Oxnard College

Assessment and Referral Team

Dear Faculty Member;

The assessment and referral team form has been developed so that you have a referral mechanism when you have a student that needs additional support or who is generating concern due to his/ her behavior.

Please answer the following questions before sending this form to Karen Engelsen, Dean of Student Services.

Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Referring Faculty Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

900 # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is the student a danger to himself or others? Yes No
2. What changes have you noticed that you are concerned about? (Please circle all that apply)
	1. Emotional change (crying, anger etc)
	2. Behavioral change ( being disruptive in class)
	3. Withdrawal (not participating as he had previously)
	4. Change in hygiene or appearance ( body odor, piercings, tattoos)
	5. Decline in Academic Performance
	6. Suspected alcohol or drug abuse
	7. Bizarre thoughts or behavior
	8. Excessive emailing, or phone calling
3. How do you feel about the student’s behavior? ( Please circle all that apply)
	1. I feel uncomfortable about student’s comments or behavior
	2. I am concerned about student’s ability to function
	3. I am alarmed
	4. I am frightened for my own safety
4. What would you like the team to do:
	1. Contact the student and meet with them to do an assessment
	2. Refer the student for mental health services
	3. Have the student removed from class
	4. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_