



MENTAL HEALTH PROFESSIONAL'S INITIAL REPORT

The information in this report will be used by the University of Georgia's Behavioral Assessment and Response Council (BARC) to guide interventions to promote student academic success and safety. This report is confidential under the Federal Educational Rights and Privacy Act (FERPA). For a summary of FERPA confidentiality, visit: <http://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>

Student Name: _____ DOB: _____

Mental Health Professional Completing /Providing Assessment or Report

Name: _____ Name of Practice: _____

Licensure #: _____ Phone #: _____ Email: _____

Nature and Frequency of Relationship/ Basis of Knowledge for Assessment

Please provide the following so we can better understand your relationship with this student:

When did you begin your therapeutic relationship and how many times have you seen this student? (provide dates, if possible): _____

If there were any significant breaks in treatment, please explain why: _____

What information have you reviewed/relied upon in making your assessment for this report?

Police Reports? ☐ Yes ☐ No | If yes, please elaborate: _____

Consultation with Family/Parents? ☐ Yes ☐ No | If yes, please elaborate: _____

Medical Records? ☐ Yes ☐ No | If yes, please elaborate: _____

Discharge Paperwork? ☐ Yes ☐ No ☐ | If yes, please elaborate: _____

Consultation with other care providers: ☐ Yes ☐ No | If yes, please elaborate: _____

Consultation with BARC or other representatives from the University of Georgia? ☐ Yes ☐ No

If yes, please elaborate: _____

BARC continues to gather information in working with this student. For your awareness, as of _____, BARC has reviewed the following which may be relevant to your assessment: _____

Assessment/Treatment Information

Does the student's behavior represent an immediate/direct threat to the University community (including a risk of self-harm) or other individuals?

☐ Yes ☐ No ☐ Other

Please explain: _____

If yes, what can be done to mitigate the threat? (e.g. specific interventions, treatment recommendations and/or University resources)

Please consider the following areas of concern when responding to the following questions:

- clinical and psychosocial history
- diagnosis
- substance use, social support, coping mechanisms
- history of threats or violence towards self or others
- functional impairments in attention, concentration, motivation, or communication

Is the student able to attend to their own health and well-being? (e.g. follow treatment recommendations, utilize appropriate coping skills, minimize risky behaviors, seek help when necessary)

☐ Yes ☐ No ☐ Other

Please explain: _____

Is the student able to function safely and effectively in an academic or residential setting? (e.g. engage in coursework, maintain appropriate social relationships, refrain from disrupting living/classroom environments)

☐ Yes ☐ No ☐ Other

Please explain: _____

How can the University assist the student in attending to their health and well-being and/or functioning safely and effectively in an academic or residential setting?

Please provide your treatment plan for the student moving forward. Please include any recommendations regarding counseling and/or psychiatric treatment.

Will the student continue treatment with you? ☐ Yes ☐ No

Signature of Provider

Date

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Chair, Behavioral Assessment and Response Council

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Co-Chair, Behavioral Assessment and Response Council

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Direct questions to Karla Sanchez Tavera at karla.sancheztavera@uga.edu



**UNIVERSITY OF
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Behavioral Assessment and Response Council

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