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## COLLEGE MENTAL HEALTH PROGRAMS APPLICATION

*Please complete all parts of this application, and fax it to Stephanie Cummings at (617) 353-7700. If you have questions about the application process or College Mental Health Programs at the Center for Psychiatric Rehabilitation, please contact Courtney Joly-Lowdermilk at (617) 483-3827 or [cjoly@bu.edu](mailto:cjoly@bu.edu).*

### PART 1: REQUEST FOR PROGRAM

**PROGRAM:**       NITEO Core       NITEO Activities       College Coaching       LEAD BU  
**SEMESTER:**       Fall       Spring       Summer      Year: \_\_\_\_\_

### PART 2: CONTACT INFORMATION

**Name:**

\_\_\_\_\_  
[Last Name]

\_\_\_\_\_  
[First]

\_\_\_\_\_  
[Middle Initial]

**Home\* Address:**

\_\_\_\_\_  
[Street]

\_\_\_\_\_  
[Apartment/Suite Number]

\_\_\_\_\_  
[City/Town]

\_\_\_\_\_  
[State]

\_\_\_\_\_  
[Zip Code]

**Campus\* Address:**

\_\_\_\_\_  
[Street]

\_\_\_\_\_  
[Apartment/Suite Number]

\_\_\_\_\_  
[City/Town]

\_\_\_\_\_  
[State]

\_\_\_\_\_  
[Zip Code]

**Phone:**

\_\_\_\_\_  
[Home]

\_\_\_\_\_  
[Cell]

**Birthday:**

\_\_\_\_\_  
[Month]

\_\_\_\_\_  
[Day]

\_\_\_\_\_  
[Year]

**Preferred Pronouns:**

\_\_\_\_\_  
[e.g. she/her/hers]

**Email:**

College Mental Health Programming uses email, text, Skype, and FaceTime messaging to communicate with students. These are not secure modes of communication. By checking this box, you are agreeing to communicate in these formats with the Center. You are accepting and understanding the risk of having your association with the Center possibly compromised with the use of unsecure messaging media.       Initials \_\_\_\_\_ Date: \_\_\_\_\_

## PART 3: DEMOGRAPHIC INFORMATION

### 1. What is your gender identity?

- Female
- Male
- Female to male transgender (FTM)
- Male to female transgender (MTF)
- Agender
- Other (please specify): \_\_\_\_\_
- Prefer not to answer
- I don't know the answer

### 2. What is your race?

- Hispanic or Latino
- Black or African American
- White
- Native American or American Indian
- Asian/Pacific Islander
- Other (please specify): \_\_\_\_\_
- Prefer not to answer
- I don't know the answer

### 3. What is the highest degree or level of school you have completed?

- Some High School/GED
- High School Diploma/GED
- Some Undergraduate Coursework
- 2-Year College Degree (Associates)
- 4-Year College Degree (BA, BS)
- Some Graduate Coursework
- Graduate Degree (e.g. MA, MFA, PhD, MD)

### 4. What is your current marital status?

- Single/Never Married
- Married
- Separated
- Divorced
- Widowed
- Prefer not to answer

### 5. What is your current employment/ volunteer status?

- Employed Full-time (40+ hours per week)
- Employed Part-time (1-39 hours per week)
- Volunteer Full-time (25+ hours a week)
- Volunteer Part-time (1-20 hours a week)
- Unemployed

### 6. What is your current religious affiliation?

- Christianity
- Judaism
- Buddhism
- Islam
- Hinduism
- Agnosticism
- Unaffiliated
- Other (please specify): \_\_\_\_\_
- Prefer not to answer
- I don't know the answer

### 7. Military Status:

- No, Military Service
- National Guard
- Armed Forces
- Other (please specify): \_\_\_\_\_

### 8. Citizenship Status

- U.S Citizen by Birth (Native)
- Non-resident Alien- Visa type \_\_\_\_\_ Exp. Date: \_\_\_\_\_
- U.S Citizen Naturalized
- Permanent Resident

