



# **Sample Student Information/ Behavior Observation Templates**

The sample templates offered within this document are provided to help SAP teams develop their own information collection forms reflective of local school policy and procedures.

These templates are not final products distributed as models by the Commonwealth Student Assistance Program. Rather, they are offered to help SAP teams develop their own information collection forms reflective of local school policy and procedures.

**Commonwealth of Pennsylvania**  
**Student Assistance Program**  
Network for Student Assistance Services  
Departments of Education, Public Welfare, and Health  
[www.sap.state.pa.us](http://www.sap.state.pa.us)

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# INTRODUCTION

Some basic principles for SAP teams to keep in mind when reviewing and redesigning their information gathering process are:

- It is the right and the responsibility of the school district to continuously monitor the behavior of its students in order to provide a safe learning environment and to protect their health, safety, and welfare.
- The parental perspective on what may be contributing to their child's behavior and performance at school is essential to the information collection process and their input should be sought as early as possible.
- The collection of information from school staff and its retention and maintenance have implications for a school's records policies and procedures and these should be reviewed in light of the requirements of the Family Educational Rights and Privacy Act (FERPA), Pennsylvania State Board of Education Regulations on Pupil Records (Chapter 12), the Protection of Pupil Rights (PPRA), and the Health Insurance Portability and Accountability Act (HIPAA).
- Assisting the student and their family in overcoming the barriers to learning is the primary objective of SAP. This parameter should be used in determining the appropriateness of any **observable** information that is collected in the school setting and the accompanying information collection forms.
- Information may be shared with other staff and others within the school district that have a **legitimate educational interest**, but dissemination of the information to other school districts or outside agencies must comply with the parental consent requirements outlined in FERPA.

With the above parameters as a guide, a SAP team should be able to create an effective information collection and maintenance system. ***The templates offered within this document are not final products distributed as models by the Commonwealth Student Assistance Program.*** They are offered to help SAP teams develop their own information collection forms reflective of local school policy and procedures.

The following guidance should be helpful as teams work through this process:

- Review the enclosed templates and compare and contrast these to the forms now being used by your team. Faculty, staff, and parents need to be involved in the review and design process. The level of representation and involvement in the review, selection, and design by those who will use the forms is directly proportionate to the success of the overall process.
- During the review process, please consider school laws, and local, state, and federal regulations regarding school records, parents' rights, special education, etc.

- If your team decides to create new items, the following rules should apply:
  - > use observable behaviors; and
  - > be cautious of the use of statements requiring judgment; eliminate hearsay and innuendos.
  
- Remember that the form is an information-gathering tool that might suggest a pattern of behavior. It is not a diagnostic tool!
  
- Keep in mind that parents have the right to review all individual forms collected in this process, including the forms completed by teachers and staff. Because SAP records are student records, the maintenance of these forms is governed by school policy that is adopted by the school board.
  
- Use the process prescribed by your school in reviewing/designing forms before they are adopted for use. This process may include administrative review, review by the school board, and/or review by the school's solicitor.
  
- Create a brief explanation for the purpose and use of each form and inform staff, students, community agency personnel, and parents regarding their use.
  
- As a team, periodically review the forms and their use and update as necessary. Solicit feedback from parents, faculty, and other staff.

# Student Assistance Program

## Student Information/Behavior Observation Form

### School Administrator

Concern for the following student has been brought to the attention of the Student Assistance Program Team. We are attempting to gather additional information regarding this referral and are asking for your help. Please provide the information listed below. Please contact a member of the SAP team if you have any questions. Thank you for your assistance.

