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 _______

Observables behaviors which may indicate risk:

( ) disruptive or bizarre behavior   ( ) destructive behavior; concern about harm to self/others
( ) signs of distress                ( ) indirect threat made by student
( ) negative changes in hygiene/self care ( ) direct threat made by student
( ) hostile, aggressive, abusive behaviors ( ) indications of substance abuse
( ) deficiency in regulating emotion, cognition, self behavior
( ) 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)
( ) 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*