

# Students-at-Risk Intervention Reporting Form

Date of report: \_\_\_\_\_  
Name of student: \_\_\_\_\_ Student ID number (if known): \_\_\_\_\_  
Your name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
Best way to contact you for follow-up: \_\_\_\_\_

Please provide as much of the following information about the student as you are able:

Class year: \_\_\_\_\_ Local/campus address: \_\_\_\_\_  
School and major: \_\_\_\_\_  
Student email: \_\_\_\_\_ Student phone number: \_\_\_\_\_

Have you consulted with anyone prior to making this report?  
\_\_\_\_ No, I have not consulted with anyone.

If you have consulted with others, please check all that apply:

Counseling Center Staff       Residential Life and Judicial Affairs       Colleague/Supervisor  
 Dean of Student's School       Office of Disability Services  
 Other (please specify) \_\_\_\_\_

Please use the space below to provide us information about the concerns you have about this student. If there have been specific incidents, please be as detailed as possible with dates, times and locations. The more details you are able to provide about the student and your concerns, the better we will be able to assist the student in a timely fashion.

Please refer to the Students at Risk website (<http://ithaca.edu/sacl/services/star/>) or printed materials for more information about what behaviors or situations might warrant a report.

Thank you for your concern. The Associate Vice President for Student Affairs (or designee) will contact you with a status update.