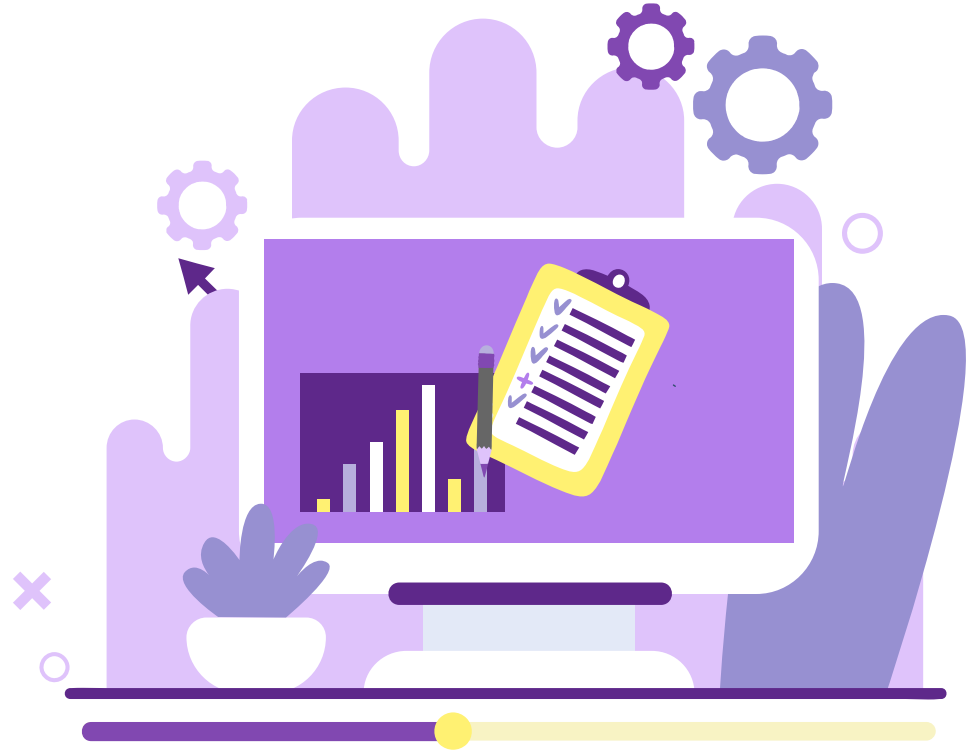


SUBMITTING A CARE REPORT

careteam@sewanee.edu
bit.ly/CAREIR



SELECT THE APPROPRIATE FORM



CARE REPORT

Primary concern is related to **mental or physical health** including disruptive behavior.

Go To: bit.ly/CAREIR



ACADEMIC DIFFICULTY

Primary concern is related to **academic** performance including absences and missing work.

Go To: [Student Success Portal](#)

Background Information

Please provide us with information about you as the reporter in case the team needs to follow up with you for additional information.

[Enable additional features by logging in.](#)

Your first and last name:

Your role:

[Learn more](#)

Your phone number:

Your email address:

Nature of Report (Required):

Relationship to Student (Required):

Date of behavior (Required):

[Learn more](#)

Time of behavior:

[Learn more](#)

Location of behavior (Required):

Specific location:

BACKGROUND INFORMATION

Provide information about yourself, the student of concern, and the timing of the behavior.

A report can be submitted anonymously, but may limit the ability of the team to follow up.

INVOLVED PARTIES

Involved Parties

In this section you must identify the student of concern. Please double check the spelling of the student's name. If you want to reference other students involved, add them to the narrative or list them as a witness.

Student Name	Select Gender	Select Role	Banner ID
<input type="text"/>	<input type="text" value="▼"/>	<input type="text" value="▼"/>	<input type="text"/>
DOB (YYYY-MM-DD)	Phone number	Sewanee email address	Residential Hall/Address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

[Add another party](#)

Provide information about each person involved in the situation. You **must** provide an answer in the first three boxes and including their Banner ID is helpful if you have it!

