

DOCUMENTING & REPORTING PARTICIPANT SUPPORT CASES

Participant FULL Name _____

Sending Ctry/Program/Hosting Ctry/Program Yr _____

Hosting Community _____

Person first reporting the problem/concern

Name _____

Phone _____

Time _____ Date _____

Affiliation

Host / Natural Family

AFS Volunteer _____

School – Principal/AFS Advisor/School Counselor

Other

Person Completing Report _____

Title/Role _____

Date _____

The problem is URGENT

National Office Notified

Name _____ Date _____

Follow-up reporting

Name _____ Date _____

1. What is the problem? *(be specific, avoid generalizations, don't assume, be sure about meaning)*

2. When did the problem start? *(exact time, how often, relation to other events)*

3. How do other people involved in the situation see it? *(obtain all sides of the story; be objective)*

4. Are there physical symptoms involved? *(detailed report of health conditions; is there a relationship between health and problems)*

5. What has the participant tried to do about it? What does the participant see as possible solutions? *(help the participant sort out and explore options)*

6. Are there major inconsistencies between feelings, content, and body posture? *(determine differences between feelings, content and body language)*

7. What does the participant want to do versus what s/he feels s/he should do? *(ought versus want)*

8. What have others done? *(dates/names/places)*

9. What will be done? *(when/by whom)*

MEDICAL (and Dental Emergency/Accident)

In the event of an accident, please request a medical report from the doctor.

Name and Location of hospital/office _____

Name of attending physical (dentist) and phone number _____

Diagnosis and/or prognosis _____

Student admitted to hospital?

Duty Officer informed?

IN THE RARE EVENT THAT A STUDENT IS DETAINED BY POLICE, PLEASE:

- Inform the student that they do not have to answer any questions from the police without having an attorney present.
- Call the Duty Officer immediately if the student is arrested.

Please request the following information:

Name/number of police officer & station/phone number _____
Branch of law enforcement _____
Specific charges and Conditions of release _____
Age of student _____

ANY THREAT TO A STUDENT'S SAFETY AND WELL-BEING:

- Call the Duty Officer immediately.
- If there are safety concerns in regards to the placement, the student needs to be moved immediately, at least on a temporary basis until AFS can determine that this is a safe environment for the student.

FOLLOW-UP

Date _____

