STC ACADEMY · SIMULATION TRAINING CENTER

# COUNSELING SUPPORT REQUEST

Confidential • Talk to a counselor about anything, big or small

FORM NO. **STC-SL-1002**

SECTION 10
Student Life & Community

**INSTRUCTIONS** Fill out what you're comfortable with and hand it to Student Life or the drop box. A counselor will reach out the way you choose.

**988**

**IN CRISIS OR THINKING ABOUT SUICIDE? DON'T WAIT FOR THIS FORM.**
Call or text 988, the Suicide & Crisis Lifeline: free, private, 24/7. Chat at 988lifeline.org.
In immediate danger, call 911. You can also tell any instructor or staff member right now.

## 1 ABOUT YOU

This form is confidential

| FULL NAME | STUDENT ID # | DATE |
|---|---|---|
| | | |

PROGRAM ☐ EMT ☐ AEMT ☐ Paramedic ☐ Nursing ☐ Fire & Rescue

UNDER 18? ☐ Yes ☐ No

## 2 WHAT WOULD YOU LIKE SUPPORT WITH?

Check all that apply

- ☐ **Stress / Burnout** — Feeling overwhelmed or worn out
- ☐ **Academic** — Grades, exams, falling behind
- ☐ **After a Drill or Sim** — A high-stress scenario stayed with you
- ☐ **Family** — Problems at home or with family
- ☐ **Grief / Loss** — Death or loss of someone or something
- ☐ **Crisis** — Something urgent is happening now
- ☐ **Substance Use** — Alcohol, drugs or vaping, yours or someone close
- ☐ **Peers / Relationships** — Friends, partners, classmates
- ☐ **Other** — Anything else: _____

ANYTHING YOU WANT US TO KNOW (OPTIONAL)

## 3 HOW SOON & SAFETY

HOW SOON DO YOU WANT TO TALK?

☐ Today, please ☐ This week ☐ Within 2 weeks / no rush

THINKING ABOUT HURTING YOURSELF OR SOMEONE ELSE?

☐ Yes ☐ No If YES: call/text 988 or tell staff now.

## 4 HOW SHOULD WE REACH YOU?

| PREFERRED CONTACT | PHONE / EMAIL TO USE | OK TO LEAVE A MESSAGE? |
|---|---|---|
| ☐ In person ☐ Phone call ☐ Text ☐ Email ☐ Video | | ☐ Yes ☐ No |

| BEST DAYS / TIMES | PREFER A SPECIFIC COUNSELOR? (OPTIONAL) | SIGNATURE (OPTIONAL) |
|---|---|---|
| | | |

**Your privacy.** This request goes only to the counseling team and is kept in a separate confidential file, not your academic record. It is shared only if someone's safety is at risk or the law requires it. Asking for support never counts against you.

## COUNSELING STAFF ONLY • INTAKE

Completed by staff only

| RECEIVED BY | DATE / TIME RECEIVED | ASSIGNED COUNSELOR | FIRST CONTACT DATE / TIME |
|---|---|---|---|
| | | | |

SCREENING LEVEL ☐ Routine ☐ Priority (within 48 hrs) ☐ Urgent (same day) ☐ Emergency (911 / 988)

ACTION TAKEN (CHECK ALL THAT APPLY)

☐ Session scheduled ☐ Same-day crisis response ☐ Stress recovery / resting room ☐ Referred to outside provider
☐ Parent / guardian notified ☐ Program Director informed (safety only)

| FOLLOW-UP DATE | COUNSELOR NOTES FILED? | COUNSELOR SIGNATURE | DATE |
|---|---|---|---|
| | ☐ Yes ☐ No | | |