

# Student Concern Report Form

Report Date

Reporter's First Name

Reporter's Last Name

Reporter's E-mail

Reporter's Primary Phone Number

Confidential Report?

*This request will be maintained when possible; the primary goal of the Student Care Group is to ensure the student's safety and well being and therefore confidentiality cannot be guaranteed.*

Please do not inform them I submitted my concern.

You may inform them I submitted my concern.

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Student's First Name

Last Name

Student's ID#

*If Known*

Student Modality

What is your relationship to the student?

Advisor

Area Coordinator

Classmate

Coach

Friend

Mentor

Nurse

Professor

Supervisor

Family Member (specify below)

Other

If you chose family member, please specify your relation to the student.

*If applicable - i.e. Mother, Father, Legal Guardian, Grandparent, etc.*

Type(s) of Concern  
*Check all that apply.*

Academic

Behavioral

Medical

Mental Health

Social

Informational

Other

Please rate your concern's level of urgency.

1, informative/does not require immediate response

2

3

4

5, extremely urgent/requires immediate response

Detailed Description of Incident or Concern

*If your concern is related to a particular incident, please include the date/time/location of which it occurred and the frequency in which it occurred.*

Other Student(s) Involved and/or Witness(es)  
*If applicable.*

Duration of Concern?

*How long have you been aware of this concern?*

Less than 1 day

Less than 1 week

1 week or two

1 month or more

Frequency of Behavior

*How frequently has the student exhibited the behaviors you are concerned about?*

N/A

Once

2 times

3-5 times

More than 5 times

Have you addressed your concerns with the student?

Yes

No

*Let it be known that Student Concern Reports are viewed during the work week of Monday through Friday between the hours of 8:30am and 5:00pm*