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator Name: \_\_\_\_\_

#### **Attendance Information:**

Number of days absent this marking period: Excused \_\_\_\_\_ Unexcused \_\_\_\_\_  
Number of days absent this year: Excused \_\_\_\_\_ Unexcused \_\_\_\_\_  
Number of days tardy this marking period: Excused \_\_\_\_\_ Unexcused \_\_\_\_\_  
Number of days tardy this year: Excused \_\_\_\_\_ Unexcused \_\_\_\_\_  
Number of attendance letters mailed home: \_\_\_\_\_

#### **Discipline Information:**

Number of detentions: \_\_\_\_\_  
Number of demerits: \_\_\_\_\_  
Number of out-of-school suspensions: \_\_\_\_\_  
Number of in-school suspensions: \_\_\_\_\_  
Expulsion hearing:  Yes  No (Reason) \_\_\_\_\_  
Reason for disciplinary referral: \_\_\_\_\_

**Date of Policy Violation: Alcohol/Drug \_\_\_\_\_; Tobacco \_\_\_\_\_; Weapons \_\_\_\_\_.**

**Disposition of Policy Violation: \_\_\_\_\_**

#### **Actions Taken:**

Has the student been referred to SAP?  Yes  No

Have you had contact with parent/guardian?  Yes  No

Describe nature of contact: \_\_\_\_\_

Date(s) of contact: \_\_\_\_\_

Have you had any contact with outside agencies that are working with this student? (only if a release has been signed)  Yes  No

#### **Student Initiated Requests:**

*Please check all that apply to this student.*

- schedule change
- agency referral
- bullying victim
- help with a bullying situation
- help with a home problem
- help with a health problem
- help with a financial problem
- other (explain) \_\_\_\_\_

#### **Inappropriate Behavior:**

*Please check all that apply to this student's behavior.*

- misuse of passes/privileges (e.g. guidance, nurse, restroom, etc.)
- obscene language and/or gestures
- verbally abusive
- physically aggressive toward others
- repeated class cuts
- repeated violation of rules (classroom, bus, etc.)
- sleeping in class
- bullying others
- ethnic intimidation

**Policy Violation:**

Please check all that apply to this student.

- assault
  - fighting
  - dress code
  - terroristic threats
  - possession and/or use of tobacco
  - possession and/or use of alcohol
  - possession and/or use of other drugs and/or drug paraphernalia
  - possession and/or use of drug/alcohol/tobacco look-alike substances or other health endangering compounds
  - possession of beeper, cell phone, or other electronic device
  - possession and/or use of weapons
  - possession of drug paraphernalia
  - selling and/or purchasing of drugs and/or drug-related items
  - involvement in theft
  - vandalism
  - harassment (explain) \_\_\_\_\_
- 

**Other:**

Please check all that you have observed about this student's behavior.

- expressed desire to punish or gain revenge via harmful or deadly means
  - expressed alcohol and other drug use openly
  - expressed involvement in hate groups
  - loss of co-curricular eligibility
  - possession of large amounts of money
  - suspicion of alcohol/marijuana/drugs; specify observations: \_\_\_\_\_
  - other behavior observed: \_\_\_\_\_
- Explain \_\_\_\_\_

**Types of Interventions Used:**

- individual conference: date \_\_\_\_\_
- student and parent conference: date \_\_\_\_\_
- teacher conference: date \_\_\_\_\_
- parent conference: date \_\_\_\_\_
- student/parent/teacher conference: date \_\_\_\_\_
- alternative placement: specify \_\_\_\_\_
- revision of schedule: specify \_\_\_\_\_
- removal from school: specify \_\_\_\_\_
- guidance conference: specify \_\_\_\_\_
- special service conference: specify \_\_\_\_\_
- IST/MDT/CST meeting: specify \_\_\_\_\_
- revision of NORA (504): specify \_\_\_\_\_
- agency intervention: specify \_\_\_\_\_
- disciplinary action specify \_\_\_\_\_
- other: Please explain \_\_\_\_\_

In the space below, please provide any other observable behaviors/information you deem appropriate to this referral.

Would you like to speak directly with a member of the SAP Team?

- Yes  No

# Student Assistance Program

## Student Information/Behavior Observation Form

### Pupil Personnel Services Staff

Concern for the following student has been brought to the attention of the Student Assistance Team. We are attempting to gather additional information regarding this referral and are asking for your help. Please note your observations on this form; this information will not become part of the student's permanent record but will be a part of his or her student assistance file and as such will be open to review by the parent/guardian. It will be used to help the student and his or her family to clarify the concern and determine an appropriate action. Please contact a member of the SAP team if you have any questions. Thank you for your assistance.

