

Suicide
Prevention
and Risk Assessment Procedures

SUICIDE PREVENTION

Suicide Prevention

Training for Students

- ✓ **SOS-Signs of Suicide curriculum** is taught every year in all middle schools and high schools. Each school has a representative who has access to the Google Doc and will update the date the program will be taught. They will also state if Crisis Team members are needed.
- ✓ **Safe2Tell and Text-a-Tip** are anonymous ways for students to report risk-taking behavior to adults. All tips are investigated and many tips have resulted in positive interventions with students for a variety of problems. These are to be taught at all levels, Elementary-High School. There is a link on each school website. 1-877-542-SAFE-(7233)
- ✓ **ACT – Acknowledge-Care-Tell.** This acronym is taught in SOS. All secondary schools are encouraged to publicize the importance of informing an adult of all worrisome behaviors.
- ✓ **Suicide Intervention Protocols** are completed by psychologists, social workers and counselors should a student make suicidal statements to peers or an adult. Based on the assessment, appropriate follow up resources are given to the family.
- ✓ **District Crisis Team support** – in the event of a suicide attempt or completed suicide, District Crisis Team members provide support and evidence-based suicide prevention and postvention services for schools.

Training for Staff

- ✓ **Applied Suicide Intervention Skills Training (ASIST)** is an internationally recognized “gatekeeper” program designed to give adults skills to be more comfortable, confident and competent in helping prevent the immediate risk of suicide. All Mental Health and Counselors are trained upon entering the District.
- ✓ **ASSIST** –refresher training. Each year, we will offer refresher training for all mental health staff. This is an opportunity to improve skills and practice with colleagues.
- ✓ **PREPARE Training-** PREPARE is the model we use for Crisis Response and Recovery. All mental health and counselors are encouraged to be trained in this model. We offer both PREPARE 1 and PREPARE 2 each year.
- ✓ **Safe Talk-** A model for all staff, (Teachers, Paras, Custodial, bus drivers, etc...) to respond to students who may be at-risk for suicide. This gives staff a common language and awareness, as well as the skills to access support for students.

SUICIDE ASSESSMENT PROCEDURES

Suicide Assessment Procedures

1. Any concerns about suicidal thinking or behavior must be referred. The referral for suicide risk may come from parents, staff, students, or other credible sources. Concerns about depression, suicidal thinking, verbalization or behaviors must be referred. All referrals will be taken seriously and result in a suicide risk assessment.
2. All such referrals will be given immediately to the school counselor, social worker or psychologist in the building where the student attends. If the school counselor, social worker or psychologist is not present in the building at the time of the concern, a building administrator must be notified. The building administrator must contact the school counselor, social worker or psychologist by phone immediately so they can respond.
3. Students with potential for self-harm should not be left alone and should be supervised until a risk assessment has been completed.
4. The suicide risk assessment will be conducted by a two-person team. The team must include a school counselor, social worker or psychologist who will then identify a second member of the team; a mental health provider. (See Suicide Risk Intervention Report on pages 6-7).
5. The **Intervention Team** will perform the following functions:
 - a. The school counselor, social worker or psychologist will interview the student using the ASIST model guidelines.
 - b. A second team member may accompany the interviewer when talking with the student or consultation may be obtained at any step in the process.
6. After consultation, the **team** will determine the level of risk using the Suicide Risk Assessment Worksheet (page 9). **Note:** Accurate ratings may not always be easily determined. A student may try to minimize their feelings, superficially lowering the risk. Likewise, the team may have information from a source other than the student that increases the level of concern. Contact with the student's parent/guardian may also give pertinent information in determining risk. Professional judgment will need to be used in determining the level of risk.
7. Steps to be taken by the school counselor, social worker or psychologist according to the level of risk:
Level I Risk (Beginning):
 - a. Discuss resources and support with the student, provide a copy of a Crisis Resource card to student and parent.
 - b. Have the student develop and sign Recover/Support plan and provide a copy for the student. (Re-evaluate risk if student refuses to sign.)
 - c. Call the parent/guardian. The school counselor, social worker or psychologist will **always** notify the parent/guardian when a student overtly or covertly expresses self-harming ideation.
 - d. Discuss concerns and recommendations with the parent/guardian.
 - e. Allow the student to return to class after consultation with the parent (if appropriate).
 - f. Mail home a copy of:
 - (1) Completed Suicide Risk Intervention Report
 - (2) Community Resource list
 - (3) Release of Information form (if appropriate)
 - (4) Tips for Keeping Your Child Safe
 - g. Follow up with student/parent as needed
 - h. Complete and sign Recovery /Support Plan

Level II Risk (Moderate):

- a. Notify the parent/guardian of the concern and request an immediate conference. One team member notifies the building administrator.
- b. Make sure a staff member remains with the student.
- c. Discuss resources and support with the student, provide a copy of a Crisis Resource card to student and parent.
- d. Have the student develop and sign Recovery/Support plan and provide a copy of the plan to the student. If student refuses to sign, re-evaluate risk.
- e. Discuss concerns, recommendations, home safety and supervision with the parent/guardian.
- f. Discuss and provide a copy:
 - (1) Completed Suicide Risk Intervention Report
 - (2) Community Resource list
 - (3) Release of Information form (if appropriate)
 - (4) Have parents sign Notification of Emergency form and provide a copy
 - (5) Tips for Keeping Your Child Safe
- g. Develop your action and intervention plan and timeline for follow-up.
- h. Complete and sign Recovery/Support Plan

Level III Risk (Emergent):

- a. Call the parent/guardian and ask them to come to the school immediately. One team member notifies the building administrator, and SRO (if appropriate).
 - b. Make sure a staff member always remains with the student until a parent/guardian arrives. One team member notifies the building administrator.
 - c. Discuss resources and support with the student, provide a copy of a Crisis Resource card to student and parent.
 - d. See if the student will develop and sign Recovery/Support plan. If student refuses to sign, re-evaluate risk and safety needs, if appropriate
 - e. Discuss concerns with the parent/guardian and recommend immediate assessment and develop an action and intervention plan to obtain assessment.
 - f. Determine safe mode of transportation to access further assessment.
 - g. Discuss home safety and supervision with the parent/guardian.
 - h. Discuss and provide a copies of:
 - (1) Completed Suicide Risk Intervention Report (copy to parents for ER)
 - (2) Suicide Risk Assessment worksheet (copy to parents for ER)
 - (3) Ask parent/guardian to sign a Release of Information form for the ER and chosen counselor/therapist, if appropriate (copy to parents)
 - (4) Have parent/guardian sign the Notification of Emergency form
 - (5) Community Resource list
 - (6) Tips for Keeping Your Child Safe
 - i. Before the student returns to school, conduct re-entry meeting to determine follow-up plan.
 - j. Complete and sign Recovery/Support Plan, if appropriate, may need to be done at time of re-entry.
8. Keep a copy of the Suicide Risk Assessment Worksheet and the Suicide Risk Intervention Report in a central confidential file at the school (near abuse reports) and enter the intervention in the school Suicide Intervention Log (paper copy).
 9. Complete form online to document Suicide Risk Assessments using the email link provided by Student Services. Enter student information into a shared Google Doc shared amongst Counseling, Deans, and Administration.

SUICIDE INTERVENTION PROCEDURES FLOWCHART

1. Office or staff member receives information indicating suicidal ideation; verbalization or behavior.

2. The referral is given immediately to the school counselor, social worker or psychologist in the building where the student attends. The building administrator will contact the psychologist, social worker, or counselor if they are out of the building.

3. Students with potential for self harm should not be left alone.

4. A 2-person Intervention Team will be identified. The team must consist of a school counselor, social worker or psychologist and a 2nd Mental Health Provider

5. The counselor, social worker or psychologist will interview the student using the ASIST model guidelines. A second team member may accompany the interviewer when talking with the student or consultation may be obtained at any step in the process.

