

STUDENT ASSISTANCE  
PARENT REPORT

This form is used for both Mental Health and Drug and Alcohol Referrals. Some items may not be applicable for your child's situation. Please check the appropriate responses in each section, and add any further comments or observations.

Student \_\_\_\_\_

1. Educational indicators

- refusing to go to school
- constantly leaving late for school
- general loss of interest in school
- declining school performance
- dropping out of organized activities
- wanting to drop out of school

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

2. Social indicators

- |   |  |
|---|--|
| <input type="checkbox"/> changes in friends                           | <input type="checkbox"/> chooses to be alone rather than with family & friends |
| <input type="checkbox"/> unknown friends                              | <input type="checkbox"/> loss of friends                                       |
| <input type="checkbox"/> association with known drugs & alcohol users | <input type="checkbox"/> attention getting behaviors                           |
| <input type="checkbox"/> always going "nowhere special"               | <input type="checkbox"/> positive or negative                                  |
| <input type="checkbox"/> secretive phone conversations                | <input type="checkbox"/> disregard to authority figures                        |
| <input type="checkbox"/> callers who refuse to identify themselves    | <input type="checkbox"/> not accepting responsibility                          |
| <input type="checkbox"/> hang up phone calls                          | <input type="checkbox"/> often borrowing money                                 |
| <input type="checkbox"/> constant lying                               | <input type="checkbox"/> unexplained influx of money                           |
| <input type="checkbox"/> overt hostility & outbursts                  | <input type="checkbox"/> stealing of small items                               |
| <input type="checkbox"/> withdrawal from family & friends             |  |
| <input type="checkbox"/> disappearance of clothing & money            |  |

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

3. Psychological indicators

- |   |  |
|---|--|
| <input type="checkbox"/> personality changes        | <input type="checkbox"/> lack of ambition or drive, apathy                       |
| <input type="checkbox"/> depression or overactivity | <input type="checkbox"/> unpredictable behavior                                  |
| <input type="checkbox"/> mood swings                | <input type="checkbox"/> hallucinations  |
| <input type="checkbox"/> talkativeness              | <input type="checkbox"/> uncharacteristic behavior for individual's personality  |
| <input type="checkbox"/> irritability, hostility    | <input type="checkbox"/> often sad   |
| <input type="checkbox"/> secretiveness              | <input type="checkbox"/> unrealistic view of self                                |
| <input type="checkbox"/> over-reaction to criticism | <input type="checkbox"/> decrease in self-esteem                                 |
| <input type="checkbox"/> confusion                  | <input type="checkbox"/> distorted body image                                    |
| <input type="checkbox"/> anxiety, paranoia          | <input type="checkbox"/> expresses negative thoughts through writing or drawings |
| <input type="checkbox"/> talk of suicide            |  |

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

(Over)

4. Physical indicators

- loss/change of appetite, erratic eating habits
- loss of coordination
- slurred speech
- incoherence
- inattentions to dress and personal hygiene
- overall changes in physical appearance
- weight loss/gain
- change in vitality and sleep patterns
- tired, lethargic
- dreamy, blank expression
- loss of memory
- dilated or constricted pupils
- needle marks
- trembling
- disappearance of drugs from medicine cabinet
- drug paraphernalia, alcoholic beverages, drug oriented magazines
- marijuana seeds
- smell of marijuana
- smell of alcohol
- attempts to disguise odor of marijuana/alcohol with cigarettes, incense, room deodorizers, etc.
- possession of drugs
- possession of alcohol
- chronic sinus problems
- smell of alcohol on breath
- cries frequently
- always happy
- frequent illness

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

5. Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return to: \_\_\_\_\_

Due Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_