**附件3**

 **学院2018级心理特殊学生信息汇总表**

学院（盖章）： 填报人： 填报时间：

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| 序号 | 姓名 | 性别 | 班级 | 联系方式 | 主 要 问 题 及 程 度(约谈结果判断) | 问题性质初步界定 | 危机有无 | 关注程度 | 是否转介 |
| 一般 | 障碍 | 疾病 | 一般 | 重点 |
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领导签字：