This form allows you to express concerns related to a particular AAMU student and is submitted directly to the Office of Health & Counseling Services located at 4011 Meridian Street, 35762. The Behavioral Intervention Team facilitates communication, assists in developing strategic interventions and coordinates management of ongoing or recurring problems. The ultimate goal is to prevent conflicts and high-risk behaviors from escalating into emergencies. All reports will be handled in a confidential manner whenever possible. Every precaution will be taken to maintain the privacy of those who make a referral, when requested.

Please be aware that this form is reviewed during normal business hours. It is not monitored after hours, on weekends or on University holidays. AAMU Department of Public Safety is available to respond to immediate concerns 24 hours a day, 365 days a year. If you have immediate concerns about the health or safety of a student, or of the AAMU community because of a student, please call AAMU Department of Public Safety at 256-372-5555. If there is an active emergency, dial 911 immediately!

Person expressing concern: __________________________________________________________

Relationship to student: __________________________________________________________

Your email address: ________________________________________________________________

Your phone number: ______________________________________________________________

Would you be willing to talk with a member of the Behavioral Intervention Team, should they have questions? Y or N

If you are aware of anyone else who may have information that would assist the team in assessing the behavior or concern, please provide their information below:

Additional contact name: __________________________________________________________

Additional contact number and/or email: ____________________________________________

Student Name: _________________________________________________________________

A#: __________________________________________________________________________

Student phone: __________________________________________________________________

Student email: __________________________________________________________________

Student classification: ____________________________________________________________

Student residence: ______________________________________________________________
Nature of concern:

☐ Academic

For example:
- Significant decline in academic performance
- Excessive absences from class
- Failure to turn in assignments
- Student has stated (verbally or written) that she/he is concerned with academic performance
- Numerous requests for allowances or accommodations in regards to assignments/attendance, etc.

☐ Behavioral

For example:
- Disruptive behavior
- Disturbing behavior
- Sudden change in mood or demeanor
- Concerning use of alcohol or drugs
- Self harm behaviors (cutting, scratching, etc.)
- Potentially risky behaviors (restricted eating, excessive exercising, binging/purging, misuse of medications, etc.)
- Expressions/thoughts of wanting to harm self or others

☐ Social/Emotional

For example:
- Loss of friend or family member
- Relationship issues
- Sexual assault or domestic violence
- Physical or sexual abuse
- Depressed state or anxious beyond what seems normal
- Thoughts or threats of suicide

☐ Other (please explain):

________________________________________

________________________________________

Please describe the behavior(s) or situation that led you to be concerned about the student. Include date & time (if known), how long you have witnessed the behavior(s) and any specific threat and/or upcoming event, meeting time, or class for which you are particularly concerned: __________________________________________

________________________________________

Please provide any additional information that might help us identify the student (i.e. physical characteristics (tattoos, piercings), campus location, place(s) frequented, license plate number/vehicle description, etc.): ________________________________

________________________________________