

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)

<u>Mild Risk</u>	<u>Mild Risk</u>
Aggression	Mental & Behavioral Health
<input type="checkbox"/> Disruptive or concerning behavior. <input type="checkbox"/> 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"/> Counseling Services reach-out. <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 _____	
<u>Moderate Risk</u>	<u>Moderate Risk</u>
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 perceived. <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"/> Counseling Services reach-out. <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 _____	
<u>Elevated Risk</u>	<u>Elevated Risk</u>
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 _____ (how often) <input type="checkbox"/> Other _____	

Ozarks Technical Community College

Behavioral Intervention Team Risk Assessment Tool

Name _____ Student ID _____ Date _____
Classifying Risk– what we decide (Check all that apply) **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"/> Dysregulated 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>, the NaBITA Threat Assessment Tool (2014) and Buffalo State College Behavior Assessment Committee Threat Assessment Rubric.