

Student Information

	Name (First and Last): Brian Berger Grade: 6th	t
	Teacher:	Y
В	rief Screen for Adolescent Depression (BSAD)	
Ple	ase answer the following questions as honestly as possible by circling the "Yes" or "No" resp	onse.
In t	the last four weeks	
1.	Have you felt like nothing is fun for you and you just aren't interested in anything?	Yes
2.	Have you had less energy than you usually do?	Yes
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
4.	Have you thought seriously about killing yourself?	Yes
5.	Have you EVER, in your WHOLE LIFE, tried to kill yourself or made a suicide attempt?	Yes
6.	Has doing even little things made you feel really tired?	Yes
7.	Has it seemed like you couldn't think as clearly or as fast as usual?	Yes
	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: <u>Counselor</u> Out of School: <u>Crandpa</u>	
	Based on the video and/or screening, I feel	
	I <u>need</u> to talk to someone today (emergency)	
	O I would like to talk to someone within the week (non-emergency)	
	O I do not need to talk to someone	

...ABOUT MYSELF OR A FRIEND

	Student Information	
	Name (First and Last): <u>Jenny Jacobson</u> Grade: 87	
	Teacher: MVS, Clark	HIN
Br	rief Screen for Adolescent Depression (BSAD)	
Plea	ase answer the following questions as honestly as possible by circling the "Yes" or "No" resp	oonse.
	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	YesoNo
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.)	1
	In School: NO ONE Out of School: NO ONE	
	Based on the video and/or screening, I feel	
	O I <u>need</u> to talk to someone today (emergency)	
	O 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



Student Information

Name (First and Last): Amy	Adams	Grade: 9th	
Teacher: Smith	_	2+	/ No
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[n t	he last four weeks	
1.	Have you felt like nothing is fun for you and you just aren't interested in anything?	Yes N
2.	Have you had less energy than you usually do?	Yes N
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 N
4.	Have you thought seriously about killing yourself?	Yes N
5.	Have you EVER, in your WHOLE LIFE, tried to kill yourself or made a suicide attempt?	Yes (N
6.	Has doing even little things made you feel really tired?	Yes (N
7.	Has it seemed like you couldn't think as clearly or as fast as usual?	Yes (N
	Identifying Trusted Adults	
	List a trusted adult you could turn to if you need help for yourself for a friend (example: "My Englis teacher," "counselor," "my mother," "uncle," etc.)	h

List a trusted adult you o	oula turn to it you ne	ea neip for yourse	elf for a friend (exa	imple: "My English
teacher," "counselor," "i	my mother," "uncle,"	etc.)		
In School: MYS :	Jones	Out of School:	Mom	

Based on the video and/or screening, I feel

- O I <u>need</u> to talk to someone today (emergency)...
- O I would like to talk to someone within the week (non-emergency)...

💢 I do not need to talk to someone...

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Student Information

Name (First and Last): Juan Martine2 Grade: 9th

Teacher: MS. Meyers

Brief Screen for Adolescent Depression (BSAD)

Please answer the following questions as honest	y as possible by circling t	he "Yes" or "No" response.
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In 1	he 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: Baskethall coach

Based on the video and/or screening, I feel

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



Student Informa	tion	
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hris Caldwell Grade: Martin Teacher: 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? No 2. Have you had less energy than you usually do? 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?

5. Have you EVER, in your WHOLE LIFE, tried to kill yourself or made a suicide attempt?

Yes

6. Has doing even little things made you feel really tired?

4. Have you thought seriously about killing yourself?

No

7. Has it seemed like you couldn't think as clearly or as fast as usual?

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

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

	SOS Signs of Suicide® Prevention Program
	Student Information
	Name (First and Last): Sam Jenkins Grade: 775
	Teacher: Reyes 3/4NF
В	rief Screen for Adolescent Depression (BSAD)
Ple	ase 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
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
	O I <u>need</u> to talk to someone today (emergency)
	would like to talk to someone within the week (non-emergency)

...ABOUT MYSELF OR A FRIEND

O I do not need to talk to someone...