WEBER STATE UNIVERSITY
Counseling & Psychological Services Center

Crisis Intervention
Faculty/Staff Referral Feedback Form

Thank you for referring your student to us for crisis intervention. We will do our best to address the crisis and ensure that your student's mental health needs are met. Any additional information you can provide will be helpful in determining the best course of action. When indicated, this information may be shared with the Dean of Students.

In order to protect confidentiality, please print this form, complete it, and deliver it in person to the Counseling and Psychological Services Center, located in Suite 280 of the Student Services Center. This form must **not** be submitted via email.

Student's Name: _____ **Date:** _____

- Please indicate what the student has **shared** with you that causes concern (mark all that apply):
  - ☐ Student indicated that he/she has a mental illness that is not currently being treated.
  - ☐ Student indicated that he/she is seriously considering suicide.
  - ☐ Student indicated that he/she is seriously considering causing harm to another person.
  - ☐ Student revealed to me that he/she was physically or sexually assaulted.
  - ☐ Student reported that he/she is being stalked.
  - ☐ Student reported that he/she is involved in an abusive relationship.
  - ☐ Student reported that he/she is struggling with the recent death of a loved one.
  - ☐ Student reported that he/she does not have access to food, shelter or other care.
  - ☐ Other (please describe): _____

- Please indicate your **observations** of the student (mark all that apply):
  - ☐ Student's intense emotionality is interfering with appropriate class participation.
    - Student appears unable to stop crying
    - Student's breathing is labored or erratic
    - Student is visibly shaking
    - Student's angry outbursts in class are disruptive
  - ☐ Student is so withdrawn that he/she is unable to participate effectively in class.
    - Student has not attended class for an extended period
    - Student avoids eye contact with me and/or other students
    - Student does not interact with me and/or other students in class
  - ☐ Student has made verbal or written threats to self or others.
    - Student has made verbal statements indicating suicidal intent
    - Student has made verbal statements indicating intent to harm another person
    - Student has made written statements indicating suicidal intent

- Student has made written statements indicating intent to harm another person

- Student's personal hygiene is noticeably poor and/or has deteriorated.
- Student appears confused, impaired, or otherwise not in touch with reality.
- Other (please describe): _____

- Please provide any additional information that may be helpful for the counselor:

_____

_____

_____

_____

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Crisis situations that require an emergency referral can be unsettling. Please indicate below whether or not you would like a follow-up phone consultation about this situation. While confidential information about the student will not be shared, we may be able to provide helpful feedback and guidance.

- **Yes**, please contact me for a phone consultation.

  WSU Ext: _____ Best days/times to call: _____

  Cell: _____ Best days/times to call: _____

- **No**, I do not request additional consultation.

Name (Please Print): _____

Signature: _____