

**KPBSD Self-Injurious Behavior Report  
Confidential Information**

**I. REFERRAL**

**DATE:** \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: M F

Intervention team members completing screener (best practice – two team members present):

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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**II. REASON FOR REFERRAL (attach documentation if available):** \_\_\_\_\_

1. If needed, nurse treats wounds & assesses lethality Y N  
Is emergency services contacted? Y N

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**III. INTERVIEW**

1. Suicidal ideation/gestures? No Yes (If yes, discontinue and use suicide reporting form)  
2. Confirms self-injurious behavior? No Yes (If yes, continue with this form)

SIB Criteria (check off as many as apply):

\_\_\_\_\_ Performed on self \_\_\_\_\_ Physically harmful \_\_\_\_\_ Not suicidal \_\_\_\_\_ Intentional & Purposeful

3. Types of SIB: \_\_\_\_\_  
(ex: cutting, burning, erasing, reopening wounds, hair pulling, hitting, bruising, scratching, pin poking, pinching, biting)  
4. Date of most recent incident: \_\_\_\_\_ Date of SIB onset: \_\_\_\_\_  
5. Frequency of occurrence: \_\_\_\_\_ Has SIB occurred at school? \_\_\_\_\_  
6. Evidence of recent SIB: \_\_\_\_\_  
7. What occurs just before you hurt yourself?

\_\_\_\_\_

8. How does this behavior help you?

\_\_\_\_\_

(ex: relieve feelings, euphoria, express pain, get control, communicate, self-nurture, punish, reenact abuse, cope)

9. Secondary behavioral concerns:

\_\_\_\_\_

10. Personal Supports and Resources:

\_\_\_\_\_

(ex: willing to discuss SIB, level of knowledge, in treatment currently, use of healthy coping, level of secrecy, hygiene)

IV. INTERVENTION

1. **Low Risk** (Student with little history of SIB, generally manageable amount of external stress, some positive coping skills, and some external support.) Y N

a. Parental notification Y N

Notified by: \_\_\_\_\_ Date: \_\_\_\_\_

2. **High Risk** (Student has frequent or long-standing SIB practices, high lethality methods, and/or are experiencing chronic internal and external stress with few positive supports or coping skills.)

b. Parental notification Y N

Notified by: \_\_\_\_\_ Date: \_\_\_\_\_

Meeting with parents and student Y N Date: \_\_\_\_\_

3. Referrals

a. SIB handouts given and reviewed? Student: Y N Parent: Y N

b. Student's current medical provider, if applicable (ROI): \_\_\_\_\_

c. Agency/Therapist Referrals:

Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

d. Notification of others if applicable: (ex: Emergency contact, OCS, AST/PD): \_\_\_\_\_

e. Release of student: \_\_\_\_\_ Stayed at school \_\_\_\_\_ Released to Parent/Guardian\

f. Parent Plan for Safety: \_\_\_\_\_

g. School Plan for Safety: \_\_\_\_\_

h. School Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Anticipated Follow-up Date: \_\_\_\_\_

V. FOLLOW UP PLAN

1. Follow-up Interview completed by: \_\_\_\_\_ Date: \_\_\_\_\_

a. How is student currently doing? \_\_\_\_\_

b. Did the student see a medical provider? Y N When? \_\_\_\_\_

c. How can the school continue to support the student? \_\_\_\_\_

2. Further follow-up needed with parent? Y N

3. Medical provider contact, if applicable (ROI)? Y N

4. Notification of others if applicable: (ex: Emergency contact, OCS, AST/PD): \_\_\_\_\_

5. Other Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*This is not a diagnostic instrument. It is a tool to guide our decisions regarding student safety in the present moment. Our practice is always to encourage family to obtain a second opinion as to the level of risk.*