



ADVOCATE

Public Care Report For Students of Concern

How to Submit a Care Report

Go to http://fscj-advocate.symlicity.com/care_report

- Select the “**REPORT TYPE(S)**” as it relates to the student of concern.

CareNetwork Report

Please complete the information below as it relates to an issue about a student of concern. Note that this is not the correct form for incidents related to student conduct or poor academic performance.

Report Type(s) *

Please select the type of situation that you are reporting.

- Non-Academic/Life Situation**
Concerns related to external life situations such as child care, food insecurity, homelessness, family issues, etc.
- Medical Concern**
Medical issues that may be interfering with student's ability to attend class or to be successful in an academic setting. This could include alcohol and drug abuse, learning or other disability, chronic health conditions, eating disorders, etc.
- Mental Health Issue**
Mental health issues may include anxiety, depression, suicidal thoughts or intent, symptoms that might be consistent with a mental illness, etc.
- Physical/Psychological Endangerment**
Concerns related to possible victimization of a student or risk potentially being inflicted by a student. Might include things such as hazing, bullying, interpersonal violence, dating/domestic violence, sexual misconduct, sexual assault, or other emotional/physical abuse.
- Financial Concern**
Concerns related to unexpected financial hardship.

More than one report type can be selected. Categories to describe the type of report selected will appear below based on the indicated report type(s). See next step for more detail.

- Categories displayed are based on the type of report you selected above. Select a **descriptor category**. Choose all that apply.

CareNetwork Report

Please complete the information below as it relates to an issue about a student of concern. Note that this is not the correct form for incidents related to student conduct or poor academic performance.

Report Type(s) *

Please select the type of situation that you are reporting.

- Non-Academic/Life Situation**
Concerns related to external life situations such as child care, food insecurity, homelessness, family issues, etc.
- Medical Concern**
Medical issues that may be interfering with student's ability to attend class or to be successful in an academic setting. This could include alcohol and drug abuse, learning or other disability, chronic health conditions, eating disorders, etc.
- Mental Health Issue**
Mental health issues may include anxiety, depression, suicidal thoughts or intent, symptoms that might be consistent with a mental illness, etc.
- Physical/Psychological Endangerment**
Concerns related to possible victimization of a student or risk potentially being inflicted by a student. Might include things such as hazing, bullying, interpersonal violence, dating/domestic violence, sexual misconduct, sexual assault, or other emotional/physical abuse.
- Financial Concern**
Concerns related to unexpected financial hardship.

Mental Health Information

Please use the categories below to provide more detailed descriptors of the mental health issue when possible. We understand this is not a diagnosis, just a more focused description.

- Mental Health Concern**
 - Suspected Mental Illness
 - Suicidal Thoughts
 - Suicidal Threat
 - Depression
 - Anxiety
 - Other

Financial Concern Information

Please provide more detailed descriptors if possible.

Financial Concern

- Unexpected personal financial hardship
- Other

- Complete the fields in “**Reporter’s Information**”.

Reporter's Information

1 Type of Reporter Type of Reporter field expanded

Type of Reporter *

2 Reporter's Name *
Please provide your full name.
**Please use Full name*

3 Reporter's Email *
Please provide your email address so that we can contact you if we have follow up questions about this report.

4 Reporter's Phone *
Please provide your phone number so that we can contact you if we have follow up questions about this report.

If Applicable

- Provide the name(s), student ID number(s), and email(s) of the student(s) involved in the situation and witness information if any.

Individuals Involved

Student(s) Involved *
Please list the names, student EMPLID, and emails (if possible) of the student (s) involved in this situation.

Witness(es)
Please list names and contact information (if available) for all witnesses to this situation.

*Please note, this form is for **non-academic** and **non-conduct issues**. For academic and conduct issues, please complete the *public INCIDENT report*.

- Please provide more information for your concern about the student or situation.

Descriptive Information

Description of reason for concern: *

Please provide as much information as possible about the situation.

- If applicable, please provide the **date, time, and location** of the situation.

Time and Location

Date/Time of Incident *

Please provide the approximate time that this incident occurred.