Add another person by clicking on the “Add another party” button.

Tell us about your concerns:

Please provide as much information as possible so we can best serve the student. Please upload any relevant email communication or other document relevant to the concern.

Please check any behaviors below that have led you to be concerned about the individual involved. If no boxes apply, please use the text box below to describe your concerns in detail: *(Required)*

- | | | |
|------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Academic Difficulty | <input type="checkbox"/> Health issues | <input type="checkbox"/> Suicide attempt |
| <input type="checkbox"/> Accident or Injury | <input type="checkbox"/> Hospitalization | <input type="checkbox"/> Suicidal thoughts |
| <input type="checkbox"/> Alcohol/Drugs Concern | <input type="checkbox"/> High level of stress | <input type="checkbox"/> Self-injurious behavior |
| <input type="checkbox"/> Death or serious illness of friend or family member | <input type="checkbox"/> Inappropriate display of emotions | <input type="checkbox"/> Unresponsive student |
| <input type="checkbox"/> Disturbing written material/class discussion | <input type="checkbox"/> Mental health concern | <input type="checkbox"/> Unusual behavior |
| <input type="checkbox"/> Engages in disruptive classroom behavior | <input type="checkbox"/> Roommate conflict | <input type="checkbox"/> Victim of a crime |
| <input type="checkbox"/> Financial difficulties | <input type="checkbox"/> Significant change in appearance, hygiene, or demeanor | <input type="checkbox"/> Witness to traumatic event |
| <input type="checkbox"/> Grief or loss | <input type="checkbox"/> Social adjustment or involvement | <input type="checkbox"/> Other |

CONCERN

Review the list of behaviors to choose those potentially applicable to the situation.

Attempt to choose those most descriptive, noting that multiple may be relevant.

NARRATIVE DESCRIPTION



SEEN

What behaviors did you see or observe, directly or indirectly?



HEARD

What information was told to you? Who shared it with you? What was the context?



DONE

What action steps have you taken?
What were the results?



EXAMPLE NARRATIVE

Jordan has missed 6 classes with unexcused absences so far this semester. The class meets twice a week in the evening, and Jordan shared with me they sometimes struggle with their energy towards the end of the day for mental health reasons.

They have communicated with me about some of their absences with increasingly anxious sounding emails. Yesterday, the student was absent from class, and wrote to me to say that they won't be in class and stated it was because they were having a panic attack. I responded to encourage them to visit CAPS before they closed for the day.

Jordan has been in my courses in the previous two semesters, so I have gotten to know them well. They are hardworking and have a particular talent for this subject area. I believe they feel to be under some kind of additional pressure and stress.

