

SOS Signs of Suicide® Prevention Program

P1

Student Information

Name (First and Last): Brian Berger

Grade: 6th

Teacher: Higgins

O/YE

Brief Screen for Adolescent Depression (BSAD)

Please answer the following questions as honestly as possible by circling the "Yes" or "No" response.

In the last four weeks...

1. Have you felt like nothing is fun for you and you just aren't interested in anything? Yes ☐ No ☒
2. Have you had less energy than you usually do? Yes ☐ No ☒
3. Have you felt you couldn't do anything well or that you weren't as good-looking or as smart as most other people? Yes ☐ No ☒
4. Have you thought seriously about killing yourself? Yes ☐ No ☒
5. Have you EVER, in your WHOLE LIFE, tried to kill yourself or made a suicide attempt? Yes ☐ No ☒
6. Has doing even little things made you feel really tired? Yes ☐ No ☒
7. Has it seemed like you couldn't think as clearly or as fast as usual? Yes ☐ No ☒

Identifying Trusted Adults

List a trusted adult you could turn to if you need help for yourself for a friend (example: "My English teacher," "counselor," "my mother," "uncle," etc.)

In School: Counselor

Out of School: Grandpa

Based on the video and/or screening, I feel

- ☒ I need to talk to someone today (emergency)...
- ☐ I would like to talk to someone within the week (non-emergency)...
- ☐ I do not need to talk to someone...

...ABOUT MYSELF OR A FRIEND

P1

SOS Signs of Suicide® Prevention Program

Student Information

Name (First and Last): Jenny Jacobson

Grade: 8th

Teacher: Mrs. Clark

3+1 No

Brief Screen for Adolescent Depression (BSAD)

Please answer the following questions as honestly as possible by circling the "Yes" or "No" response.

In the last four weeks...

1. Have you felt like nothing is fun for you and you just aren't interested in anything? Yes ☐ No ☒
2. Have you had less energy than you usually do? Yes ☐ No ☒
3. Have you felt you couldn't do anything well or that you weren't as good-looking or as smart as most other people? Yes ☐ No ☒
4. Have you thought seriously about killing yourself? In the middle Yes ☒ No ☐
5. Have you EVER, in your WHOLE LIFE, tried to kill yourself or made a suicide attempt? Yes ☐ No ☒
6. Has doing even little things made you feel really tired? Yes ☒ No ☐
7. Has it seemed like you couldn't think as clearly or as fast as usual? Yes ☒ No ☐

Identifying Trusted Adults

List a trusted adult you could turn to if you need help for yourself for a friend (example: "My English teacher," "counselor," "my mother," "uncle," etc.)

In School: No one

Out of School: No one

Based on the video and/or screening, I feel

- ☐ I need to talk to someone today (emergency)...
- ☐ I would like to talk to someone within the week (non-emergency)...
- ☒ I do not need to talk to someone...

...ABOUT MYSELF OR A FRIEND

SOS Signs of Suicide® Prevention Program

P1

Student Information

Name (First and Last): Amy Adams

Grade: 9th

Teacher: Smith

2+ / No

Brief Screen for Adolescent Depression (BSAD)

Please answer the following questions as honestly as possible by circling the "Yes" or "No" response.

In the last four weeks...

1. Have you felt like nothing is fun for you and you just aren't interested in anything? ☒ Yes ☐ No
2. Have you had less energy than you usually do? ☐ Yes ☒ No
3. Have you felt you couldn't do anything well or that you weren't as good-looking or as smart as most other people? ☐ Yes ☒ No
4. Have you thought seriously about killing yourself? ☒ Yes ☐ No
5. Have you EVER, in your WHOLE LIFE, tried to kill yourself or made a suicide attempt? ☐ Yes ☒ No
6. Has doing even little things made you feel really tired? ☐ Yes ☒ No
7. Has it seemed like you couldn't think as clearly or as fast as usual? ☐ Yes ☒ No

Identifying Trusted Adults

List a trusted adult you could turn to if you need help for yourself for a friend (example: "My English teacher," "counselor," "my mother," "uncle," etc.)

In School: Mrs. Jones

Out of School: Mom

Based on the video and/or screening, I feel

- ☐ I need to talk to someone today (emergency)...
- ☐ I would like to talk to someone within the week (non-emergency)...
- ☒ I do not need to talk to someone...

