

## STUDENT APPEARS TO BE UNDER-THE-INFLUENCE

### Drug and Alcohol Staff Referral Form

Student's Name \_\_\_\_\_

Grade: \_\_\_\_\_ Date of Observation: \_\_\_\_\_ Time of Observation: \_\_\_\_\_

Please place a check beside the behaviors listed below that you observed in the above-named student which led you to suspect that he or she may be under the influence of alcohol or other drugs. Remember to list only those behaviors that appear unusual or out of the ordinary for the student in question:

- |   |   |
|---|---|
| <input type="radio"/> Dilated pupils                                      | <input type="radio"/> Confused about time           |
| <input type="radio"/> Unsteady gait                                       | <input type="radio"/> Confused about place          |
| <input type="radio"/> Red eyes  | <input type="radio"/> Confused about person         |
| <input type="radio"/> Slurred speech                                      | <input type="radio"/> Anxious                       |
| <input type="radio"/> Runny nose  | <input type="radio"/> Moody                         |
| <input type="radio"/> Hallucinations                                      | <input type="radio"/> Unusual mood swings           |
| <input type="radio"/> Smells of alcohol                                   | <input type="radio"/> Inappropriate silliness       |
| <input type="radio"/> Smells of marijuana                                 | <input type="radio"/> Irritable                     |
| <input type="radio"/> Glassy Eyes   | <input type="radio"/> Belligerent                   |
| <input type="radio"/> Blank stares  | <input type="radio"/> Argumentative                 |
| <input type="radio"/> Trembling/shakiness                                 | <input type="radio"/> Defensive or hostile behavior |
| <input type="radio"/> Inattention   | <input type="radio"/> Emotional outburst            |
| <input type="radio"/> Difficulty recalling instructions, assignments etc. | <input type="radio"/> Verbal abuse                  |
| <input type="radio"/> Drowsiness or sleeping in class                     | <input type="radio"/> Disregard for authority       |
| <input type="radio"/> Restless  | <input type="radio"/> Fighting                      |
| <input type="radio"/> Dazed   | <input type="radio"/> Disruptive in class           |
| <input type="radio"/> Unusually high activity level                       | <input type="radio"/> Other unusual behavior        |
| <input type="radio"/> Unusually low/slow activity level                   | Describe: _____                                     |

Additional information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature – Position

\_\_\_\_\_  
Date

Please complete this form and return in a sealed envelope marked "Urgent" to an Administrator.