

CASE REVIEW FORM - SOCAT

STUDENT NAME _____ **DATE:** _____

[1] THE FACTS: WHAT DO WE KNOW? [ADD ADDITIONAL INFO NOT IN REPORTS]

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[2] KEY QUESTIONS FOR TEAM : Is the student ...

| | |
|--------------------------|--|
| <input type="checkbox"/> | ...an immediate risk to self or others? |
| <input type="checkbox"/> | ... potentially dealing with a mental health or substance use issues which appear to be effecting their ability to function in some areas of the higher education setting? |
| <input type="checkbox"/> | ... a disruption to campus? |

[3] LEVEL of CONCERN [drop down]

| | | | |
|--------------------------|------------------------|--------------------------|----------------|
| <input type="checkbox"/> | NONE IDENTIFIED | <input type="checkbox"/> | SEVERE |
| <input type="checkbox"/> | LOW | <input type="checkbox"/> | EXTREME |
| <input type="checkbox"/> | MODERATE | | |

[4] RISK EVALUATION OUTCOME -- the student of concern is assessed as:

| | |
|--------------------------|---|
| <input type="checkbox"/> | INTERVENTION PLAN REQUIRED - poses a threat of harm or self-harm, or both |
| <input type="checkbox"/> | ASSISTANCE/ INTERVENTION NEEDED - not posing a threat of harm or self-harm |
| <input type="checkbox"/> | NO ASSISTANCE/ INTERVENTION NEEDED - not posing a threat of harm or self-harm |

[5] SOCAT INTERVENTION PLAN

| | | |
|--------------------------|---|--------------|
| <input type="checkbox"/> | NOTIFY PARENTS/ CONCERNED OTHERS | |
| <input type="checkbox"/> | Dean of Students | <i>plan:</i> |
| <input type="checkbox"/> | Dean of Undergraduate Studies | <i>plan:</i> |
| <input type="checkbox"/> | Dean of Graduate Studies | <i>plan:</i> |
| <input type="checkbox"/> | Student Rights and Responsibilities | <i>plan:</i> |
| <input type="checkbox"/> | University Police | <i>plan:</i> |
| <input type="checkbox"/> | Counseling Center | <i>plan:</i> |
| <input type="checkbox"/> | SOCAT program staff | <i>plan:</i> |
| <input type="checkbox"/> | Student Health Services | <i>plan:</i> |
| <input type="checkbox"/> | Housing and Residential Education | <i>plan:</i> |
| <input type="checkbox"/> | Faculty/Staff | <i>plan:</i> |
| <input type="checkbox"/> | Other Actions, Campus Offices, or Services (Explain): | |

[6] CASE MANAGEMENT DISPOSITION: [Drop Down]

| | | | |
|--------------------------|---|--------------------------|-----------------|
| <input type="checkbox"/> | Case Discussed ** (no action; entered in database only) | <input type="checkbox"/> | Case Pending |
| <input type="checkbox"/> | Case Monitoring | <input type="checkbox"/> | Case Management |