

Ozarks Technical Community College

Behavioral Intervention Team Risk Assessment Tool

Name _____

Student ID _____

Date _____

Description of Concerning Behavior _____

(Check all that apply)

CLASSIFYING RISK—What We Decide

Action (Check all that apply)

Mild Risk		Mild Risk
Aggression	Mental & Behavioral Health	
<input type="checkbox"/> Disruptive or concerning behavior . <input type="checkbox"/> Student shows signs of distress. <input type="checkbox"/> No threat made or present.	<input type="checkbox"/> Emotionally troubled. <input type="checkbox"/> Individuals impacted by situational stressors and traumatic events . <input type="checkbox"/> Psychiatrically symptomatic. <input type="checkbox"/> Academically underprepared/low cognitive functioning.	<input type="checkbox"/> Request Reporter to speak with student <input type="checkbox"/> Referral to _____ <input type="checkbox"/> Behavioral contract or treatment plan with student <input type="checkbox"/> Referral to Student Conduct office <input type="checkbox"/> Evaluate for disability services and/or medical referral <input type="checkbox"/> Conflict management, mediation, problem-solving <input type="checkbox"/> Review progress weekly <input type="checkbox"/> Other _____
Moderate Risk		Moderate Risk
Aggression	Mental & Behavioral Health	
<input type="checkbox"/> More involved or repeated disruption. Likely distressed or low-level disturbance. <input type="checkbox"/> Possible threat made or present. <input type="checkbox"/> Threat is vague and indirect. <input type="checkbox"/> information about threat or threat itself is inconsistent, implausible or lacks detail. <input type="checkbox"/> Threat lacks realism. <input type="checkbox"/> Content of threat suggests threatener is unlikely to carry it out.	<input type="checkbox"/> Emotionally troubled. <input type="checkbox"/> Individuals impacted by situational stressors and traumatic events. <input type="checkbox"/> Psychiatrically symptomatic. <input type="checkbox"/> Behaviorally disruptive, unusual and/or off baseline. <input type="checkbox"/> Destructive, apparently harmful to others. <input type="checkbox"/> Substance abusing.	<input type="checkbox"/> Request Reporter to speak with student <input type="checkbox"/> Referral to _____ <input type="checkbox"/> Behavioral contract or treatment plan with student <input type="checkbox"/> Referral to Student Conduct office <input type="checkbox"/> Evaluate for disability services and/or medical referral <input type="checkbox"/> Conflict management, mediation, problem-solving <input type="checkbox"/> Review progress weekly <input type="checkbox"/> Other _____
Elevated Risk		Elevated Risk
Aggression	Mental & Behavioral Health	
<input type="checkbox"/> Seriously disruptive incident(s). <input type="checkbox"/> Exhibiting clear distress, more likely disturbance. <input type="checkbox"/> Threat made or present. <input type="checkbox"/> Threat is vague and indirect, but may be repeated or shared with multiple reporters. <input type="checkbox"/> Information about threat or threat itself is inconsistent, implausible or lacks detail. <input type="checkbox"/> Threat lacks realism, or is repeated with variations. <input type="checkbox"/> Content of threat suggests threatener is unlikely to carry it out.	<input type="checkbox"/> Behaviorally disruptive, unusual and/or significantly off baseline. <input type="checkbox"/> Destructive, apparently harmful to others. <input type="checkbox"/> Substance abusing.	<input type="checkbox"/> Request Reporter to speak with student <input type="checkbox"/> Referral to _____ <input type="checkbox"/> Behavioral contract or treatment plan with student <input type="checkbox"/> Referral to Student Conduct office <input type="checkbox"/> Evaluate for disability services and/or medical referral <input type="checkbox"/> Conflict management, mediation, problem-solving <input type="checkbox"/> Review progress _____ <div style="text-align: right; font-size: small;">(how often)</div> <input type="checkbox"/> Other _____

