**Facilitator Guide for Wellness Agreement**

**Intro – The document below is the Facilitator Guide for the Wellness Agreement between you and a student returning from a crisis whether it be hospital or other. As you will see in the regular form there are blank lines indicating where you need to write your agreement with the student. In the below form are examples of what you can put in those blank lines. Please remember that this agreement is ultimately between you and the student and every situation is different.**

**There are also resources attached to this form that may help you through the facilitation of this agreement. There is a:**

* **Self-Care Assessment Worksheet - that will help you and the student rate their feelings on different topics.**
* **Process Questions Following a Tragic Event – that will help you with some questions you can ask to start and keep the conversation going**
* **“How do you feel?” – That gives you common reactions to crisis situations. You can go through the common reactions and let them know what they may experience.**

**DATE**

**LASTNAME, First Name**

**Student #**

**SUITE #**

This Wellness Agreement is between XXXXXXX Residence and \_\_ [Resident name] \_\_. This document details a plan to support you as we address concerns in a positive and productive manner. The overall goal with this plan is to support you to be more successful as a student of the \_\_ [Residence Institution name] Residence community.

**Agreement**

Below are listed steps that I will immediately take or others can take to address [reason for incident i.e. my thoughts of Suicide]

* \_[Immediately Contact front desk or manager on-call if I have thoughts of suicide]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_[Contact my support person – list who the support person is and how to contact them]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_[Contact 911 if I am having trouble coping with my thoughts of suicide]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To continue my success in Residence I acknowledge and commit to the following: [be specific]

* \_\_I will call/check in with my RA every day between 7pm and 8pm each night. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_I will contact the XXXXXX College Counseling department on (the next day) to schedule an appointment and attend that appointment\_
* \_\_ I will complete the Self-Care Assessment Worksheet on a weekly basis with my RA\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the event I do not fulfill my commitments above, within my control or out of my control, I am aware that the Manager On Duty may take the following steps:

* Contact Primary Contact, Emergency Response Services, XXXXXXX College Staff or Counselor

I agree to the above Agreement and am aware that the Residence Life Department at XXXXXX Residence has someone here to help me 24 hours a day 7 days a week – Residence Front Desk #, and that The Residence Life Department is committed in seeing me be successful in my College Residence experience.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manager’s Signature Date

**Important Numbers**

Font Desk – XXX-XXX-XXXX x.XXXX Toronto Crisis Line – 416-408-4357 Kids Help Phone 1-800-668-6868