

HELPING CONVERSATIONS INTAKE FORM

This confidential information is for use only by Counseling Program graduate students enrolled in the EDCO 363 Counseling Practicum course unless permitted by your signed release.

Demographic Information:

Today's Date: _____

Name: _____

Current Residence in VT? YES NO *(Please note that Practicum students are not allowed to provide tele-counseling to students currently living outside of Vermont. The conversation would need to stop here for any student living outside of Vermont.)*

Physical Address in VT: _____

VT County (if known): _____

Phone: () _____

Can I leave a message at this number? Yes No

Email address: _____ Private? Yes No

What is the best way to contact you to cancel or re-schedule an appointment?

Phone: _____ Email: _____

Age: _____ years

Year in school: _____ Major: _____

Class involved in participation of Helping Conversations: _____

Instructor: _____

Minimum Number of Helping Conversations Required/Desired? _____

Social Identity Information (feel free to also discuss in relation to important others in your life; please feel free to only share information that you want with the counselor; any questions that you don't want to respond to can be skipped):

Gender Identity: (*examples are: male, female, transgender male/transman, transgender female/transwoman, genderqueer, intersex, questioning, cisgender*). What pronouns do you use?

Citizenship: (*examples are: US citizen, US permanent resident, International Student [indicate where]*)

Racial/Ethnic/Cultural identification: (*examples are African American, Asian American, Caucasian/European American, Latino/Latina, Native/Native American, Multi-ethnic/Multi-racial, [please specify]*)

Geographic Home Setting: (*examples are: rural, suburban, urban, from the South, Northeast, Midwest, West Coast, other*)

Socio-economic status of self/family: (*examples are working class, middle, upper-middle, upper; Has money been a stressor for you and/or your family? Have you had the resources you needed?*)

Religious or Spiritual Identity: (*examples are: Agnostic, Atheist, Buddhist, Catholic, Hindu, Jewish, Mormon/Latter-Day Saints, Muslim, Protestant, Sikhism, Unitarian Universalist, other Faith/Religious Tradition, no religious affiliation*)

Sexual Identity/Orientation: (*examples are: Bisexual, Gay, Heterosexual, Lesbian, Pansexual, Questioning, Asexual*)

Disability or Varying Ability Status (*examples are: physical disability, learning disability, ADHD, chronic medical issue, mental health issue*)

Relationship Status:

Substance Use:

If you use substances (such as alcohol, vaping, marijuana, etc.), to what extent do you feel that your use of substances has interfered with your relationships, academic work, or your general experience at UVM?

Is this an issue that you would like to get support for in the context of the Helping Conversations? YES NO

Focus of the work:

Does your course require a particular focus for the Helping Conversations? Yes No

If so, what is the topic you need to discuss?

Are there other topics you might want to discuss during your helping conversations? *(e.g., relationship issues, transition to college, academic or social stress, career exploration, fieldwork challenges, your social identities, something you are curious about, an area of your life that you would like to develop, etc.):*

What would you like to get out of your helping conversations?

For the counselor to note:

I have confirmed the Vermont residence of the helpee.

I have reviewed the consent form, including confidentiality and its limits, reporting law guidelines, and university policies and procedures around reporting (including Care Reports).