Student CARE Report

Community * Advocacy * Referral * Engagement

The Student CARE Report engages the campus community to address concerning behavior and provide intervention to support our students' academic and personal success.

Please note that this report is not intended to initiate a conduct process.

Emergencies

Promptly report any immediate safety concerns to the WSU Police by calling 313-577-2222 before proceeding with this form.

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Thank you for taking the time to complete this Student CARE Report. We review every CARE Report and follow up accordingly based on the information provided.

In adherence with FERPA, and out of respect for our students' privacy, we may not be able to share details regarding the outcome or resolution of this report. [Required]

Valid input:
- Select only one choice.

[ ] I have read and understand the information provided above.

Reporter Information

First Name [Required]

Last Name [Required]

Email Address [Required]
Valid input:
- name@myschool.edu

Phone Number [Required]
Valid input:
- must be 10-15 digits long and may include only numbers, hyphens, and spaces.

What is your relationship to the student? [Required]
Valid input:
- Select only one choice.

[ ] Faculty
[ ] Staff
[ ] Student (Peer)
[ ] Friend
[ ] Relative
[ ] Other

Student of Concern

Student's First Name [Required]

Student's Last Name [Required]

Access ID
i.e. ab1234

Student ID
i.e. 003123456
Is the student currently enrolled in classes at WSU? [Required]
Valid input:
- Select only one choice.

- [ ] Yes
- [ ] No
- [ ] Unsure

Specific Information

Please indicate any of the following areas of concern that you have observed or that have been reported to you about the student. [Required]

- [ ] Academic: Marked decline in academic work, frequent absence from class
- [ ] Disruptive Classroom Behavior
- [ ] Mental/Emotional Health: Marked changes in mood, increased irritability, expressed thoughts of suicide or self harm, other distressed behavior
- [ ] Medical: Emergency transport, student injury, excessive absence due to illness, student surgery
- [ ] Threats: Implied or direct threats toward self or others (e.g., social media postings, email, in person)
- [ ] Relationships: Death or illness of a close friend or family member, breakup with significant other, roommate conflicts, family circumstances
- [ ] Missing Student
- [ ] Financial: Change in personal or guardian's financial status, scholarship change
- [ ] Physical: Alcohol abuse, other drug use, marked changes in physical hygiene, etc.
- [ ] Other (Please explain below)

If you selected "Other" to the previous question, please provide additional information.

Date and Time of Incident [Required]

Location of Incident (if applicable) [Required]

Please describe the incident or behavior(s) that are currently a cause for concern. Provide as much detail as possible. Include anything that you believe may be relevant or helpful. [Required]

Witness(es)

Have you connected with the student about your concern? [Required]
Valid input:
- Select only one choice.

- [ ] Yes
- [ ] No

If yes, please describe the nature of that contact below, and provide any relevant details.

Supporting Documentation
Photos, video, email, and other supporting documents may be attached below. If you have multiple files to include, or your file is larger than 20 MB, please create a zip file, and attach it below.

## Additional Questions

**Do we have your permission to contact the student of concern? [Required]**

Regardless of your response to the question, please note that there may be an obligation to follow up with the student if a significant health or safety risk to the individual or to the university community exists.

Valid input:
- Select only one choice.

- [ ] Yes
- [ ] No

**Do we have your permission to use your name when speaking with the student? [Required]**

Note that we strive to maintain confidentiality to the extent that university, state, and federal regulations permit.

Valid input:
- Select only one choice.

- [ ] Yes
- [ ] No