6. The Intervention Team determines the level of risk using the Suicide Risk Assessment worksheet.

7. Intervention Team determines an appropriate action and intervention plan.

- STEPS FOR RISK LEVEL I**
- Discuss resources and support with the student and give them and parent a Crisis Resource card
 - Develop Recovery/Support Plan
 - **Always call the parent/guardian**
 - Discuss concerns and recommendations with the parent/guardian
 - Allow the student to return to class (if appropriate)
 - Mail Home:
 1. Completed Suicide Risk Intervention Report
 2. Community Resource list
 3. Release of Information form (if appropriate)
 4. Tips for Keeping Your Child Safe
 - Follow up with student/parent, as needed

- STEPS FOR RISK LEVEL II**
- **Call the parent/guardian and request an immediate conference**
 - Notify the building administrator
 - Make sure a staff member remains with the student
 - Discuss resources and support with the student and give them and parent a Crisis Resource card
 - Discuss concerns, recommendations, safety and supervision with the parent/guardian
 - Discuss and provide copies of:
 1. Completed Suicide Risk Intervention Report
 2. Community Resource list
 3. Release of Information form (if appropriate)
 4. Notification of Emergency form (complete with parent/guardian signature)
 5. Tips for Keeping Your Child Safe
 - Develop your action and intervention plan and timeline for follow-up
 - Develop Recovery/Support Plan

- STEPS FOR RISK LEVEL III**
- **Call the parent/guardian and ask them to come to the school immediately**
 - Notify the building administrator, and SRO (if appropriate)
 - Make sure a staff member remains with the student
 - Discuss resources and support with the student and give them and parent a Crisis Resource card
 - Discuss concerns with parent/guardian, recommend immediate assessment, and develop an action and intervention plan
 - Determine safe mode of transportation
 - Discuss home safety and supervision with parent/guardian
 - Discuss and provide copies of:
 1. Completed Suicide Risk Intervention Report
 2. Suicide Risk Assessment worksheet
 3. Ask parent/guardian to sign a Release of Information form for ER (others if appropriate)
 4. Notification of Emergency form (if appropriate – complete with parent/guardian signature)
 5. Community Resource list
 6. Tips for Keeping Your Child Safe
 - Conduct a re-entry meeting before student returns to school to determine a follow-up plan
 - Develop Recovery/Support Plan when return.

8. Keep a copy of the Suicide Risk Assessment Worksheet and the Suicide Risk Intervention Report in a central confidential file at the school (near abuse reports) and enter the intervention in the school Suicide Intervention Log.

9. Complete form online to document Suicide Risk Assessments using link provided by Student Support Services.

Suicide Risk Assessment Worksheet

Instructions: Use as a checklist to summarize information for risk assessment.

Keep in central confidential file at school.

	Level I Risk (Beginning)	Level II Risk (Moderate)	Level III Risk (Emergent)
1. Current Suicide Plan			
A. Details	<input type="checkbox"/> Vague	<input type="checkbox"/> Some specifics	<input type="checkbox"/> Well thought out, knows when, where, how
B. Availability of means	<input type="checkbox"/> Not available, will have to get	<input type="checkbox"/> Available, close by	<input type="checkbox"/> Has in hand
C. Time	<input type="checkbox"/> No specific time or in future	<input type="checkbox"/> Within a few hours	<input type="checkbox"/> Immediately
D. Lethality of method	<input type="checkbox"/> Pills, slash wrists	<input type="checkbox"/> Drugs/alcohol, car wreck, carbon monoxide	<input type="checkbox"/> Gun, hanging, jumping
E. Chance of intervention	<input type="checkbox"/> Others present most of the time	<input type="checkbox"/> Others available if called upon	<input type="checkbox"/> No one nearby, isolated
Notes:			
2. Previous Suicide Attempts			
	<input type="checkbox"/> None or one of low lethality	<input type="checkbox"/> Multiple of low lethality or one of medium lethality; history of repeated threats	<input type="checkbox"/> One of high lethality or multiple moderate
Notes:			
3. Stress			
	<input type="checkbox"/> No significant stress	<input type="checkbox"/> Moderate reaction to loss and environmental changes	<input type="checkbox"/> Severe reaction to loss or environmental changes
Notes:			
4. Symptoms			
A. Coping Behavior	<input type="checkbox"/> Daily activities continue as usual with little changes	<input type="checkbox"/> Some daily activities disrupted; disturbance in eating, sleeping, school work	<input type="checkbox"/> Gross disturbances in daily functioning
B. Depression	<input type="checkbox"/> Mild; feels slightly down	<input type="checkbox"/> Moderate; some moodiness, sadness, irritability, loneliness, and decrease of energy	<input type="checkbox"/> Overwhelmed with hopelessness, sadness, and feelings of worthlessness
Notes:			