### 9. What is your sexual identity?

- Heterosexual, or straight
- Homosexual – gay or lesbian
- Bisexual
- Asexual
- Other (please specify): \_\_\_\_\_
- Prefer not to answer
- I don't know the answer

## PART 4: EDUCATION

1. Name of High School: \_\_\_\_\_
2. What is your current enrollment status in college? (e.g. enrolled, medical leave) \_\_\_\_\_
3. Name of college you most recently attended/ currently attend: \_\_\_\_\_
4. Names of other colleges you have attended:  
\_\_\_\_\_
5. What was the last semester you were enrolled in classes? \_\_\_\_\_
6. How many classes/credits did you attempt in your last semester? \_\_\_\_\_
7. How many classes/credits did you complete during that semester? \_\_\_\_\_
8. If you are on a leave, for what reasons are you taking time away?  
\_\_\_\_\_  
\_\_\_\_\_
9. What is your major/area of study? \_\_\_\_\_
10. Check the programs/assistance/services you used at your college/university:

<input type="checkbox"/> Individual counseling	<input type="checkbox"/> Support from the writing studio
<input type="checkbox"/> Group counseling	<input type="checkbox"/> Accommodations through the disability services office
<input type="checkbox"/> Drug/alcohol education/support programming	<input type="checkbox"/> Academic/life coaching
<input type="checkbox"/> Campus housing	<input type="checkbox"/> Academic advising
<input type="checkbox"/> Tutoring in content areas (e.g. engineering)	<input type="checkbox"/> Financial aid/scholarships
11. If you received academic/life coaching, with whom did you meet and how regularly?  
\_\_\_\_\_
12. If you used accommodations through disability services, what were they?  
\_\_\_\_\_
13. What would you identify as your strengths in the classroom?  
\_\_\_\_\_
14. What are some barriers you may have experienced in the classroom?  
\_\_\_\_\_

## PART 5: SKILLS ASSESSMENT

Below are lists of tasks and skills important for social, emotional, and academic wellness. Check the box that best describes your strengths and challenges in various settings.

### 1. Social & Interpersonal Wellness

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
<i>Being a member of a group is important to me</i>					
<i>I tend to engage in discussions when I'm with others</i>					
<i>I feel a part of the school community</i>					
<i>I connect easily with my same-age peers</i>					
<i>I am satisfied with my social life</i>					
<i>I know when to advocate for help</i>					
<i>I feel comfortable explaining my health leave to friends</i>					

### 2. Physical Wellness

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
<i>I keep a regular sleep routine</i>					
<i>I maintain a healthy diet</i>					
<i>I keep a daily hygiene schedule</i>					
<i>I take my medication as prescribed</i>					
<i>I access medical care when needed</i>					
<i>I exercise regularly</i>					
<i>I take breaks during the working day/while studying</i>					
<i>I am can predict when my symptoms will increase</i>					

### 3. Communication Skills

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
<i>I speak in an appropriate volume</i>					
<i>I find others are able to comprehend what I say/do</i>					
<i>I am comfortable advocating for help</i>					
<i>I am respectful while others speak</i>					
<i>It is easy for me to understand what others say/do</i>					
<i>I tend to talk too much</i>					
<i>I feel comfortable engaging in small talk</i>					

**4. Behavior**

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Undecided</b>	<b>Agree</b>	<b>Strongly Agree</b>
<i>I mostly think prior to acting</i>					
<i>I am able to follow through on responsibilities</i>					
<i>I am able to accept responsibility for my mistakes</i>					
<i>Sometimes my behavior seems strange to others</i>					
<i>I often "lose time"</i>					
<i>I have healthy coping strategies to manage stress</i>					
<i>I have abused substances</i>					

**5. Medication**

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Undecided</b>	<b>Agree</b>	<b>Strongly Agree</b>
<i>My medication(s) make(s) me drowsy</i>					
<i>My medication(s) blur(s) my vision</i>					
<i>I am often thirsty</i>					
<i>My medication(s) effect(s) my thinking</i>					
<i>I feel comfortable being on medication(s)</i>					