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

PPS Staff Name: \_\_\_\_\_

#### **Attendance and Enrollment History:**

- New student to district: enrollment date \_\_\_\_\_
- Schedule change
- Other; please specify: \_\_\_\_\_

#### **Academic Performance Information:**

Class rank : \_\_\_\_\_ Current GPA: \_\_\_\_\_

Does the student have an IEP?  Yes  No

Type of exceptionality (i.e., learning support, gifted, etc.) \_\_\_\_\_

Does the student have a 504 plan?  Yes  No

If yes, explain: \_\_\_\_\_

Is the student ESL (English as a second language)?  Yes  No

Is the student ELL (English language learner)?  Yes  No

Is the student LEP (limited English proficiency)?  Yes  No

Is the student PHLOTE (primary home language other than English)?  Yes  No

Are you currently working with this student?  Yes  No

Has a psychological or psychiatric evaluation been done on this student?  Yes  No

Has the student's schedule been changed this year?  Yes  No

Explain: \_\_\_\_\_

*Please check all that apply to this student's academic performance.*

- academic performance is not commensurate with standard test courses
- previous retention
- year-to-year pattern of change in grades (*attach copy of past two years and current report cards*)
- verbalized disinterest in academic performance (*attach copy of report card*)
- drop in grades
- does not take advantage of extra assistance offered/available
- other: \_\_\_\_\_

#### **Strengths and Resiliency Factors:**

*Please check all that you have observed about this student.*

- able to work independently
- participates in extra curricular activities
- works well in a group
- demonstrates desire/commitment to learn
- displays good logic/reasoning & decision making
- exhibits leadership skills
- can accept re-direction/criticism

- considerate of others
- good communication skills
- cooperative
- possesses good interpersonal skills
- displays positive values (responsibility, honesty, equality, caring)
- recognizes and respects appropriate boundaries & expectations
- demonstrates constructive use of time
- helps others
- is connected to and likes school and staff
- strives to achieve their best

**REASON(S) FOR REFERRAL TO SCHOOL COUNSELOR:**

**Crisis Indicators:**

*Please check all that you have observed about this student.*

- has expressed desire to die
  - has expressed desire to join someone who has died
  - has made suicidal threats/gestures
  - has experienced the recent death of family member or close friend
  - has given away possessions
  - has written a suicide note
  - has experienced a recent major illness of family member or close friend
  - other stressors (*please explain*)
- 
- 

**Disruptive Behavior or Illicit Activities:**

*Please check all that you have observed about this student's behavior.*

- verbally abusive
- fighting
- sudden outburst of anger
- obscene language and/or gestures
- hitting, pushing others
- disturbing other students
- denying responsibility, blaming others
- distractible
- easily influenced by others
- carrying weapon, beeper, cell phone
- involvement in theft (student reported)
- vandalism (student reported)
- carrying large amounts of money
- selling drugs (student reported)

**Atypical Behavior:**

*Please check all that you have observed about this student's behavior.*

- associates with younger social group
  - associates with older social group
  - openly expresses alcohol and other drug use
  - expressing desires to punish or gain revenge via harmful or deadly means
  - inappropriate sexual verbalization
  - expresses involvement in the occult
  - expresses involvement in hate groups
  - trouble getting along with peers
  - withdrawn/loner
  - difficulty making decisions
  - expresses hopelessness, worthlessness, helplessness
  - expresses fear or anxiety about \_\_\_\_\_
  - expresses anger toward authority figures
  - lies
  - criticizes others/self
  - inappropriate dress (*specify*) \_\_\_\_\_
  - seeks constant reassurance
  - cries
  - sleeping in class
  - ethnic intimidation
  - threatens or harasses others (*specify*) \_\_\_\_\_
- 
- dramatic/sudden change in behavior (*specify*) \_\_\_\_\_
- 
- engages in dangerous behavior (*specify*) \_\_\_\_\_
-

**Physical Attributes:**

Please check all that you have observed about this student.

- sleeping in class
  - unsteady on feet
  - complaining of nausea /stomach ache
  - glassy/bloodshot eyes
  - unexplained physical injuries
  - poor motor skills
  - frequent cold-like symptoms
  - smelling of alcohol/marijuana
  - slurred speech
  - poor hygiene
  - frequently expressing concern with personal health
  - fatigue
  - disoriented
  - self-injury/self-harm
  - student reports tobacco use (type) \_\_\_\_\_
  - food issues (example: refusal to eat lunch, etc.)  
(please explain) \_\_\_\_\_
  - noticeable change in weigh (please explain) \_\_\_\_\_
- 

**Home/School/Family Indicators:**

Please check all that you are directly aware apply to this student

- runaway/unaccompanied by adult
  - recent divorce or separation
  - job loss of family member
  - refuses to go home
  - recent death of family member or close friend
  - hangs around school for no apparent reason
  - displaced (homeless, living in shelter, living with relatives or friends)
  - living in foster care
  - awaiting foster care placement
  - living with an adult other than natural parent
  - absence of caregiver: specify \_\_\_\_\_
  - other stressors: please explain \_\_\_\_\_
- 

**Types of Interventions Used:**

- individual conference: date \_\_\_\_\_
- student and parent conference: date \_\_\_\_\_
- teacher conference: date \_\_\_\_\_
- parent conference: date \_\_\_\_\_
- student/parent/teacher conference: date \_\_\_\_\_
- alternative placement: specify \_\_\_\_\_
- revision of schedule: specify \_\_\_\_\_
- removal from school: specify \_\_\_\_\_
- guidance conference: specify \_\_\_\_\_
- special service conference: specify \_\_\_\_\_
- IST/MDT/CST meeting: specify \_\_\_\_\_
- revision of NORA (504): specify \_\_\_\_\_
- agency intervention: specify \_\_\_\_\_
- disciplinary action specify \_\_\_\_\_
- other: Please explain \_\_\_\_\_

Please provide any feedback concerning previously attempted interventions you have tried with this student.

Please provide any information concerning your contacts with outside agencies and the progress observed (only that information for which a release of information has been signed).

Would you like to speak directly with a member of the SAP Team?

Yes  No

**Student Assistance Program**  
**Student Information/Behavior Observation Form**  
**School Staff**

Concern for the following student has been brought to the attention of the Student Assistance Team. We are attempting to gather additional information regarding this referral and are asking for your help. Please note your observations on this form. It will be a part of his or her student assistance file and as such will be open to review by the parent/guardian. It will be used to help the student and his or her family to clarify the concern and determine an appropriate action. Please contact a member of the SAP team if you have any questions. Thank you for your assistance.

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Teacher Name: \_\_\_\_\_  
Course: \_\_\_\_\_ Period/Time of Day: \_\_\_\_\_

Have you had contact with parent/guardian?  Yes  No

Describe nature of contact: \_\_\_\_\_

Date(s) of contact: \_\_\_\_\_

**Class Attendance Information:**

Number of days absent from class: \_\_\_\_\_

Number of days tardy: \_\_\_\_\_

Number of cutting class: \_\_\_\_\_

- Withdrew from class
- Repeated requests to visit the restroom, health office, counselor

**Strengths and Resiliency Factors:**

*Please check all that you have observed about this student.*

- able to work independently
- participates in extra curricular activities
- works well in a group
- demonstrates desire/commitment to learn
- displays good logic/reasoning & decision making
- exhibits leadership skills
- can accept re-direction/criticism
- considerate of others
- good communication skills
- cooperative
- possesses good interpersonal skills
- displays positive values (responsibility, honesty, equality, caring)
- recognizes and respects appropriate boundaries and expectations
- demonstrates constructive use of time
- helps others
- is connected to and likes school and staff
- strives to achieve their best

**Academic Performance Information:**

Present grade in this class: \_\_\_\_\_

*Please check all that apply to this student's academic performance in this class.*