Ozarks Technical Community College

Behavioral Intervention Team Risk Assessment Tool

Name Classifying Risk– what we decide (Check all that apply)	Student ID	Date	Action (Check all that apply)
Severe Risk		Severe Risk	
Aggression	Mental & Behavioral Health		
<input type="checkbox"/> Disturbed or advancing to dysregulation. <input type="checkbox"/> Threat made or present. <input type="checkbox"/> Threat is vague, but direct, or specific but indirect. <input type="checkbox"/> Likely to be repeated or shared with multiple reporters. <input type="checkbox"/> Information about threat or threat itself is consistent, plausible or includes increasing detail of a plan (time, place, etc.). <input type="checkbox"/> Threat likely to be repeated with consistency (may try to convince listener they are serious). <input type="checkbox"/> Content of threat suggests threatener may carry it out.	<input type="checkbox"/> Behaviorally disruptive, unusual and/or significantly off baseline. <input type="checkbox"/> Destructive, apparently harmful to others. <input type="checkbox"/> Substance abusing. <input type="checkbox"/> Suicidal. <input type="checkbox"/> Parasuicidal (self-injurious, eating disordered). <input type="checkbox"/> Individuals engaging in risk-taking behaviors (e.g., substance abusing). <input type="checkbox"/> Hostile, aggressive, relationally abusive. <input type="checkbox"/> Individuals deficient in skills that regulate emotion, cognition, self behavior, and relationships.		<input type="checkbox"/> Request reporter speak with student <input type="checkbox"/> Referral to _____ <input type="checkbox"/> Parental/guardian notification obligatory unless contraindicated. <input type="checkbox"/> Evaluate emergency notification to others (FERPA/HIPAA/Clery). <input type="checkbox"/> Recommend interim suspension if applicable. <input type="checkbox"/> Liaison with local police to compare red flags. <input type="checkbox"/> Deploy mandated assessment by _____ <input type="checkbox"/> Evaluate for transport. <input type="checkbox"/> Evaluate for involuntary commitment. <input type="checkbox"/> Consider voluntary/involuntary medical withdrawal. <input type="checkbox"/> Law enforcement response. <input type="checkbox"/> Other _____
Extreme Risk		Extreme Risk	
Aggression	Mental & Behavioral Health		
<input type="checkbox"/> Student is dysregulation (way off base) or medically disabled. <input type="checkbox"/> Threat made or present. <input type="checkbox"/> Threat is concrete (specific or direct).. <input type="checkbox"/> Likely to be repeated or shared with multiple reporters. <input type="checkbox"/> Information about threat or threat itself is consistent, plausible or includes specific detail of a plan (time, place, etc.) often with steps already taken. <input type="checkbox"/> Threat will be repeated with consistency. <input type="checkbox"/> Content of threat suggests threatener may carry it out. (reference to weapons, means, target). <input type="checkbox"/> Threatener may appear detached.	<input type="checkbox"/> Behaviorally disruptive, unusual and extremely off baseline. <input type="checkbox"/> Destructive, apparently harmful to others. <input type="checkbox"/> Substance abusing. <input type="checkbox"/> Suicidal. <input type="checkbox"/> Parasuicidal (self-injurious, eating disordered). <input type="checkbox"/> Individuals engaging in risk-taking behaviors (e.g., substance abusing). <input type="checkbox"/> Hostile, aggressive, relationally abusive. <input type="checkbox"/> Individuals deficient in skills that regulate emotion, cognition, self behavior, and relationships.		<input type="checkbox"/> Referral to _____ <input type="checkbox"/> Parental/guardian notification obligatory unless contraindicated. <input type="checkbox"/> Evaluate emergency notification to others (FERPA/HIPAA/Clery). <input type="checkbox"/> Interim suspension if applicable. <input type="checkbox"/> Liaison with local police to compare red flags. <input type="checkbox"/> Once a student defuses from extreme to severe, consider eligibility for mandated assessment by _____ <input type="checkbox"/> Evaluate for transport. <input type="checkbox"/> Evaluate for involuntary commitment. <input type="checkbox"/> Initiate voluntary/involuntary medical withdrawal. <input type="checkbox"/> Law enforcement response. <input type="checkbox"/> Other _____

Number of Reports Received _____
 Additional notes _____

Adapted from Threat Assessment in the Campus Setting, NaBITA 2009 Whitepaper, <http://www.nabita.org/docs/2009NABITAWhitepaper.pdf> and Buffalo State College Behavior Assessment Committee Threat Assessment Rubric.

NCHERM and Center for Aggression Management 2008, AMIS (levels 1-5) Observables are objective, culturally neutral and measurable indicators that empirically describe an emerging aggressor. To learn more, contact the Center for Aggression Management, www.AgressionManagemnt.com.