Behavioral Intervention Team (BIT)/Higher Education Assessment (HEAT)
Concern Report - Employee

Employee First Name:

Employee Last Name:

Date of Birth:

Behavioral Intervention Plan Information

Category: Please Select Risk Factor: Please Select Type of Risk: Please Select

Please describe the behavior:

Behavioral Intervention Referral

- ☐ Classroom Disruption
- ☐ Uncontrollable Crying
- ☐ Personal Appearance
- ☐ Change in Behavior
- ☐ Angry/Hostile
- ☐ Thoughts of Hurting Others
- ☐ Thoughts of Hurting Self
- ☐ Sad/Depressed
- ☐ Hyper Energy
- ☐ Diminished Appetite
- ☐ Low Energy
- ☐ Mood Swings
- ☐ Office Disruption
- ☐ Nervous/Afraid
- ☐ Threatening Behavior
- ☐ Tiredness/Lethargy
- ☐ Strange Statements

General Rules and Regulations

- ☐ Alcohol
- ☐ Campus Demon station
- ☐ Cell Phone Usage
- ☐ Computer Violation
- ☐ Infringement of Peace
- ☐ Lewd Conduct
- ☐ Property Damage
- ☐ Disruption
- ☐ Drug Violation
- ☐ Firearm
- ☐ Forgery
- ☐ Gambling
- ☐ Hate Crime
- ☐ Trespassing
- ☐ Parking Violation
- ☐ Misrepresentation
- ☐ Fighting
- ☐ Smoking
- ☐ Theft
- ☐ Verbal Assault

Description Narrative

Please provide a detailed description of the incident with particular attention to the behaviors of the employee and the effect of the emploee's behavior on others. Concrete, specific observations are most useful. Please be honest, respectful, and avoid providing judgements, assessments, and opinions.

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