**6. Thinking/Learning**

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Undecided</b>	<b>Agree</b>	<b>Strongly Agree</b>
<i>I am able to concentrate for long periods of time</i>					
<i>I am easily distracted</i>					
<i>I am able to quickly learn and retrieve new information</i>					
<i>I shift my attention between tasks easily</i>					
<i>I can easily make decisions</i>					
<i>I am organized</i>					
<i>I usually have the energy to do my work</i>					
<i>I excel at working on tight deadlines</i>					
<i>I am flexible with unexpected changes</i>					
<i>I feel comfortable getting called on in class</i>					

**7. Emotional Wellbeing**

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
<i>I manage my worries well</i>					
<i>I remove myself from uncomfortable situations</i>					
<i>I am comfortable when others express strong feelings</i>					
<i>My reactions often match others'</i>					
<i>I am comfortable telling others how I feel</i>					
<i>I accept as much responsibility as I can handle</i>					
<i>I monitor my symptoms well</i>					
<i>I include my treatment team when making decisions about school or work</i>					
<i>I communicate with my spiritual advisor/rabbi/priest/other regularly</i>					
<i>My treatment team is helpful</i>					

**8. Resource Needs**

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
<i>I have a secure income to cover the cost of transportation to/from the Center</i>					
<i>I have a secure income to pay for meals</i>					
<i>One of my goals is to find a/a new health care provider</i>					
<i>I have a place where I can effectively study/work</i>					
<i>My housing situation is stable</i>					
<i>One of my goals is to find housing/new housing</i>					
<i>One of my goals is to connect with a provider/disability services at my school</i>					

**PART 6: GOALS & INTERESTS**

1. List your top 3 academic priorities (e.g. transfer to a new college, finish/submit incomplete work)?

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**2. What are your career goals or interests (e.g. thinking about studying philosophy)?**

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**3. What are your personal/life goals (e.g. join a band, start dating)?**

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**4. What skills do you want to work on in our college wellness programs (e.g. make friends, practice test-taking)?**

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**5. Please identify your interests in the following domains: What are your favorite activities, pastimes, hobbies?**

**Physical:**

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**Social:**

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**Leisure:**

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**Spiritual:**

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## PART 7: EMERGENCY CONTACT INFORMATION

<b>Name:</b>	
Relationship:	
Address:	
Phone (Primary):	Phone (Secondary):
Email:	
<b>Name:</b>	
Relationship:	
Address:	
Phone (Primary):	Phone (Secondary):
Email:	

## PART 8: PROFESSIONAL SUPPORTS

Primary Care Physician
Name:
Medical Facility/Clinic/Program:
Address:
Phone (Primary):
Phone (Secondary):
Email:

Psychiatrist
Name:
Medical Facility/Clinic/Program:
Address:
Phone (Primary):
Phone (Secondary):
Email:



<b>Therapist or Counselor</b>
Name (Primary contact):
Counseling Service:
Address:
Phone (Primary):
Phone (Secondary):
Email:

<b>College/University Behavioral Health</b>
Name (Primary contact):
Counseling Service:
Address:
Phone (Primary):
Phone (Secondary):
Email:

<b>Vocational or Employment Coach</b>
Name (Primary contact):
Counseling Service:
Address:
Phone (Primary):
Phone (Secondary):
Email:



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**MEDICAL AND PSYCHIATRIC FORM**

**Patient's Full Name:** \_\_\_\_\_

**Physician/Psychiatrist Full Name:** \_\_\_\_\_

**Medical Facility/Clinic/Program:** \_\_\_\_\_

**Date of Last Examination/Assessment:** \_\_\_\_\_

**Diagnoses:** \_\_\_\_\_

**Full DSM or ICD-10 Code(s):** \_\_\_\_\_

**Initial date of diagnosis:** \_\_\_\_\_ **Date of Last Clinical Contact:** \_\_\_\_\_

Psychiatric or Other Medication(s)

**Physician/Psychiatrist's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_