



**BEHAVIORAL INTERVENTION TEAM
STUDENT OF CONCERN REPORT**

Student Information

Term: ___ FALL ___ SPRING ___ SUMMER ___ YEAR

Student Name: _____

What is the best way to contact the student? ___ EMAIL ___ PHONE

Phone(if known): _____ Email(If known): _____

Report

The Office of Student Affairs seeks your help in identifying Ramapo students who are in need of guidance and support. The purpose of this report is for you to be able to alert us of students whose actions and behaviors are causing concern. This report will not be used to cause disciplinary action, but rather to get help for the student. **If you believe the student or the community is in immediate danger, please contact The Department of Public Safety at x6666.**

___ Academic ___ Family Issues ___ Alc/Drug Misuse ___ Alc/Drug Danger to Community ___ Eating Issues ___ Adjustment
___ Self-Injurious ___ Weapons ___ Verbal Aggression ___ Physical Aggression ___ Grudges ___ Inappropriate Interests
___ Hopelessness ___ Disrupting Classroom ___ Student Writings ___ Physical Stalking ___ Cyber Stalking and Harassment

Have others shared with you they are also concerned about this student: YES / NO

Please comment on the concerning behavior:

What, if anything, have you done to address this concern?

Do you wish to remain anonymous to the student? ___ Yes ___ No
(If you do wish to remain anonymous, the chairperson of the team may still contact you for further information)

Your Name: _____ Your Email: _____

Your Phone Number: _____

Evidence to suggest false or misleading reports with intent to defame the character of another, may result in disciplinary actions.

For office use only

Student Address: _____ E-mail: _____

R Number: _____ Phone Number: _____ Action Required Yes / No

Potential Disposition/Outcome: _____

_____ OSS: ___ Conducted by: _____