



## Care Team Report

(Connectedness, Awareness, Responsiveness, & Engagement)

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Student's Name (Last, First)

ctc ID or EmplID (if available)

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Your Name

Your Department/Division

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Your Email

Your Phone

**Incident Information:**

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Date

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Time

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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 [Kate Mikhnevich](#).