

Las Positas College Behavioral Intervention Resource Team (BIRT) Referral Form
In case of emergency when health and safety is compromised, please call 911 or 925.424.1699.

Use this form to refer a student to the BIRT Team for assistance and referral. Please submit this form and any attachments to the Las Positas College Office of Campus Safety & Security electronically or in person.

Student Information

Name: _____ Student ID Number: _____

Incident Information

Date: _____ Time: _____

Location: _____

Reporting Party Information

Name: _____ Title/Department: _____

Phone: _____ Email: _____

Additional Parties Involved: _____

Additional Parties Emails: _____

Reporting Party Signature: _____ Date: _____

Please indicate if any behaviors listed below as Student Self Report (SSR) or Staff Observation (SO).

- | | | |
|--|---|---|
| <input type="checkbox"/> Agitation/Restlessness | <input type="checkbox"/> Fatigue/Lack of Energy | <input type="checkbox"/> Personal Hygiene |
| <input type="checkbox"/> Alcohol/Substance Use | <input type="checkbox"/> High Risk/Risky Behavior | <input type="checkbox"/> Physical Violence |
| <input type="checkbox"/> Aggression Towards Others | <input type="checkbox"/> Hopelessness/Worthlessness | <input type="checkbox"/> Poor Concentration |
| <input type="checkbox"/> Change in Attendance | <input type="checkbox"/> Irritable/Angry/Short Tempered | <input type="checkbox"/> Sad/Empty Mood |
| <input type="checkbox"/> Change in Behavior | <input type="checkbox"/> Loss of Interest/Pleasure | <input type="checkbox"/> Suicidal Thoughts |
| <input type="checkbox"/> Change in Grades | <input type="checkbox"/> Persistent Sadness | <input type="checkbox"/> Weight Gain/Loss |
| <input type="checkbox"/> Communicating Threats | <input type="checkbox"/> Persistent Worry | <input type="checkbox"/> Withdrawal/Isolation |
| <input type="checkbox"/> Other: _____ | | |

Action Taken by Reporting Party

- Informed Immediate Supervisor
- Verbal Warning Issued
- Temporary Suspension (1-2 Days)
- Referral to Student Health & Wellness Center
- Referral to General Counseling
- Referral to DRC/DSPPS

Follow-Up Action Requested

- Information Only - No Action
- Student Discipline
- Behavioral Intervention Response Team

Describe the student's behaviors that are currently a cause for concern. Please include how long the behavior has been going on and any know history of the behavior. When possible, include the who, what, where, when, and how of the incident.