.

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.
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Information about student of concern:

Name: ____________________________ Age: ___ Sex: ___ Phone: __________________
Address: ____________________________________________ Yr __Fr __So __Jr. __ Sr.
Housing: Residence Hall: _____________________ ___ With Family ____Off Campus

Information about the incident:

Date of incident: ___________ Time: _______ Location: ______________________________

Briefly describe the incident/suicidal behavior exhibited: __________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
How and when did this situation come to your attention?
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

The student has: Please describe.

Made comments such as “I would be better off dead” or “I wish I were dead” or “I wish I could just disappear” (suicidal fantasies)

Told you or others they wanted to harm themselves (suicidal ideation)

Made suicidal threats

Communicated how they would harm themselves (suicidal plan)
Made a suicide attempt or gesture

Participated in self-harm (cutting, self-mutilation, etc.) or other high-risk behaviors

Has experienced academic difficulties

Been withdrawn or isolated from others

Has shown an increase or excessive use of alcohol or drugs

Has recently experienced a difficult situation or stressor (ending of a relationship, a death, etc.)

To your knowledge, has the student engaged in previous suicidal behavior (ideation, attempts, etc.)? Please describe:

________________________________________________________________________________________________________________________________________________________

To your knowledge, is the student receiving any psychological or medical care? ___________

________________________________________________________________________________________________________________________________________________________

If so, where and with whom? ____________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________

**Your personal information:** Name: ___________________________ Phone: ______________

Date of Report: __________

Title or relationship to the student: ______________________ LC Department: ______________