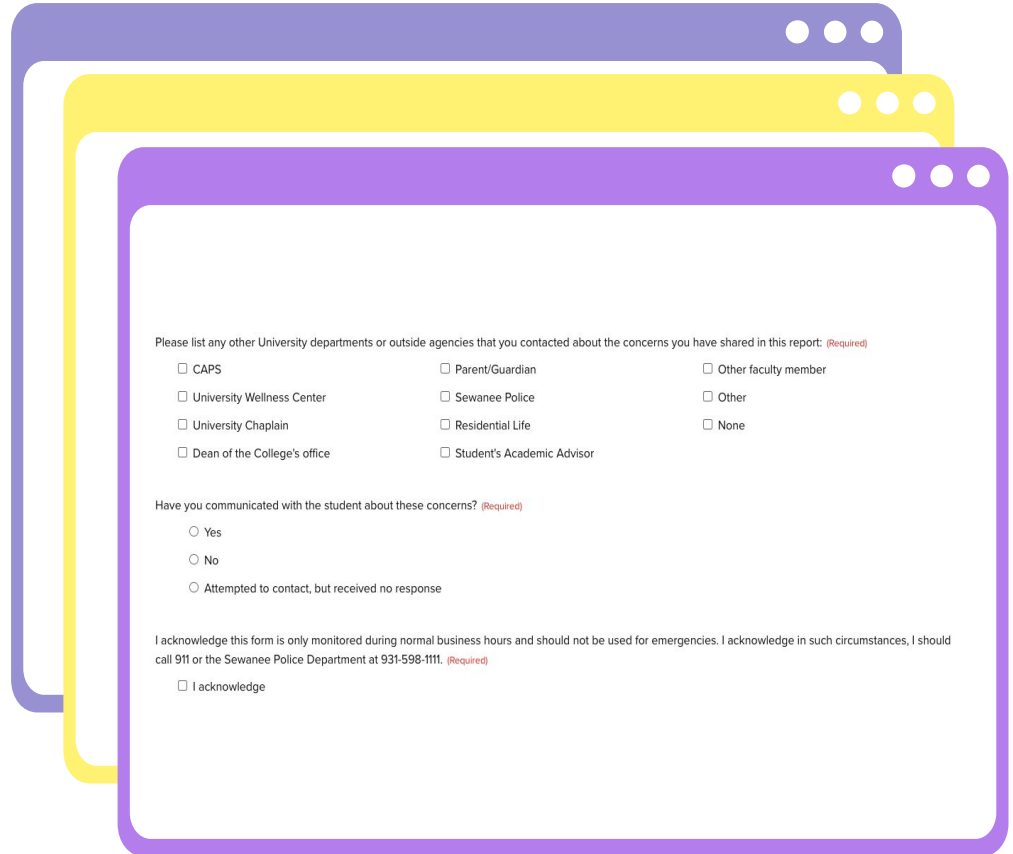
Their frequent class absences are concerning to me because it not only may impact their grades, but also appears to be related to an increasing level of stress.

RESOURCE & CONTACT

The final questions help the CARE Team in their response to the concern.

First – we ask you to indicate if you have contacted with these concerns so we can collaborate.

Second – we ask you if you have talked with the student about these issues, which helps us as we connect with the student.



Please list any other University departments or outside agencies that you contacted about the concerns you have shared in this report: *(Required)*

<input type="checkbox"/> CAPS	<input type="checkbox"/> Parent/Guardian	<input type="checkbox"/> Other faculty member
<input type="checkbox"/> University Wellness Center	<input type="checkbox"/> Sewanee Police	<input type="checkbox"/> Other
<input type="checkbox"/> University Chaplain	<input type="checkbox"/> Residential Life	<input type="checkbox"/> None
<input type="checkbox"/> Dean of the College's office	<input type="checkbox"/> Student's Academic Advisor	

Have you communicated with the student about these concerns? *(Required)*

Yes

No

Attempted to contact, but received no response

I acknowledge this form is only monitored during normal business hours and should not be used for emergencies. I acknowledge in such circumstances, I should call 911 or the Sewanee Police Department at 931-598-1111. *(Required)*

I acknowledge

SUBMITTING THE FORM

Supporting Documentation

Photos, video, email, and other supporting documents may be attached below. Maximum 12 megabytes per file **Attachments require time to upload, so please be patient after you click to submit this report.** 5GB maximum total size.

Attachments require time to upload, so please be patient after submitting this form.



The screenshot shows a form with the following elements:

- A file upload area with the text "Choose files to upload" and a "Choose Files" button on the right. A yellow arrow points from the top right of the form to this button.
- A checkbox labeled "Email me a copy of this report". A yellow arrow points from the bottom center of the form to this checkbox.
- A dark blue "Submit report" button. A yellow arrow points from the bottom center of the form to this button.
- A small icon of a document with a blue arrow pointing to it, located in the bottom right corner of the form area.

You can upload any supporting documentation (emails, photos, etc.) before submitting the report.

Check the box to receive a copy of the report by email.



QUESTIONS?

Contact us at careteam@sewanee.edu or
call the Dean of Students' Office at
931.598.1229.