University of Arkansas at Pine Bluff
Office of Dean of Student Life
Behavioral Intervention Observation Report Form

This form is to report a concern about a student. Please email form to dsl@uapb.edu or fax to 870-575-4952. It will be reviewed within one business day. If this is an emergency, please contact UAPB Campus police at 870-575-8102.

Background Information

Full Name ___________________________ Position/Role ___________________________

Phone Number ___________________________ Email Address ___________________________

Date of Incident _______________________ Location of Incident _______________________

Student of Concern Information

Name ___________________________ ID Number _________________________

Phone Number _______________________ Email Address _________________________

Details Regarding Concerning Behavior

Type of concern:

☐ Behavioral ☐ Personal Issue ☐ Health ☐ Financial ☐ Other______________________________

What is your relationship to the student?

☐ Classmate ☐ Roommate ☐ Friend ☐ Teammate ☐ Family Member ☐ Faculty Member

☐ Staff Member ☐ Other______________________________

How long have you been concerned about the behavior?

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

How frequently has this issue come to your attention?

☐ One Time ☐ Two or Three Times ☐ Multiple times and it seems to be escalating

Have you addressed your concern directly to the student? Or have you taken any other action thus far?

____________________________________________________________________________________

Is the student aware that you are making this referral?
☐ Yes  ☐ No, but you can use my name with this referral? ☐ No, I wish to remain anonymous if possible.

Describe your concern in detail. Include the nature of the concern, description of behavior, observable physical signs, events that have occurred and other pertinent information.

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Please provide the names or identities of others who may be involved.

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

**Supporting Documentation**

Please attach photos, email, and other documentation.

___________________________________________________________

Signature                     Date