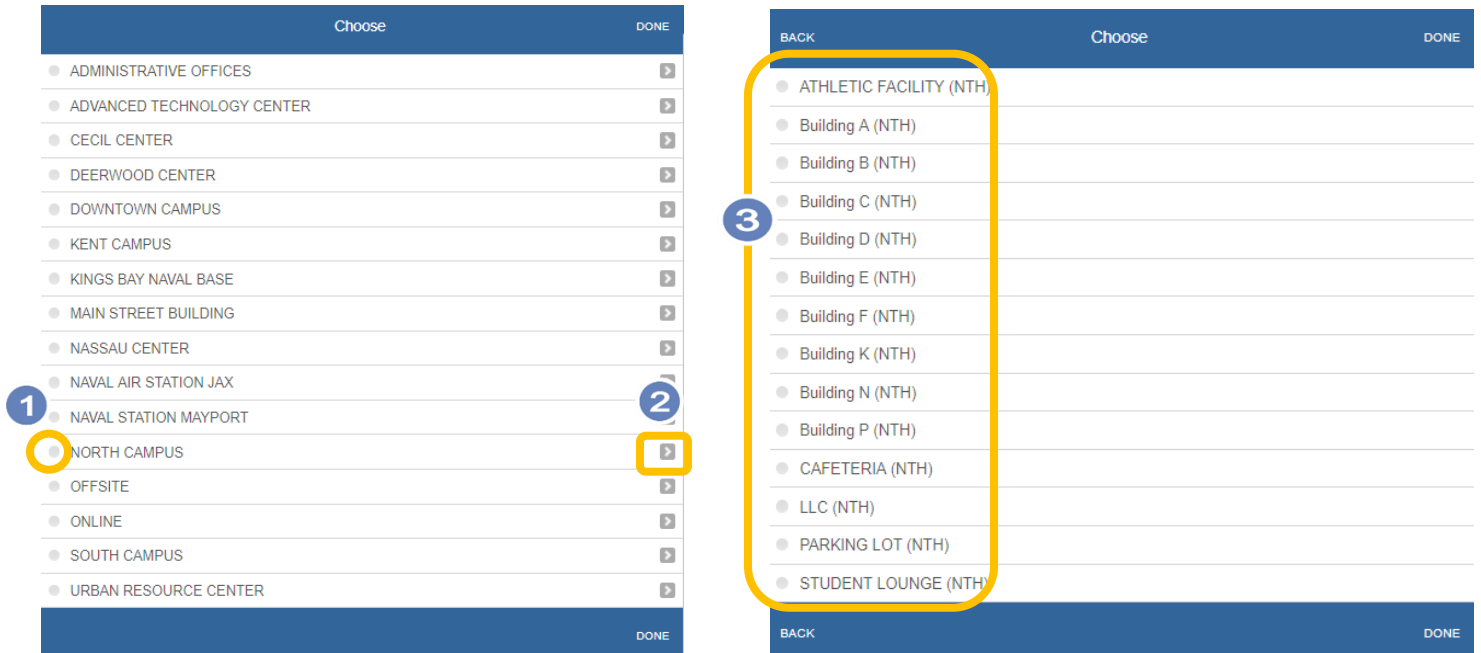
Location of Incident

Additional Location Information

Please provide as much detail about the location of this incident as possible.

*See next page for more information on how to choose a location

- To select location, first choose the circle next to the campus/center/site of incident. Then click the arrow to the right of the campus/center/site selected so that you can choose the location.

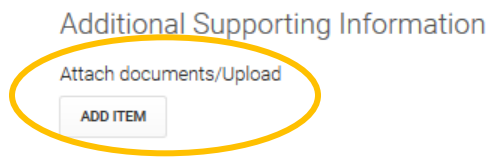


- If there is any **additional location information**, please provide the details in this field.

Additional Location Information

Please provide as much detail about the location of this incident as possible.

- Click **“ADD ITEM”** to attach any supporting documents.



- Check **“I’m not a robot”** and then click **“SUBMIT”** to complete your Care report.

