Student Assistance

Student Intake Form

Please take a few minutes to complete the following form. Your responses will assist us in working with you and to help in identifying resources on campus or in the community that might prove useful

**Date: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ SUID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M.I.:\_\_\_ Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(*Preferred Name*):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ **Phone #: (\_\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Local/Campus Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Current Housing:** Residence Hall Fraternity/Sorority Off Campus South Campus

Commute from Home (live with family)

Do you have a roommate? Yes No

1. **Academic Status:** Freshman Sophomore Junior Senior Grad Student Law Student

Other Status:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Home College** (e.g., Arts & Sciences): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Current GPA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Major**(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Number of credits in progress**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Are you working?** Yes No If yes hours per week:\_\_\_\_\_\_\_\_\_\_ Job:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **a. What is your United States Armed Forces Status?**

 Currently serving

 Current Dependent

 Previously Served

 Not a veteran

**b. Do you have any concerns related to your military service?**

 Yes

 No

1. **Did you transfer from another campus/ institution?** Yes No  **(If yes**, which semester?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
2. **Do you have health insurance? If so who is your insurer? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **Gender Identity:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pronoun (example: he, she, etc.**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Sexual Orientation:**

Heterosexual Lesbian Gay Bisexual Questioning Self-identify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Racial/ Ethnic Background:**  African-American **/**Black American Indian or Alaskan Native Asian American/ Asian Hispanic/ Latino/a Multi-racial Native Hawaiian/ Pacific Islander White Self-identify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Country of Origin**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Are you an international student?** Yes No
3. **Referred by**: Self Athletics Faculty Staff Family Friend Health Services  Office of Student Rights & Responsibilities Residence Life Counseling Center Title IX Coordinator Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. **Current Activities**

Fraternity/Sorority Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Community Services Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resident Assistant

SU Student Organizations/Groups Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Athletics: (Club Sport) Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Athletics: (Varsity) Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residential Learning Community Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer Work Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Mentor Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

None

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

1. **Current Stressors & Concerns**

Please rate the intensity of your concerns for the following using **a 0-10 rating scale**.

0=not a concern 10=extremely concerned

|  |  |  |  |
| --- | --- | --- | --- |
|  | Academic Career |  | Eating concerns |
|  | Academic Performance |  | Family Concern/ Problem |
|  | Alcohol |  | Financial |
|  | Anger |  | Grief |
|  | Anxiety/ Stress |  | Self-Concept/ Self-Esteem |
|  | Attention Difficulties |  | Conduct/Legal Issues |
|  | Depression |  | Drugs |
|  | Relationship Issues (friend/roommate) |  | Romantic Relationship |
|  | Time management/Study Skills |  | Physical Health |
|  | Motivation |  | Adjustment/Lonely/ Homesick |
|  | Sleeping concerns |  | Safety |

1. **Reason for requesting a meeting with Student Assistance at this time**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Current Supports:**

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

Friends Fraternity/sorority

Faculty Roommates

Staff Family

Religion/faith Significant other

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Are you currently seeking Support Services (check all that apply)?**

Counseling Center POSSE

Health Services Office of Disability Services

HEOP/SSS Academic Support Services

Off Campus Mental Health Provider Physician

Office of Multicultural Affairs LGBT Resource Center

Disability Cultural Center Slutzker Center for International Students

Community Agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. a. Are you registered with the Office of Disability Services?

 Yes

 No

b. If yes, name of counselor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Any additional information that you would like us to be aware of:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **ACKNOWLEDGEMENTS** | |
| **Please review and sign the information provided below. Any questions may be discussed with your case manager.**  Meeting with the Office of Student Assistance may involve the sharing of sensitive, personal and private information by students with a staff member. I understand that information shared with the Office of Student Assistance staff member remains private; however, it does not fall under the same confidentiality/privilege 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. |
| **For my safety, I understand that there may be certain limits to the privacy of my interactions with the Office of Student Assistance:**   * If there is evidence of clear and imminent danger of harm to myself and/or others, a staff member may report this information to authorities responsible for ensuring safety or other persons with the goal of diffusing the danger and providing help. * If a staff member has reason to believe that I am in danger of significant physical or psychological deterioration as a result of being unwilling or unable to follow treatment recommendations, he/she may contact a family member or another person who can help provide protection. * If I am under 18 years of age and a staff member suspects that I have been the victim of child abuse, NY state law requires that the staff member report this information to the proper authorities. * A court order can require Syracuse University to release information contained in records or require a staff member to testify in a court hearing. * Under legal guidelines (such as the Clery Act and Title IX) staff members must report or disclose information to University Officials when made aware of crimes that are violent in nature, including crimes of sexual violence. |
| I understand that I may request in writing that the Office of Student Assistance release information about my sessions to persons I designate outside of the University. |
| I understand that privileged, confidential support is available at the Counseling Center, the Chaplins at Hendricks Chapel, and Health Services. |
| I am aware that the Office of Student Assistance remains available to provide care coordination, outreach, and support throughout my Syracuse University enrollment. |
| Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |