

TWU Student Life Behavioral Assessment Report Form

Please include as much information as possible as this information will help Student Life assess the situation. Return to Monica Mendez-Grant in Student Life, Student Union, Room 206.

mmendezgrant@twu.edu

Report Information

Date of Report:	
Report Completed By:	Position:
Date of Incident:	Location:

Referring Party Information

Last Name:	First Name:
Position:	Classification: ___ Faculty ___ Staff ___ Student ___ Other
Email:	Phone:

Referring Party- Please check appropriate box regarding your concern about subject.

Expressing harm to self or others	Self:	Others:
Inappropriate language		
Disruptive behavior in class or on school property		
Property damage		
Participation in unsafe activity		
Verbal altercation		
Threatening behavior		
Suspected substance abuse		
Other		

Subject Information

Last Name:	First Name:	MI:
AKA:	Sex: ___ Male ___ Female	DOB or Age:
Home Address:	Home Phone:	
City:	State:	Zip:
		Cell Phone:
Work Address:	Work Phone:	

Witness Information

Name:	Position:	Phone/ Email:

Describe the incident in detail (what was said/done, who was involved, when, where, why, and how)

Was someone injured? ___ No ___ Yes ___ Unknown
Was a weapon involved? ___ No ___ Yes ___ Unknown
Did someone require medical attention? ___ No ___ Yes ___ Unknown

Does subject have any prior history of violence? ___ No ___ Yes ___ Unknown
Describe known history of violence or weapons concerns:

Does subject have any prior criminal or disciplinary problems? ___ No ___ Yes ___ Unknown
Describe known history of criminal or disciplinary problems:

Is subject struggling with or facing any other known stressors? ___ No ___ Yes ___ Unknown
Describe known stressors: