DELONE CATHOLIC HIGH SCHOOL 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 part of his/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/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:	Period/Time of Day:		
Course:			
Have you had contact with the parent/guardian? ☐ Yes	□No		
Describe the nature of contact:			
Date(s) of contact:			
Class Attendance Information	Academic Performance Information		
Number of days absent from class	Present grade in this class		
Number of days tardy	Please check all that apply to this student's academic performance in this class.		
Number of cutting class	performing at or above abilityperforming significantly below ability		
□ 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 extracurricular activities □ works well in a group □ demonstrates desire/commitment to learn □ displays good logic/reasoning and decision making □ exhibits leadership skills	□ 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		
 □ can accept re-direction/criticism □ considerate of others □ good communication skills □ cooperative □ possesses good interpersonal skills 	 easily frustrated daydreams short attention span (explain specific behavior) other 		
 □ 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 	• other		

Disruptive Behavior or Illicit Activities		Atypical Behavior				
Please check all that you have observed about this student's behavior.		Please check all that you have observed about this student's behavior.				
	verbally abusive		associates with younger/older social group			
	fighting		openly expresses alcohol and other drug use			
	sudden outburst of anger		expresses desire to punish or gain revenge via harmful			
	obscene language and/or gestures		or deadly means			
	hitting, pushing others		wears drug/alcohol related clothing			
	disturbing other students		inappropriate sexual verbalization			
	denying responsibility, blaming others		expresses involvement in the occult			
	easily distracted		expresses involvement in hate groups			
	easily influenced by others		trouble getting along with peers			
	repeated violation of school/classroom rules		withdrawn/loner			
	carrying weapon, beeper, cell phone		difficulty making decisions			
	involvement in theft (student reported)		expresses hopelessness, worthlessness, helplessness			
	vandalism (student reported)		expresses fear or anxiety about			
	carrying large amounts of money		expresses anger toward parent or other authority			
	selling drugs (student reported)		figure			
	indicate the number of detentions assigned		lies			
			criticizes others/self			
Ph	ysical Attributes		seeks constant reassurance			
Ple	ase check all that you have observed about this student.		threatens or harasses others			
	noticeable change in weight		cries			
	sleeping in class		sleeps in class			
	unsteady on feet		ethnic intimidation			
	complaining of nausea/stomach ache (student		dramatic/sudden change in behavior (please specify)			
	reported)	_	Gramatic, sudden change in Behavior (preuse specify)			
	glassy/bloodshot eyes		dresses inappropriately (please specify)			
	unexplained physical injuries		diesses mappropriatery (pieuse specify)			
	poor motor skills					
	frequent cold-like symptoms	Ца	ma/Sahaal/Eamily Indicators			
	smelling of alcohol/marijuana		me/School/Family Indicators			
	slurred speech		ise check all that you are aware apply to this student.			
	poor hygiene		runaway/unaccompanied youth			
	frequently expressing concern with personal health		recent divorce or separation			
	fatigue		absence of a caregiver			
	disoriented		job loss of family member			
	self-injury/self-harm		refusal to go home			
	headaches		recent death of family member or close friend			
			hangs around school for no apparent reason			
	food issues; example: refusal to eat lunch, etc.		displaced (homeless, living in a shelter, living with			
	(please specify)		relatives or friends)			
			living in foster care			
			awaiting foster care placement			
			living with an adult other than natural parent			
			other stressors (please explain)			
		_	constraint suprement			
In t	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.						
-0						

☐ Yes

□ No

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