2025-26 Suicide Assessment Data

Please submit this form following the completion of each suicide assessment.

david.beachboard@bcsemail.org Switch account

Draft saved

* Indicates required question

Email *

Record david.beachboard@bcsemail.org as the email to be included with my response

SSW/School Counselor Name

Marshall Beachboard

School Name where Assessment was completed

Valley Springs MS

Grade level of student

8

Date of Assessment

Date

10/21/2025

Outcome of the Assessment (Risk Level)

- [x] Safety plan was developed
- [ ] Student was referred to school based OPT services
- [x] Mobile Crisis was called
- [x] Student was referred to the ED for further evaluation
- [ ] Student was admitted to inpatient care
- [ ] Parent declined recommendations and DSS referral was made
- [ ] Monitor as needed
- [x] Student has current MH services and provider was contacted

Parent consent received for student interview of the CSSR (Columbia Suicide Severity Rating Scale)

- [x] Yes
- [ ] No

A copy of your responses will be emailed to david.beachboard@bcsemail.org.

Submit Clear form

Never submit passwords through Google Forms.

This form was created inside of Buncombe County Schools.
Does this form look suspicious? Report