

The role of the Coordinator of Student Case Management is to support students in achieving their academic and student life goals through the development of an action plan, referrals and connections to resources and services both on and off-campus to ensure continuing success.

PLEASE PRINT THE FOLLOWING INFORMATION

General Information	
Today's Date:	
Name:	BGSU ID:
Date of Birth:	Email Address:
Address:	
Phone (primary): <i>Can messages be left at this number?</i>	Referred By: Reason for referral: Reason for visit:
<u>Student Status: (check all that apply)</u> <input type="checkbox"/> Full-time (undergraduate) <input type="checkbox"/> Full-time (graduate) <input type="checkbox"/> Firelands' Pathway Student <input type="checkbox"/> International Student <input type="checkbox"/> Non-Traditional/ Military Student	Major of Study: <hr/> Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Contact	
Name:	Relationship:
Phone (home):	Phone (mobile):

Current Stressors & Concerns:

Please rate the level of stress you experience in the following areas of your life.

Physical Health <i>Comments:</i>	<input type="checkbox"/> Not a concern	<input type="checkbox"/> A little stress	<input type="checkbox"/> Moderate stress	<input type="checkbox"/> A lot of stress	<input type="checkbox"/> Extreme stress
Relationships (family, friends, etc.) <i>Comments:</i>	<input type="checkbox"/> Not a concern	<input type="checkbox"/> A little stress	<input type="checkbox"/> Moderate stress	<input type="checkbox"/> A lot of stress	<input type="checkbox"/> Extreme stress
Academic <i>Comments:</i>	<input type="checkbox"/> Not a concern	<input type="checkbox"/> A little stress	<input type="checkbox"/> Moderate stress	<input type="checkbox"/> A lot of stress	<input type="checkbox"/> Extreme stress
Living Environment <i>Comments:</i>	<input type="checkbox"/> Not a concern	<input type="checkbox"/> A little stress	<input type="checkbox"/> Moderate stress	<input type="checkbox"/> A lot of stress	<input type="checkbox"/> Extreme stress
Financial <i>Comments:</i>	<input type="checkbox"/> Not a concern	<input type="checkbox"/> A little stress	<input type="checkbox"/> Moderate stress	<input type="checkbox"/> A lot of stress	<input type="checkbox"/> Extreme stress
Emotional/Mental Health <i>Comments:</i>	<input type="checkbox"/> Not a concern	<input type="checkbox"/> A little stress	<input type="checkbox"/> Moderate stress	<input type="checkbox"/> A lot of stress	<input type="checkbox"/> Extreme stress
Food Security <i>Comments:</i>	<input type="checkbox"/> Not a concern	<input type="checkbox"/> A little stress	<input type="checkbox"/> Moderate stress	<input type="checkbox"/> A lot of stress	<input type="checkbox"/> Extreme stress

Current Supports:

Please identify where you get support and help from. Please check all that apply.

<input type="checkbox"/> Friends <input type="checkbox"/> Family <input type="checkbox"/> Roommate(s)	<input type="checkbox"/> Significant other <input type="checkbox"/> Club/Group <input type="checkbox"/> Religion/Faith	<input type="checkbox"/> Mental Health Provider <input type="checkbox"/> Physician <input type="checkbox"/> Other: _____
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Action Plan

Please list any specific goals that you hope the Case Manager will be able to support you with at this time:

Please identify any barriers or challenges that you may experience toward accomplishing the identified goals:

By Signing below, I attest that, to the best of my knowledge, the information provided on this form is true and accurate

Student Signature _____

Date ___/___/___