- performing at or above ability
- performing significantly below ability
- decrease in participation
- failure to complete homework (repeatedly)
- cheating
- drop in grades
- failure to complete in-class assignments
- poor test scores
- does not take advantage of extra assistance offered/available
- unprepared for class
- difficulty retaining new or recent information
- reading below grade level
- verbalized disinterest in academic performance
- easily frustrated
- daydreams
- short attention span (*explain specific behavior*)

other \_\_\_\_\_

**Disruptive Behavior or Illicit Activities:**

*Please check all that you have observed about this student's behavior.*

- verbally abusive
- fighting
- sudden outburst of anger
- obscene language and/or gestures
- hitting, pushing others
- disturbing other students
- denying responsibility, blaming others
- easily distracted
- easily influenced by others
- repeated violation of school/classroom rules
- carrying weapon, beeper, cell phone, cigarettes, cigars, or other tobacco product
- involvement in theft (student reported)
- vandalism (student reported)
- carrying large amounts of money
- selling drugs (student reported)
- indicate the number of detentions assigned \_\_\_\_\_

**Physical Attributes:**

*Please check all that you have observed about this student.*

- noticeable change in weight
- sleeping in class
- unsteady on feet
- complaining of nausea/stomach ache (student reported)
- glassy/bloodshot eyes
- unexplained physical injuries
- poor motor skills
- frequent cold-like symptoms
- smelling of alcohol/marijuana
- slurred speech
- poor hygiene
- frequently expressing concern with personal health
- fatigue
- disoriented
- student reports using tobacco products (type) \_\_\_\_\_
- self-injury/self-harm
- headaches
- food issues (example: refusal to eat lunch, etc.) (please explain)

Would you like to speak directly with a member of the SAP Team?

- Yes
- No

**Atypical Behavior:**

*Please check all that you have observed about this student's behavior.*

- associates with younger/older social group
  - openly expresses alcohol and other drug use
  - expresses desire to punish or gain revenge via harmful or deadly means
  - wears drug/alcohol related clothing
  - inappropriate sexual verbalization
  - expresses involvement in the occult
  - expresses involvement in hate groups
  - trouble getting along with peers
  - withdrawn/loner
  - difficulty making decisions
  - expresses hopelessness, worthlessness, helplessness
  - expresses fear or anxiety about \_\_\_\_\_
  - expresses anger toward parent or other authority figure
  - lies
  - criticizes others/self
  - seeks constant reassurance
  - threatens or harasses others
  - cries
  - sleeps in class
  - ethnic intimidation
  - dramatic/sudden change in behavior (specify)
- 
- dresses inappropriately (please specify)
- 

**Home/School/Family Indicators:**

*Please check all that you are aware apply to this student.*

- runaway/unaccompanied youth
- recent divorce or separation
- absence of caregiver
- job loss of family member
- refusal to go home
- recent death of family member or close friend
- hangs around school for no apparent reason
- displaced (homeless, living in shelter, living with relatives or friends)
- living in foster care
- awaiting foster care placement
- living with an adult other than natural parent
- other stressors (please explain)

In the space below or on the back, please list the types of interventions you have previously tried with the student with regard to items checked above.

# Student Assistance Program

## Student Information/Behavior Observation Form

### School Nurse

Concern for the following student has been brought to the attention of the Student Assistance Team. We are attempting to gather additional information regarding this referral and are asking for your help. Please note your observations on this form; this information will not become part of the student's permanent record but will be a part of his or her student assistance file and as such will be open to review by the parent/guardian. It will be used to help the student and his or her family to clarify the concern and determine an appropriate action. Please contact a member of the SAP team if you have any questions. Thank you for your assistance.