5. Resources			
	<input type="checkbox"/> Help available; significant others concerned and willing to help	<input type="checkbox"/> Family and friends available but unwilling to help consistently	<input type="checkbox"/> Family and friends not available or hostile, exhausted, injurious
Notes:			
6. Communication Aspects			
	<input type="checkbox"/> Very indirect or nonverbal expression of internalized suicidal goal (guilt, worthlessness)	<input type="checkbox"/> Inter-personalized suicidal goal, "They'll be sorry – I'll show them"	<input type="checkbox"/> Direct expression of feelings and suicidal intent
Notes:			
7. Life Styles			
	<input type="checkbox"/> Stable relationships, personality, and school performance	<input type="checkbox"/> Recent acting-out behavior and substance abuse; acute suicidal behaviors unstable personality	<input type="checkbox"/> Suicidal behavior in unstable personality; emotional disturbance; repeated difficulty with peers, family, and teachers
Notes:			
8. Medical Status / Mental Health			
	<input type="checkbox"/> No significant medical/mental health problems	<input type="checkbox"/> Acute but short-term or psychosomatic illness or mental health issues	<input type="checkbox"/> Chronic debilitating or acute catastrophic illness or chronic mental health symptoms
Notes:			
<p>Total Checks: ____ Level I ____ Level II ____ Level III Student willingly signed Recovery/ Response Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Student Name: ____ Infinite Campus #: ____</p> <p>Date: ____ Time: ____ Counselor(s): ____</p>			

Adapted from Suicide Risk Assessment Worksheet by J. Smith, 1988s, unpublished manuscripts, Dallas Independent School Districts, Dallas, TX

This assessment reflects current concerns as presented by the student and/or third parties. As always, a mental health assessment reflects information presented during this interview and may change, becoming more or less concerning, with time.

NOTIFICATION OF EMERGENCY

The undersigned, the parent/guardian of _____ was involved in a conference with school personnel indicated below on _____.
(date)

- I have been advised that my child appears to be in a state of psychological emergency (**danger of hurting self / suicidal ideation**).
- I have been further advised that I should seek some psychological/psychiatric consultation as soon as possible/immediately.
- I have been provided with a list of resources and emergency numbers.
- I have been informed of home safety and supervision.
- I understand that Adams 12 Five Star School District is not responsible for the provision of or payment for these services, but is alerting me to this emergency just as they would inform me of any health problem. Any further action that I undertake in regard to this matter is of my own decision and my own financial responsibility.
- I understand a re-entry meeting must occur upon my child's return to school.

Parent or Legal Guardian

Parent or Legal Guardian

Date

Staff Members Present at Conference:

School: _____

TIPS FOR KEEPING YOUR CHILD SAFE

WHAT DO I NEED TO KNOW ABOUT YOUTH SUICIDE?

Risk factors for exhibiting suicidal behavior:

- Loss of a significant other
- Previous suicide of a peer or family member
- Family and personal stress
- Substance Abuse
- Depression and other mental health issues
- Problems at school
- Access to weapons or other means of harming oneself
- Questions regarding sexual orientation

Students who are having suicidal thoughts may exhibit a variety of symptoms including, but not limited to:

- Significant changes in behavior such as change in appearance, changes in grades, withdrawing from friends, changes in eating or sleeping habits.
- Making suicidal threats – either direct “I want to die” or indirect “Things would be better if I weren’t here.”
- Appears sad or hopeless
- Reckless behavior
- Self inflicted injuries
- Giving away prized possessions
- Saying good bye to friends and family
- Making out a will

It is important to remember the signs and risk factors listed are generalities. Not all students who contemplate or die by suicide will exhibit these kinds of symptoms AND not all students who exhibit these behaviors are suicidal.

