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| logo2014a | **Care Team Report****(Connectedness, Awareness, Responsiveness, & Engagement)** |

Student’s Name (Last, First) ctc ID or EmplID (if available)

Your Name Your Department/Division

Your Email Your Phone

**Incident Information:**

Date Time Location

Please describe incident/concern:

Please describe action (if any) you have taken:

Please describe support/resources or action you would like for the student:

Please describe support/resources you would like for yourself:

Please send the report to Crystina Mai Mostad.

August2022