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Nurse's Name: \_\_\_\_\_

#### **Health Room Visit Information:**

Number of visits to nurse's office this marking period: \_\_\_\_\_

Reasons for visits: (summary) \_\_\_\_\_

Number of times sent home this marking period: \_\_\_\_\_

Reasons: (summary) \_\_\_\_\_

Number of PE excuses this marking period: \_\_\_\_\_

Reasons: (summary) \_\_\_\_\_

Significant medical problem(s): \_\_\_\_\_

Contact with parent/guardian (please explain): \_\_\_\_\_

#### **Strengths and Resiliency Factors:**

*Please check all that you have observed about this student.*

- able to work independently
- participates in extra curricular activities
- works well in a group
- demonstrates desire/commitment to learn
- displays good logic/reasoning & decision making
- exhibits leadership skills
- can accept re-direction/criticism
- considerate of others
- good communication skills
- cooperative
- possesses good interpersonal skills
- displays positive values (responsibility, honesty, equality, caring)
- recognizes and respects appropriate boundaries & expectations
- demonstrates constructive use of time
- helps others
- is connected to and likes school and staff
- strives to achieve their best

**OBSERVATIONS AND/OR REASONS FOR REFERRAL TO NURSE:**

**Physical Attributes:**

*Please check all that you have observed about this student.*

- noticeable change in weight
- unsteady on feet
- skin problems
- complaining of nausea/stomach aches
- glassy/bloodshot eyes
- unexplained physical injuries (please explain)

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- poor motor skills
- frequent cold-like symptoms
- smelling of alcohol/marijuana/tobacco**
- slurred speech
- loss of hair
- reports using tobacco products**
- self-injury/self-harm
- poor hygiene
- frequently expresses concern with personal health issues
- fatigue
- disoriented
- headaches
- food issues (example: refusal to eat lunch, etc.)(specify) \_\_\_\_\_

**Crisis Indicators:**

*Please check all that you have observed about this student.*

- crisis intervention for suicide
  - has expressed desire to join someone who has died
  - has made suicidal threats/gestures
  - recent death of family member or close friend
  - other stressors (please explain)
- 
- 

**Atypical Behavior:**

*Please check all that you have observed about this student's behavior.*

- cries
  - openly expresses alcohol and other drug use
  - expresses desire to punish or gain revenge via harmful or deadly means
  - inappropriate sexual verbalization
  - expresses involvement in the occult
  - expresses involvement in hate groups
  - trouble getting along with peers
  - withdrawn/loner
  - expresses hopelessness, worthlessness, helplessness
  - expresses fear or anxiety about \_\_\_\_\_
  - expresses anger toward parent or other authority figure
  - lies
  - criticizes others/self
  - seeks constant reassurance
  - sleeping in class
  - ethnic intimidation
  - dramatic/sudden change in behavior (*explain specific behavior*) \_\_\_\_\_
- 

**Disruptive Behavior or Illicit Activities:**

*Please check all that you have observed about this student's behavior.*

- verbally abusive
- fighting
- sudden outburst of anger
- obscene language and/or gestures
- hitting, pushing others
- disturbing other students
- denying responsibility, blaming others
- distractible
- easily influenced by others
- carrying weapon, beeper, cell phone
- involvement in theft (student reported)
- vandalism (student reported)
- carrying large amounts of money
- selling drugs (student reported)

In the space below or on the back, please indicate any other known stressors.

Would you like to speak directly with a member of the SAP Team?     Yes         No

# Student Assistance Program

## Parent Questionnaire

When we spoke on the phone recently, I explained that your son or daughter has been referred to the Student Assistance Team. The student assistance process is designed to assist parents in helping their son or daughter deal effectively with issues that present barriers to their learning. The information gained through this process and other school data will be used to help determine the best way to help your son or daughter.

First, it is important to identify the strengths and positive behaviors your son or daughter displays. These can be very important for helping him or her to overcome problems that may stand in the way of success at school. Please complete the following information regarding your son or daughter.

