**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 N  Y N  Y N  Y 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 N  Y 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 |  |