

BEHAVIOURS OF CONCERN FORM
To be sent to Behaviour Intervention Team (BIT)

We need your help. This form is being used to help the BIT Identify any student/client that may be showing signs of distress or of concern. Once received, the BIT may investigate further if it believed that the concerns warrant this action. The goal of BIT is to provide early intervention strategies to assist students/clients and to ensure behaviours do not escalate.

Please note that while you may observe only one behaviour, the BIT may have received reports by other concerned individuals and your information will assist the Team by providing a broad perspective of the student's/client's needs.

SUBMIT TO: BIT@northern.on.ca

Date: _____	
Name of Person Completing Form: _____	
Phone & ext: _____	Email: _____
Relationship to Individual: _____	
Students/Clients Name: _____	
Program/Course/Location (if applicable): _____	

OBSERVED BEHAVIOUR

- | | |
|---|---|
| <input type="checkbox"/> Social Isolation
<input type="checkbox"/> Unable to accept responsibility
<input type="checkbox"/> Aggressive language and tone
<input type="checkbox"/> Challenges authority/Disrespect for authority
<input type="checkbox"/> Evidence of Self-Harm
<input type="checkbox"/> Symptoms of Depression (i.e: feelings of hopelessness)
<input type="checkbox"/> Increase in Personal stress (i.e.: unreciprocated romantic obsession, serious family/financial problems, recent job loss, appearance of being overly nervous, tense or tearful)
<input type="checkbox"/> Inappropriate change in appearance/behaviour (i.e.: red/white faced, sweating, change in voice, clenched fists, shallow, rapid breathing, glaring or avoiding eye contact personal hygiene is poor or ignored)
<input type="checkbox"/> Emotional outbursts (i.e.: trembling or shaking, pacing, crying, shallow or rapid breathing, violating other's personal space)
<input type="checkbox"/> Evidence of substance use/Abuse (i.e.: smell, slurred speech, dilated pupils) | <input type="checkbox"/> Low frustration tolerance
<input type="checkbox"/> Suicidal statements
<input type="checkbox"/> Disruptive classroom behaviour
<input type="checkbox"/> Disregard for others' health & safety
<input type="checkbox"/> Irrational beliefs and/or ideas |
|---|---|

- Intimidation or harassment of staff or students (*i.e.: stalking, argumentative, displays unwarranted anger, uncooperative, impulsive, easily-frustrated, states intention to hurt someone [can be verbal or written] holds grudges, excessive behaviour [phone calls, gift giving] escalating threats that appear well-planned*)
- Unwanted touching
- Creating inappropriate or harassing communications (*i.e.: electronic, written or phone calls*) Provide evidence, if available
- Physical aggression (*i.e.: throwing objects, damage to property, kicking/punching objects, abusive behaviour towards animals*)
- History of Violence (*i.e.: fascination with weapons, demonstrated violence towards inanimate objects*)
- Preoccupation and obsessions with violent/pornographic/socially inappropriate material
- Lack of empathy and concern for others; inability to care
- Possession of a weapon
- Writings and comments endorsing violence

Additional Comments:

Office Use Only

To be completed by the Behaviour Intervention Team

Date Received: _____ **BIT #** _____

Proceed to next Stage: **Yes** _____ **No** _____

Action Taken: _____

Completed by: _____