

Student in Crisis Report Form

Date _____

The Vice President of Student Services Office and Counseling Center has a primary role in assisting in the overall well-being and mental health of Central Wyoming College students. By filling out this report you will be alerting the Vice President's Office and the Counseling Center to the fact that a particular student was recently or still is, in a crisis, or their behavior is of concern. The Counseling Center will then review your report and if it seems necessary, will work with you to encourage or require (as necessary) the student to come in for assistance or to follow-up on the incident.

I. Personal Data

1. Student's Name: _____

(Last)
(First)
2. Age: _____
3. Sex: _____
4. Year in school (Please check One):
 - Freshman
 - Sophomore
 - Third year
 - Do not Know
 - Other (Please specify): _____
5. Major: _____
6. Social Security Number: _____ - _____ - _____

II. Suicidal Incident Information

1. Date incident Occurred: _____ / _____ / _____
2. Time incident Occurred: _____
3. Location of incident: _____
4. What was the nature of the incident? (Check One)
 - Was it a threat in which the person expressed an intent to hurt him/herself but took no definite action? (If yes, please go to question 5)
 - Was it a gesture or an attempt in which the person took some definite action? (If yes, please go to question 6)
 - Was it an actual or apparent suicide? (If yes, please go to question 6)
5. Information about threats: (attach further information if necessary)
 - a. Can you briefly describe the events leading up to and surrounding the threat? _____

- b. Was the threat verbal or written? To whom was it made? _____

- c. Did the person have a plan? If so, what was it? _____

- d. Did the person have the means to carry out the threats? _____

6. Information about gestures, attempts, and actual suicides:
 - a. Can you briefly describe what took place? (attach for further description)

 - b. What was the primary means that the person used to hurt him/herself?

 - c. Were there any secondary means involved? (e.g. alcohol, drugs, medication) If medication was involved where was it obtained?

 - d. How was the incident learned of?

III. Danger to Another OR Danger to/Destruction of Property Information

1. Date incident Occurred: _____ / _____ / _____
2. Time Incident Occurred: _____
3. Location of Incident: _____
4. What was the nature of the incident? (Check One)
 - Was it a threat in which the person expressed an intent to hurt someone else or to perform an act of vandalism but took no definite action? (If yes, please go to question 5.)
 - Was it a gesture or an attempt in which the person took some definite action to hurt someone else or to perform an act of vandalism? (If yes, please go to question 6.)

CONTINUE ON BACK!

ف Was it an actual or apparent attempt to hurt someone else or perform an act of vandalism? (If yes, please go to question 6.)

5. Information about threats: (continue on other side if necessary)

a. Can you briefly describe the events leading up to and surrounding the threat? _____

b. Was the threat verbal or written? To whom was it made? _____

c. Did the person have a plan? If so, what was it? _____

d. Did the person have the means to carry out the threats? _____

6. Information about gestures, attempts, completed acts on someone else or to property

a. Can you briefly describe what took place?

b. What was the primary means that the person used to hurt someone else or their property?

c. Were there any secondary means involved? (e.g. alcohol, drugs, medication) If medication was involved do you know where it was obtained?

d. How was the incident learned of?

III. Other Crisis or Behavioral Incidents

1. Can you briefly describe the events leading up to and surrounding the incident? (please attach additional narrative if necessary) _____

IV. Background Information

1. In which of the following situations is the person living? (check one)

College Housing
 Off Campus Housing

2. Please indicate, to the best of your knowledge, which of the following stressors might have been present prior to the incident (check any that apply):

<input type="checkbox"/> Academic pressure	<input type="checkbox"/> Social alienation
<input type="checkbox"/> Sexual problems	<input type="checkbox"/> Break-up with boy/girlfriend
<input type="checkbox"/> Gay/lesbian issues	<input type="checkbox"/> Family difficulties
<input type="checkbox"/> Death/loss of friend/family	<input type="checkbox"/> Financial problems
<input type="checkbox"/> Depression	<input type="checkbox"/> Loneliness
<input type="checkbox"/> Self-esteem problems	<input type="checkbox"/> Lack of friends
<input type="checkbox"/> Eating disorders	<input type="checkbox"/> Health problems
<input type="checkbox"/> Drug/Alcohol Abuse	<input type="checkbox"/> Domestic violence
<input type="checkbox"/> Other (describe) _____	

3. Information about person reporting:

a. Name: _____ (you can leave blank if you want to remain anonymous)

b. Title or relationship to student : _____

c. Department: _____

d. Phone number: _____

e. Date of report: _____

Thank you for your cooperation: Please take this report promptly to:

Vice Pres. of Student Services Office OR Counseling Center
MH100 AW166

Student Services Office/Counseling Center Use Only

Date Report Received _____

Person Receiving Report _____

Action Taken _____

