

SAFETY ASSESSMENT REFERRAL FORM

If you are in contact with a student who has taken actions to end his or her life, please immediately seek medical assistance by calling 911.

All students who have made public statements and/or taken action that places them at risk for self-harm should be referred. If there is any doubt about whether the student has met the requirements for referral or not, you should fill out this form and forward it to the Dean of Students, or the Dean's office on the Third floor of Elliot Hall. You can also consult with the Counseling Center (358-2437) to determine whether to complete this form.

If you encounter a student about whom you have concerns, please talk with the student and fill out this form as completely as possible. The form should be submitted to the Dean of Students within 24 hours of you becoming aware of the student's situation. If you have any questions you can call the Dean during office hours at 358-2842. If the incident occurs over the weekend or if you have immediate concerns, please contact Campus Safety at 358-2228.

Please provide the following information about yourself:

Name:		Phone number:	
Your relationship to the student you are referring:			

Please provide the following information about the student you are referring for a Safety Assessment:

Name:		Phone number:	
Student's Address:			
Gender:		Age:	
		Ethnicity:	
Year:	<input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Other: _____		

Please provide any of the following information you can about the incident:

Date of Incident:	/ /	Time:	Location:
Briefly describe the incident:			
How and when did this incident come to your attention?			
What action have you taken in regard to the incident?			
Please provide any additional information you have:			

Please answer the following questions and provide specific details as much as possible:

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Student has said things such as “I’d be better off dead” or “I wish I could just disappear”
	Describe:
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Student has told you or others that they want to harm themselves
	Describe:
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Student has communicated how they would harm themselves
	Describe:
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Student has made direct suicidal threats or gestures
	Describe:
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Student is experiencing a difficult situation (death of friend or family member, break-up, etc.)
	Describe:
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Student has made previous attempts at suicide
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Student has been withdrawn or isolated
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Student is experiencing academic difficulties
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Student’s personality has changed dramatically
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Student has been using excessive (or more than usual) alcohol or drugs
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Student is under psychological or medical care
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Student has a local support system