

Early Outreach Assessment Form

DSS _____
INT _____
VA _____
MED _____

Student Name: _____

Date: _____ Evaluator: _____

OBJECTIVE INDICATORS

CLINICAL DISCUSSION

I. Primary Factors: If one of these is checked and there is no indication that the student received any treatment or support, student will receive a letter and a phone call.

1. Suicide Attempt – especially in last 2 years
2. Serious Suicidal Ideation – recent or ongoing
3. Completed suicide by immediate family member combined with other relevant risk factor(s)
4. Sexual Abuse – current or childhood
5. PTSD

II. Secondary Factors: If one or more of these are checked, student will receive a letter.

1. Alcohol or Substance Abuse – positive responses to “5 drinks or more” or “regular use of drugs”, etc.
2. Anxiety
3. Conduct Disorder
4. Anger Management
5. Discrimination
6. Domestic Violence
7. Grief

III. Pharmacologic Factors: If one or more of the following are checked and there is no indication of treatment, student will receive a letter and phone call. If there is an indication of treatment, student will receive a letter.

1. Depression
2. Bipolar Disorder
3. Schizophrenia
4. Panic Disorder
5. Obsessive Compulsive Disorder
6. ADD/ADHD
7. Sleep Disorder
8. Eating Disorder
9. Cutting/Self-Mutilation
10. Traumatic Brain Injury (TBI)

Letter sent: _____

Phone call(s) made: _____

End Status: _____