

Los Angeles Harbor College Behavioral Intervention Team (BIT) Referral Form

Use this form to report non-urgent student behaviors only.

If the behavior threatens the personal safety of students, faculty, or staff or is displayed with such emotional intensity that it engenders fear or concern in others, immediately contact the Sheriff's Office at 310-233-4600.

Student Last Name: _____ First Name: _____

Student ID #: _____

Indicate your perceived level of risk:

☐ Mild ☐ Moderate ☐ Elevated to Severe ☐ Non-urgent, informational only or request for resources

Mild risk: Disruptive or concerning behavior. Student may or may not show signs of distress. No threat made or present.

Moderate risk: More involved or repeated disruption. Behavior more concerning. Likely distressed or low-level disturbance. Possible threat made or present. Threat is vague and indirect. Information about threat or threat itself is inconsistent, implausible, or lacks detail. Threat lacks realism. Content of threat suggests student is unlikely to carry it out.

Elevated to severe risk: Seriously disruptive incident(s). Suspected substance abuse. Bizarre or unusual behavior indicating distress. **If there is immediate threat of harm to themselves or others, call the Sheriff's Office immediately.**

Date(s) behavior was observed: _____

Location(s): ☐ Classroom ☐ Program Area ☐ Other _____

Reason for referral:

1. **Describe in clear and specific details the observed behavior(s).** Do not make inferences, state only the facts. State specific words or phrases used and interactions. Describe tone of voice, facial expression, body stance, physical appearance, etc.

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2. Your recommended action: For example, is this referral for information only? Do you think counseling is indicated? Disciplinary action? Any other thoughts? Please include your concerns and any conclusions you have drawn.

3. Please list other persons who may have witnessed the reported behavior:

4. Has the observed behavior been discussed with the student? (please explain)

5. LAHC Faculty/Staff member making the referral:

Name: _____ **Title:** _____

Office: _____

Phone: _____ **Email:** _____

**Please submit this form to Mercy Yanez, Dean of Student Services (SSA-103D),
by email at yanezm@lahc.edu**