

UMPQUA COMMUNITY COLLEGE
STUDENT OF CONCERN/CARES TEAM
REFERRAL

If you think this is an emergency, call 911!

For UCC Campus Security, call 541-440-7777

This form is not designed as an emergency response. Please be aware that this form will only be read during normal business hours, Monday-Friday, 8:00 a.m. – 4:30 pm.

If you have a security concern or safety concern please submit a report through security here:
<https://www.umpqua.edu/anonymous-reporting>

If the student's behavior needs to be addressed due to a Student Code of Conduct Violation please complete the following form located: Student Conduct Incident Report Form

Student of Concern Referral

Umpqua Community College is committed to the health and safety of all members of our community. To safeguard our community, UCC's CARES (Coordinate Assess Respond Evaluate Support) team has developed a reporting system to share appropriate information so students can receive or stay connected to the academic support and student wellness services they need. This referral system is one element of a safe and supportive campus community.

What happens once this form is filled out?

Email this form to UCCARES@umpqua.edu if you would like the student to be contacted quickly with potential campus and community resources –OR- if you would like to submit the form to the CARES team.

Once this form has been submitted, a member of the CARES Team may contact the reporting party for additional information prior to contacting the student. Once the necessary information has been gathered, a staff member may reach out to the student (this is determined on a case by case basis). During this contact, the situation will be assessed, students may be offered services, are provided with appropriate resources and referrals, and may be offered additional follow-up. Some referrals require additional attention. Based on the student's behaviors, those referrals will be discussed with the CARES Team, where additional recommendations may be made.



STUDENT OF CONCERN FORM

What we need to know:

Student's name: _____

Identifying Information (student number/phone number): _____

Your Name: _____

Your Contact Information: _____

Describe the behavior that is concerning you:

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Prior action you have taken: In some cases, prior action may have been taken by a faculty or staff member. Please check any of the following points that have been addressed with the student. If statements have been delivered to the student in writing, please attach a copy to this report.

- A specific description of the behavior of the concern
- A statement that the behavior of concern is disrupting the classroom environment
- A statement that the behavior of concern must stop
- A statement that further occurrences of the behavior of concern will result in the removal by the instructor from the class session
- I would like support and/or consultation in communicating behavior of concern to the student
- None of the above
- Not applicable

Level of concern: On a scale from 1 to 10 with 1 being of no concern and 10 being the highest level of concern, indicate your level of concern

No concern Moderate concern Highest concern

1 2 3 4 5 6 7 8 9 10

How can we best assist you?

- No assistance needed, just an FYI
- I would like advice on how to help this student
- I would like someone to reach out to this student directly
- It is okay to share that I made this student of concern referral with the student
- Please keep referral source anonymous
- I am not sure what help is needed

Thank you