

STUDENT RISK ASSESSMENT REFERRAL

Please use this form to convey any concerns about a student which may indicate risk.

STUDENT INFORMATION:

Student's Name: _____ CWID _____ Classification _____

Observable behaviors which may indicate risk:

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| <input type="checkbox"/> disruptive or bizarre behavior | <input type="checkbox"/> destructive behavior; concern about harm to self/others |
| <input type="checkbox"/> signs of distress | <input type="checkbox"/> indirect threat made by student |
| <input type="checkbox"/> negative changes in hygiene/self care | <input type="checkbox"/> direct threat made by student |
| <input type="checkbox"/> hostile, aggressive, abusive behaviors | <input type="checkbox"/> indications of substance abuse |
| <input type="checkbox"/> deficiency in regulating emotion, cognition, self behavior | |
| <input type="checkbox"/> psychotic symptoms (delusions or unexplained irrational beliefs; hallucinations; disorganized behavior or speech – impaired or bizarre speech or behavior; negative symptoms such as lack of expression, reduced speech fluency or loss of will to do normal tasks) | |
| <input type="checkbox"/> other; please describe: | |

Please briefly describe observable behaviors which cause concern:

PERSON REPORTING: *(note: An effort will be made to contact you prior to contact with student)*

Name: _____ Date of report: _____

Relation to student: _____

Academic course (if applicable): _____

Best contact number: _____ email address: _____

Signature of Person Reporting: _____

Signature of Department Head: _____

Please ***hand deliver*** to:

Mr. Dickie Crawford, Dean of Student Life and Auxiliary Services
Chair, Threat Assessment Team
305 Keeny Hall
257-2445
crawford@latech.edu

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FERPA PROTECTED INFORMATION