

ACT Referral Form

The [Assessment and Care Team \(ACT\) Referral Form](#) allows members of the Tianjin Juilliard community to report concerns about the wellbeing of students (see “Referral Type” on the form). If you wish to report an immediate life-threatening emergency, please call 110 first, and then notify Tianjin Juilliard Public Safety Office (022-66336498) at your earliest convenience. Information shared in this form will be viewed first by the Associate Dean for Academic and Student Affairs and/or the Assistant Dean of Student Affairs and shared only with relevant parties tasked with formulating a timely response. Every effort will be made to keep the referrer’s information private, but your name and contact information are crucial in case follow-up by ACT is necessary.

Today's Date *

Referrer's Name *

Please provide full name (First and Last)

Referrer's Email *

Please provide your phone number so that we can contact you if we have follow-up questions about this referral.

Referral Type *

Please mark below as many circles below that you believe best address the nature of your concern.

- Academic Concerns: Concerns related to attendance, low grades, poor study skills and other behaviors related to academic performance.
- Social/Adjustment Concerns: Inclusive of social adjustment issues, not fitting in, homesickness, concerns related to diversity, and roommate or community conflicts.
- Health Concerns: Inclusive of behaviors such as observed eating disorder behavior, alcohol/drug, prolonged illness, sustained injury, self-harm or cutting behavior, observed depressive behavior, suicidal ideation/attempt, hospitalization, or other like concerns.
- Personal Concerns: Inclusive of things such as financial concerns, family or general home concerns, death or illness in the family, or legal concerns.
- Other

Student(s) Involved? *

Please list the name(s) and email(s), if possible, of the student(s) about whom you are concerned.

Date of Incident

If your concern relates to a specific incident, what was the approximate date the incident occurred?

Time of the incident if known

Locations of Incident *

On-Campus: Classroom, studio, hallway, lounge, cafe, residence hall, etc.

Off-Campus: Anywhere off-campus

Digital/Electronic: Phone call, text, email, social media, etc.

Other

Descriptive Information *

Please provide as much information as possible about your concern. In a concluding paragraph, please provide the names of any other persons who may be directly affected by the concern.

May we share your name with student(s) about whom you are concerned? *

- Yes
- No

Verification *

Please enter your full name verifying the information you have provided is accurate to the best of your knowledge.