**Counseling and Psychological Services**

**Student Triage Form**

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|  | **Y N** | Additional Comments |
| * Are you experiencing **academic difficulties**?
* Are you experiencing **sleep difficulties**?
* Are you experiencing **eating/food difficulties**?
* Are you having difficulty **maintaining basic needs** (housing, food, etc.)?
 | Y NY NY NY N |  |
| **Safety Concerns and Recent Trauma*** Are you being bullied?
* Are you being stalked?
* Do you believe your life is in danger?
* Have you been physically or sexually assaulted recently?
* Have you experienced a recent traumatic event (accident, serious medical diagnosis, etc.)?
 | Y N |  |
| **Self Harm*** Are you having thoughts of suicide?
* (skip if above response was “no”) Are you planning your suicide?
* Have you made a recent suicide attempt?
* Have you recently **self-injured**?
 | Y NY N |  |
| **Harm to Others*** Are you having thoughts of doing serious harm to someone else?
* (skip if above response was “no”) Are you planning on doing serious harm to someone else?
* Have you recently done serious harm to someone else?
 | Y N |  |
| Are you or anyone you know **concerned about your drug or alcohol use?** | Y N |  |
| Are you **hearing voices or seeing things that no one else sees or hears?** | Y N |  |