



**Cape Cod Community College
Student Distress Assessment Team
Incident Report Form**

**Please complete and return to Dean Susan Kline-Symington
Office of Enrollment Management & Advising Services
Room C206A, Upper Commons**

Phone: (508)362-2131, ext. 4310 Email: sklinesy@capecod.edu FAX: (508)375-4096

DATE: _____

STUDENT NAME: _____ STUDENT ID: _____

DATE OF INCIDENT: _____ TIME: _____

LOCATION OF INCIDENT: _____

REPORTED BY: _____ PHONE: _____ CLASS/NUMBER: _____

OTHERS INVOLVED: _____

DESCRIPTION OF INCIDENT OR BEHAVIOR:

Please circle the general nature of the behavior/problem:

Emotional/Behavioral Issues

- Test/Performance Anxiety
- General Anxiety
- Aggressive Verbal/Physical Behavior
- Sad/Unresponsive
- Suicidal thoughts/actions
- Withdrawn
- Legal Issues/Restraining Order

- Transportation problems
- Child Care Issues
- Homelessness

Cognitive Concerns

- Appears unable to understand directions
- Appears confused or disoriented
- Disconnected/non-reality based speech

Abuse Issues

- Domestic abuse
- Victim of Sexual Harassment or Assault
- Stalking

Substance Abuse Concerns

- Coordination Problems
- Intoxicated/under the influence

Home/Community Related

- Hungry
- Financially distressed
- Relationship problems

Other Concerns:

For SDAT Use

Team Member: _____

Contacted student by phone (Date): _____

Left voicemail message. (Date): _____

Sent email. (Date): _____

Met with Student (Date): _____

Sent follow up letter. (Date): _____

Follow up with instructor: (Date): _____ yes _____ no _____

Method of contact: _____

Comments: _____

PLEASE RETURN TO:

**Susan Kline-Symington
Dean of Enrollment Management
& Advising Services
Grossman Commons Building
Room 206A, Upper Commons
Ext. 4310, FAX: (508)375-4096**

or

**Carol Dubay
Director of the Advising Center
Grossman Commons Building
Room 203-C, Upper Commons
Ext. 4528, FAX: (508)375-4103**