**Supervision of Counselor**

**Check Yes or No if the counselor addressed any of the following questions:**

• Are you thinking of hurting yourself (committing suicide)?

YES NO

• How long have you been thinking about suicide (frequency, intensity, duration)?

YES NO

• Was the suicidal intent or ideation assessed as fleeting?

YES NO

* Did the student have a plan or get specific information if there is a plan?

YES NO

• Did the student have the means to carry out the plan (accessibility of a weapon, pills, drugs, etc.)?

YES NO

• Has the student attempted suicide in the past?

YES NO

• Has someone in the student’s family committed suicide?

YES NO

• Is there anything or anyone to stop the student (religious beliefs, children left behind, pets, etc.)?

YES NO

**Were any of the following completed by the counselor?:**

o Set up a suicide contract

YES NO

o Provided the client with emergency/crisis numbers

YES NO

o Explored what social resources are available, e.g. family support, friends, etc.

YES NO

o Developed a plan to deal with potential weapons, medications, drugs, etc

YES NO

o Increased frequency of counseling sessions, possible phone check-ins (treatment plan)

YES NO

o Assessed the need to contact the “crisis team” if available at your agency

YES NO

o Got the client hospitalized if necessary

YES NO