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

### **Strengths:**

*Please check all that you believe apply to your son or daughter.*

- Able to work independently
- Joins in extra activities at school or in community
- Works well in a group
- Wants to and likes to learn
- Displays good logic/reasoning and decision making
- Is a good leader
- Can accept criticism
- Considerate of others
- Good communication skills
- Cooperative
- Possesses good interpersonal skills
- Displays positive values (responsibility, honesty, equality, caring)
- Follows rules
- Uses time wisely
- Helps others
- Is connected to and likes school and staff
- Strives to achieve their best
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

### **Positive Traits at Home:**

*Please check all that describes your son or daughter's behavior at home.*

- Generally complies with family rules, curfews, etc.
- Does household chores
- Participates in family activities, meals, etc.
- Cares about appearance, health, etc.
- Takes appropriate pride in self and their possessions, keeps room reasonably neat
- Behavior is appropriate with peers and siblings
- Generally respectful toward parent(s)/ caregiver(s) and others
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

Listed below are some common problem areas, as well as changes, that you may have begun to notice in your child. If your child's behavior matches any of the warning signals listed below, please check them off.

**Personality:**

Have you observed any of the following with regard to your son or daughter's personality? (Check all that apply)

- Noticeable mood swings
  - Frequent, extreme highs or lows
  - Crying seemingly without explanation
  - Appearing very irritable or hostile without reason
  - Extremely negative or apathetic attitude
  - Spending a lot more time alone, in his/her room
  - Exhibiting general loss of energy, motivation, interest or enthusiasm; is increasingly uninterested
  - Other changes: \_\_\_\_\_
- 

**Friends/Relationships:**

Have you observed any of the following with regard to your son or daughter's friends/relationships? (Check all that apply)

- Stopped spending time with old friends
- Hanging out with friends you don't know
- Doesn't want you to meet his or her friends
- Friends immediately go to child's room avoiding contact with family members
- Son or daughter receiving many short phone calls
- Son or daughter not where they tell you they are
- Spends less time in family activities
- Is verbally or physically abusive of family members
- Blaming others; refusing to take responsibility for self
- Refuses to follow family rules
- Other: \_\_\_\_\_

**Physical Traits:**

Have you observed any of the following with regard to your son or daughter's physical appearance/traits? (Check all that apply)

- Unsteady on feet
- Noticeable change in weight
- Complaining of nausea/stomach ache
- Glassy/bloodshot eyes
- Unexplained physical injuries
- Poor motor skills

**School:**

Have you observed any of the following with regard to your son or daughter's school experience? (Check all that apply)

- Experiencing more problems in school than usual
- Recent or rapid drop in grades
- Stopped participating (or showing less interest) in extracurricular activities such as sports, clubs, etc.
- Caught forging notes to his/her teacher or excuses for absences from school
- Having problems getting your child to go to school
- Wants to drop out of school
- Other: \_\_\_\_\_

**Crisis Indicators:**

Please check all that you have observed with regard to your son or daughter.

- Has expressed desire to die
  - Given away personal possessions
  - Has expressed desire to join someone who has died
  - Has made suicidal threats/gestures
  - Has experienced a recent death of family member or close friend
  - Other stressors (please explain)
- 
- 
- 

**Legal/Financial:**

Is your son or daughter experiencing any of the following legal or financial problems? (Check all that apply)

- Arrests for drinking/drug use/DUI/possession/other illegal acts
- Curfew violations
- Recently sold personal possessions
- Quit a job or lost a job due to unsatisfactory job performance

- Frequent cold-like symptoms
  - Smelling of alcohol/marijuana/tobacco
  - Slurred speech
  - Loss of hair
  - Self abuse or self mutilation
  - Doesn't keep self clean/poor hygiene
  - Preoccupied with personal health issues
  - Fatigue/constantly tired
  - Disoriented
  - Change in sleep habits
  - Headaches
  - reports using tobacco products
  - Food issues (example: refusal to eat, etc.)  
(please explain)\_\_\_\_\_
- 
- Seems to have more money than job or allowance would provide
  - Been caught with cigarettes and/or tobacco products
  - Been caught with drugs and/or alcohol
  - Been caught with products associated with drug use/paraphernalia
  - Been caught taking things from home or neighbors' homes
  - Family members missing money or items from the home (cameras, stereos, watches, TV's, etc.)
  - Other: \_\_\_\_\_

What are your concerns for your child that may be a barrier to his or her learning?

What does your child tell you about his or her school experiences?

Would you like to speak directly with a member of the SAP Team?

- Yes    No