

## 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 \_\_\_\_\_