WHAT CAN I DO TO KEEP MY CHILD SAFE?

- **ASK.** Talking about suicide does not make a student suicidal. Asking if someone is having suicidal thoughts gives him/her permission to talk about it. Asking sends the message that you are concerned and want to help.
- **TAKE SIGNS SERIOUSLY.** Studies have found that more than 75% of people who die by suicide showed some of the warning signs in the weeks or months prior to their death.
- **GET HELP.** If you have concerns that your child is suicidal, seek immediate help from a mental health practitioner. Suicidal students need to be evaluated by an expert in assessing risk and developing treatment plans. Parents can contact school counselors, social workers or psychologists for a listing of resources. Parents may also want to consult with their insurance company to obtain a list of mental health providers covered by their policy. When you call to make an appointment, tell the person on the phone that your child is suicidal and needs to be seen as soon as possible.
- **LIMIT ACCESS TO WEAPONS, PRESCRIPTION DRUGS, MEDICATIONS AND OTHER MEANS.**
- **DO NOT LEAVE HIM OR HER ALONE.** It is important that parents surround themselves with a team of supportive friends or family members who can step in and help as needed.
- **REASSURE YOUR CHILD THAT LIFE CAN GET BETTER.** Many suicidal people have lost all hope that life can improve. They may have difficulty problem solving even simple issues. Remind your child that no matter how bad things are the problem can be worked out. Offer your help.
- **LISTEN.** Avoid making statements such as “I know what it’s like” or “I understand.” Instead make statements such as “Help me understand what life is like for you right now.”

KNOW AND BE READY TO USE EMERGENCY RESOURCES (such as):

Maine Crisis Services—1-888-568-1102

Suicide Prevention Lifeline	1-800-273-TALK	(1-800-273-8255)
Police	911	
Community Reach Center	303-853-3500	

For more information about depression and suicide:

American Foundation for Suicide Prevention	www.afsp.org
American Association of Suicidology	www.suicidology.org
National Mental Health Association	www.nmha.org
American Academy of Pediatrics	www.aap.org
Man Therapy	www.mantherapy.org

APPS: MY3 and Safety Net

CONFIDENTIAL

SUICIDE RISK ASSESSMENT REPORT

Student Name: _____ Date: _____

Grade: _____ Date of birth: _____ Gender: M F

Ethnicity:

American Indian African American Hispanic/Latino Caucasian
 Asian Pacific Islander/HI Other

School: _____ Referred by: _____

Form completed by: _____ Phone: _____
(Must be Mental Health and/or Counselor)

Reason for assessment: _____

Team process implemented

Participants: Minimum of 2 staff members **MUST** be part of the Assessment Team. Team **MUST** include Mental Health and/or Counselor. All participants must initial.

<u>Name</u>	<u>Position</u>	<u>Initial</u>	<u>Role</u>
_____	_____	_____	<u>Interview</u>
_____	_____	_____	<u>Consult</u>
_____	_____	_____	<u>Support</u>

Mental Health/Counselor contacts student and conducts risk assessment

Student supervised until released

Parent/Guardian Notification Time: _____
___ Parent notified by phone Spoke to: _____
___ Parent came to school for conference Parent: _____
___ Emergency Card Contact Spoke to: _____

Student Released To:

- Parent/Guardian _____
- Emergency Card Contact _____
- Law Enforcement _____
- Student returned to class _____
- Other _____

Community Resource list provided/mailed (circle) to parent/guardian

Discussion of Home Safety/Supervision (access to weapons, drugs, RX's, etc)

Tips for Keeping Your Child Safe brochure provided/mailed (circle)

Release of Information Signed for ER/Therapist (circle) Name: _____

Notification of Emergency signed by parent/guardian

Action and Intervention Plan developed (Page 2)

