

Office of the School Nurse

STUDENT:

DATE:

Teacher/Staff Member:

Check behaviors that you have witnessed and please document whenever possible. Use the back of this form if you prefer a narrative style of reporting what you know, or if you have other information which you feel may be important in our efforts to help this individual.

___ **Tardy** # ___ excused # ___ unexcused

___ **Absent** # ___ excused # ___ unexcused

Smells of:

___ Ether/acetone, other "chemical" odor ___ Cigarettes ___ Alcohol ___ Mouthwash

Frequent requests to leave classroom:

___ Lavatory ___ Phone ___ Nurse ___ Counselor ___ Locker ___ Office

Behaviors displayed in the school setting:

- | | |
|---|--|
| ___ Falling asleep | ___ Frequent request for schedule change |
| ___ Slurred speech | ___ Dramatic attention-getting behaviors |
| ___ Incoherent | ___ Change of friends-Negative |
| ___ Stumbles | ___ Talks frequently of drub/alcohol use |
| ___ Unsteady gait | ___ "Reacts" when drugs are mentioned |
| ___ Sunglasses | ___ Name is often heard in connection with drugs/alcohol use |
| ___ Bad hygiene | ___ Concern expressed by other students |
| ___ Eyes red/glassy | ___ Homework not completed/sporadic |
| ___ Sweaty | ___ Declining grades |
| ___ Non-responsiveness | From: _____ |
| ___ Lack of motivation | To: _____ |
| ___ Negative change of dress | ___ Carelessness about appearance |
| ___ Defensiveness | ___ Cheating |
| ___ Withdrawn; Loner | ___ Fighting |
| ___ Erratic behavior from day to day | ___ Sudden outbursts; verbal abuse |
| ___ Students "recognize" this student when drugs are mentioned or discussed | ___ Poor work performances |
| ___ Unusual bruises, sores or indications self-inflicted injury | ___ Non-productive |
| ___ Class interruptions for this student | ___ Obscene language or gestures |

OTHER BEHAVIORS OF CONCERN: _____

Teacher/Staff Member Signature