



Student Advocacy & Support

Assessment and Intake Form

In an effort to identify resources that might prove useful to you on campus or in the community, please take a few minutes to complete the following form.

Today's Date:

UTCID:

GENERAL INFORMATION

Last:

First:

Preferred name:

Preferred pronouns (Circle one): He/him/his She/her/hers They/them/theirs Ze/Zir/Xe
 Other (please describe): _____

Non-UTC email address:

Date of birth:

Local/cell phone number:
()

Permanent home phone number:
()

Leave message at this phone number:
()

STRESSORS & CONCERNS

Please **circle** the intensity of the stressors below per the scale: 0 = not a concern → 5 = extremely stressful

0 1 2 3 4 5	Physical health
0 1 2 3 4 5	Mental health (depression, anxiety, stress, etc.)
0 1 2 3 4 5	Academic
0 1 2 3 4 5	Withdrawal procedures
0 1 2 3 4 5	Financial difficulties
0 1 2 3 4 5	Food insecurity (unable to access sufficient quantities of food)
0 1 2 3 4 5	Housing insecurity (homelessness, etc.)
0 1 2 3 4 5	Medical concern of a friend or relative
0 1 2 3 4 5	Loss of a friend or family member
0 1 2 3 4 5	Title IX (Sexual assault, domestic violence, stalking, etc.)
0 1 2 3 4 5	Title IX (Pregnancy and parenting)
0 1 2 3 4 5	Hate/bias incident
0 1 2 3 4 5	Code of conduct/legal
0 1 2 3 4 5	Other (please describe): _____

CURRENT SUPPORTS

Please note from where you get support and help in your life.

Check all that apply.

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Friends | <input type="checkbox"/> Family | <input type="checkbox"/> Significant other | <input type="checkbox"/> Religion/faith |
| <input type="checkbox"/> Club/organization | <input type="checkbox"/> Fraternity/sorority | <input type="checkbox"/> Mental health provider | <input type="checkbox"/> Physician |
| <input type="checkbox"/> Other (please describe): _____ | | | |

CURRENT ACTIVITIES

Please note groups or organizations with which you are currently involved.

Check all that apply.

- Fraternity/Sorority *specify:* _____
- Athletics: Intramural(s) *specify:* _____
- Athletics: Official Team *specify:* _____
- Community Service *specify:* _____
- UTC Student Organization(s) *specify:* _____
- Other Activities *specify:* _____

IN CASE OF EMERGENCY *(Optional)*

Name of local friend or relative (not living at same address):	Relationship to student:	Home phone #: ()	Work phone #: ()
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Family Educational Rights and Privacy Act (FERPA) *(Optional)*

I give the Office of the Dean of Students permission to speak with the following individual(s) about my academic record and the care I am receiving through their office:	Relationship to student:	Phone #: ()	Email Address:
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ACKNOWLEDGEMENTS

Please read and ***initial*** the information below regarding how Student Advocacy & Support services work. Any questions may be discussed with your case manager.

_____ I understand that information shared with the staff of the Office of the Dean of Students does not fall under the same confidentiality levels of a health care provider or psychotherapist/counselor. The staff member I meet with may need to consult with supervisors or others on campus in order to provide the best possible case management care for me. I consent to the sharing of such information related to my case management.

_____ I grant permission to the staff within the Office of the Dean of Students to contact specific offices on campus for information related to my academic performance, services received, and/or student account with them in order to assist with the development and coordination of an action plan for me. This may include, but is not limited to: academic advising, academic department/faculty, Career services, Office of Financial Aid, Records Office, Bursar's Office, Disability Resource Center, and Housing and Residence Life.

_____ I will notify the Office of the Dean of Students staff of any personal problems, illness, or issues impacting my academic performance in efforts to receive appropriate care and support.

_____ I am aware that staff remains available to provide care coordination, outreach, and support throughout my UTC enrollment and to some extent during any leave of absence from academic coursework.

Student Signature _____ Date _____

We are interested in gathering data to ensure we are serving students from all demographic areas. Please fill out the following form to tell us a little bit about yourself. All answers will remain anonymous.

DEMOGRAPHIC INFORMATION

Age: _____ Gender: M F Trans* Other: _____

Marital status: Single Married Divorced/separated Domestic partnership Widowed

Sexual orientation: Gay/Lesbian Bisexual Asexual Straight Other: _____

Race/ethnicity:

American Indian/Alaska Native Asian Black/African American Hispanic/Latino

Native Hawaiian/Other Pacific Islander White/Caucasian

Other: _____

Are you a veteran? Yes No

Academic Status:

Freshman Sophomore

Junior Senior

Post-Baccalaureate

Graduate student

Are you an international student?

Yes No

Country of Origin:

Are you a transfer student?

Yes No

Anticipated graduation year:

Current Major:

Name of Advisor:

Credits in Progress:

Current GPA:

Do you live on-campus?

Yes—North Campus Yes—South Campus No

Do you have a roommate?

Yes No

Are you Working?

Yes No

Hours per week:

Employer:

Do you receive or have you applied for DRC services or accommodations? Yes No

Were you contacted by the case manager, referred by an outside source, or did you find our office on your own? Contacted Referred Self discovery

If you were referred to our office, who told you about our services? (Please check all that apply.)

Advisor Professor Disability Resource Center Friend/classmate Parent/guardian

Resident Assistant/Director Counseling and Personal Development Center

Other (please specify): _____

What is your reason for seeking our services? (Please check all that apply.)

Physical health concerns

Medical concern of a friend or relative

Mental health concerns (depression, anxiety, stress, etc.)

Loss of a friend or family member

Academic concerns

Title IX (Sexual assault, domestic violence, stalking)

Withdrawal procedures

Title IX (Pregnancy and parenting)

Financial difficulties

Hate/bias incident

Food insecurity (unable to access sufficient quantities of food)

Code of conduct/legal

Housing insecurity (homeless, etc.)

Other (please describe): _____