Follow-Up Action, Intervention and Support Plan developed (Page 2)

Outpatient Therapist/MD notified (if applicable) Name: _____

Other _____

SUICIDE RISK ASSESSMENT REPORT

Action, Intervention and Support Plan:

A Safety Plan was established with: student school family

Recovery/Support Plan completed and signed: _____
(comments)

Contact current therapist / counselor:
Name: _____ Phone: _____

Other resources given:

FOLLOW-UP PLAN: School based follow-up services are uniquely designed for each student. Indicate the school personnel who will provide follow-up to this intervention, provide contact information and briefly describe what types of follow-up services will be provided.

Follow-up plan will be coordinated with parent/guardian by:

- Counselor Name: _____ Phone: _____
- Psychologist Name: _____ Phone: _____
- Social Worker Name: _____ Phone: _____
- Administrator Name: _____ Phone: _____
- Other: _____

Inform parent re-entry meeting must be held --Date of re-entry meeting: _____

Plan and follow -up:

Other Comments: _____

- Give/send a copy of this report to the parent/guardian.
- Keep an original of this report and the Suicide Risk Assessment Worksheet in a central confidential file in your building.
- Enter the intervention in your Suicide Intervention Log.
- Share Recovery and Support Plan with parents
- Notify (in person) school personnel who were identified in the support plan and have a conversation of how to support that student.

Recovery/ Support Plan

Name :

Grade:

Date:

Step 1: Warning signs (thoughts, images, mood, situations, behavior) that a crisis may be developing:

1.

2.

3.

Step 2: Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):

1.

2.

3.

Step 3: People and social settings that provide distraction:

Name:

Phone:

Name:

Phone:

3.Place:

4. Place:

Step 4: People whom I can ask for help:

1.

Name: Phone:

2.

Name: Phone:

3.

Name: Phone:

Step 5: Professionals or agencies I can contact during a crisis:

Therapist Name: _____

Phone: _____

Emergency Contact #: _____

Maine Crisis Services—1-888-568-1102

Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

Contact Police: 911

Step 6: Making the environment safe:

1.

2.

Staff Signature:

_____ Date _____

Review Dates: _____

(MH/Counselor)

Student Signature:

_____ Date _____

Parent/ Guardian:

_____ Date _____

REQUEST TO RELEASE OR SECURE CONFIDENTIAL INFORMATION

(Not required for release to another Administrative Unit)

Legal Name of Child/ Student: _____ **Date:** _____

This permission shall be valid for the following duration. Beginning _____ and shall terminate _____

Indicate Consent	Records/information to be released or secured:	Indicate Consent	Records/information to be released or secured:
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Audiometric	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Psychological
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Educational	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Physical Therapy
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> IEP	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Social Work
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Medical	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Speech/Language
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Psychiatric	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other: _____

	To and From	To and From
Agency	_____	_____
Address	_____	_____
City, State, Zip	_____	_____

All information released or secured will be in compliance with the Family Education Rights and Privacy Act and the Colorado Open Records Law. No additional information will be released or secured without prior approval from the parent, except as provided by law.

PARENTAL CONSENT

I understand that consent is voluntary and may be revoked at any time in writing. I hereby authorize the transfer of information as indicated above.

Signature (Parent/Guardian/ESP)

Date

Date consent received by District/Administrative Unit: _____

SUICIDE INTERVENTION LOG

School: insert new form

Month: _____

	Student Name	Grade	Date of Intervention	Gender	Ethnicity*	Risk Level* (Check one)	Intervention Team Leader (Please print full name)	ER Referral	MH Referral	Second Wind Referral
1				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
2				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
3				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
4				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
5				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
6				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
7				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
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9				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
10				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
11				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
12				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
13				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
14				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
15				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
16				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

* 1 = American Indian
2 = Asian
3 = African American

4 = Hispanic / Latino
5 = Caucasian
6 = Pacific Islander / HI

Risk Levels: I = Beginning
II = Moderate
III = Emergent