...ABOUT MYSELF OR A FRIEND

SOS Signs of Suicide® Prevention Program

P2

Student Information

Name (First and Last): Juan Martinez Grade: 9th

Teacher: Ms. Meyers

5/No

Brief Screen for Adolescent Depression (BSAD)

Please answer the following questions as honestly as possible by circling the "Yes" or "No" response.

In the last four weeks...

1. Have you felt like nothing is fun for you and you just aren't interested in anything? ☒ Yes ☐ No
2. Have you had less energy than you usually do? ☒ Yes ☐ No
3. Have you felt you couldn't do anything well or that you weren't as good-looking or as smart as most other people? ☒ Yes ☐ No
4. Have you thought seriously about killing yourself? Yes ☒ No
5. Have you EVER, in your WHOLE LIFE, tried to kill yourself or made a suicide attempt? Yes ☒ No
6. Has doing even little things made you feel really tired? ☒ Yes ☐ No
7. Has it seemed like you couldn't think as clearly or as fast as usual? ☒ Yes ☐ No

Identifying Trusted Adults

List a trusted adult you could turn to if you need help for yourself for a friend (example: "My English teacher," "counselor," "my mother," "uncle," etc.)

In School: Mr. Williams Out of School: Basketball coach

Based on the video and/or screening, I feel

- ☐ I need to talk to someone today (emergency)...
- ☐ I would like to talk to someone within the week (non-emergency)...
- ☒ I do not need to talk to someone...

...ABOUT MYSELF OR A FRIEND

SOS Signs of Suicide® Prevention Program

P2

Student Information

Name (First and Last): Chris Caldwell Grade: 9B

Teacher: Martin

4 / YNE

Brief Screen for Adolescent Depression (BSAD)

Please answer the following questions as honestly as possible by circling the "Yes" or "No" response.

In the last four weeks...

1. Have you felt like nothing is fun for you and you just aren't interested in anything? ☒ Yes ☐ No
2. Have you had less energy than you usually do? ☒ Yes ☐ No
3. Have you felt you couldn't do anything well or that you weren't as good-looking or as smart as most other people? ☒ Yes ☐ No
4. Have you thought seriously about killing yourself? Yes ☒ No
5. Have you EVER, in your WHOLE LIFE, tried to kill yourself or made a suicide attempt? Yes ☒ No
6. Has doing even little things made you feel really tired? ☒ Yes ☐ No
7. Has it seemed like you couldn't think as clearly or as fast as usual? Yes ☒ No

Identifying Trusted Adults

List a trusted adult you could turn to if you need help for yourself for a friend (example: "My English teacher," "counselor," "my mother," "uncle," etc.)

In School: Mrs. Grant Out of School: Mom and Dad

Based on the video and/or screening, I feel

- ☐ I need to talk to someone today (emergency)...
- ☒ I would like to talk to someone within the week (non-emergency)...
- ☐ I do not need to talk to someone...

...ABOUT MYSELF OR A FRIEND

SOS Signs of Suicide® Prevention Program

Student Information

Name (First and Last): Sam Jenkins

Grade: 7th

Teacher: Reyes

P3
314NE

Brief Screen for Adolescent Depression (BSAD)

Please answer the following questions as honestly as possible by circling the "Yes" or "No" response.

In the last four weeks...

1. Have you felt like nothing is fun for you and you just aren't interested in anything? Yes ☐ No ☒
2. Have you had less energy than you usually do? Yes ☒ No ☐
3. Have you felt you couldn't do anything well or that you weren't as good-looking or as smart as most other people? Yes ☒ No ☐
4. Have you thought seriously about killing yourself? Yes ☐ No ☒
5. Have you EVER, in your WHOLE LIFE, tried to kill yourself or made a suicide attempt? Yes ☐ No ☒
6. Has doing even little things made you feel really tired? Yes ☒ No ☐
7. Has it seemed like you couldn't think as clearly or as fast as usual? Yes ☐ No ☒

Identifying Trusted Adults

List a trusted adult you could turn to if you need help for yourself for a friend (example: "My English teacher," "counselor," "my mother," "uncle," etc.)

In School: Social Worker Out of School: Mom

Based on the video and/or screening, I feel

- ☐ I need to talk to someone today (emergency)...
- ☒ I would like to talk to someone within the week (non-emergency)...
- ☐ I do not need to talk to someone...

...ABOUT MYSELF OR A FRIEND