



**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:

Risk Factor:

Type of Risk:

Please describe the behavior:

Behavioral Intervention Referral

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Classroom Disruption       | <input type="checkbox"/> Thoughts of Hurting Self | <input type="checkbox"/> Office Disruption    |
| <input type="checkbox"/> Uncontrollable Crying      | <input type="checkbox"/> Sad/Depressed            | <input type="checkbox"/> Nervous/Afraid       |
| <input type="checkbox"/> Personal Appearance        | <input type="checkbox"/> Hyper Energy             | <input type="checkbox"/> Threatening Behavior |
| <input type="checkbox"/> Change in Behavior         | <input type="checkbox"/> Diminished Appetite      | <input type="checkbox"/> Tiredness/Lethargy   |
| <input type="checkbox"/> Angry/Hostile              | <input type="checkbox"/> Low Energy               | <input type="checkbox"/> Strange Statements   |
| <input type="checkbox"/> Thoughts of Hurting Others | <input type="checkbox"/> Mood Swings              |   |

General Rules and Regulations

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Alcohol               | <input type="checkbox"/> Drug Violation    | <input type="checkbox"/> Fighting       |
| <input type="checkbox"/> Campus Demon station  | <input type="checkbox"/> Firearm           | <input type="checkbox"/> Smoking        |
| <input type="checkbox"/> Cell Phone Usage      | <input type="checkbox"/> Forgery           | <input type="checkbox"/> Theft          |
| <input type="checkbox"/> Computer Violation    | <input type="checkbox"/> Gambling          | <input type="checkbox"/> Verbal Assault |
| <input type="checkbox"/> Infringement of Peace | <input type="checkbox"/> Hate Crime        |   |
| <input type="checkbox"/> Lewd Conduct          | <input type="checkbox"/> Trespassing       |   |
| <input type="checkbox"/> Property Damage       | <input type="checkbox"/> Parking Violation |   |
| <input type="checkbox"/> Disruption            | <input type="checkbox"/> Misrepresentation |   |



### **Description Narrative**

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