

CONFIDENTIAL

**Paterson Public Schools
STUDENT ASSISTANCE DEPARTMENT
2012 - 2013**

School Name _____

**BEHAVIORAL CHECKLIST
FOR PUPILS SUSPECTED OF BEING UNDER THE INFLUENCE OF DRUGS/ALCOHOL**

Pupil's Name: (Print) _____ Grade: _____ Today's Date: _____ Time: _____ Referring Staff Member: _____

Home Room: _____ Parent/Guardian: _____ Home Phone: _____ Work: _____

Specific location of incident: _____ Male _____ Female _____ Classified: Y _____ N _____

SUSPICION OF USE: Drugs _____ Alcohol _____ Other _____

POSSESSION: Drugs _____ Alcohol _____ Paraphernalia _____ Counterfeit Controlled Substance _____

As a concerned staff member, I have made observations about the aforementioned pupil and feel that further investigation is warranted in order to ascertain what the student's behaviors may indicate. I am not accusing, labeling or diagnosing. **It is my understanding that all information pertaining to this intervention is confidential** and does not become part of the student's permanent record. The information I provide herein will be used to help the student.

Observed Appearance(s)

Smells of:

- ___ Marijuana
- ___ Alcohol
- ___ Inhalants

Eyes:

- ___ Glassy
- ___ Bloodshot
- ___ Dilated
- ___ Constricted pupils

- ___ Nose: runny/bleeding
- ___ Skin discoloration
- ___ Needle marks
- ___ Dreamy or blank expression

- ___ Poor motor skills
- ___ Trembling
- ___ Lethargic
- ___ Memory loss
- ___ Constantly wears drug related clothing
- ___ Frequent illness
- ___ Flushed face
- ___ Neglected personal appearance & hygiene

Observed Behavior(s)

- ___ Outbursts
- ___ Mood swings
- ___ Slurred speech
- ___ Lacks motivation
- ___ Sudden drop in grades
- ___ Secretiveness
- ___ Sleeping in class (inability to respond)
- ___ Talkative
- ___ Incoherent
- ___ Depressed
- ___ Large amounts of cash
- ___ Cutting class
- ___ Frequent Bathroom Requests
- ___ Paranoia (thinks people are out to get him/her)
- ___ In possession of products associated with drug use/paraphernalia
- ___ Secluded/withdrawn
- ___ Fighting
- ___ Boasts of getting high/using
- ___ Erratic behavior
- ___ Truancy

- ___ Sudden popularity
- ___ Writes/draws drug related graffiti
- ___ Abusive towards self or others
- ___ Frequent absences
- ___ Sudden decline in extra-curricular activities
- ___ Selling drugs

Additional Comments

FOR NURSES USE ONLY

VITAL SIGNS

BP: _____

PULSE: _____

OTHER: _____

THIS FORM MUST BE DELIVERED TO THE BUILDING ADMINISTRATOR/DESIGNEE IN A SEALED ENVELOPE. ORIGINAL MUST REMAIN IN THE SCHOOL BUILDING. THIS CHECKLIST MUST BE FAXED TO THE IMMEDICENTER: CLIFTON 973-778-4044 OR TOTOWA 973-790-6070 AND KATHY LEPORE, SUPERVISOR AT 973-321-0651.