

Appendix A: CHS Suspicious Behavior Checklist

This checklist is to be completed when a faculty or staff member of the university or site supervisor suspects drug or alcohol use based on the physical appearance or behavior of the student. The observing faculty, staff member, and/or site supervisor should complete the form, as well as all witnesses, if possible. All witnesses' names and statements should minimally be documented by the observing faculty, staff member, and/or site supervisor, if witnesses are unable or unwilling to also complete the form.

Name of Observed Student: _____

Location: _____

Time (specify am or pm): _____ Date: _____

Place a checkmark next to any of the following, if observed:

Actions: Fighting Hyperactive Erratic Crying
 Other _____

Appearance/
Clothing: Neat Unruly Dirty Messy
 Stains Odor
 Other _____

Face: Flushed Pale Sweaty
 Other _____

Eyes: Bloodshot Watery Droopy
 Glassy Dilated Closed
 Other _____

Speech:
Profanity Whispering Shouting Slurred _____
 Incoherent Slow Rambling
 Other _____

Demeanor: Cooperative Threatening Talkative Hostile
 Sarcastic Argumentative Excited Calm
 Sleepy Moody
 Other _____

Walking: Holding on Stumbling Unable to walk
 Unsteady Staggering Falling
 Other _____

Standing: Swaying Feet wide apart Unable to stand
 Rigid Sagging at knees
 Other _____

Movements: Fumbling Jerky Nervous
 Slow Normal
 Other _____

Breath: No alcoholic odor Faint alcoholic odor Strong alcoholic odor
 Sweet/pungent tobacco odor Heavy usage, breath spray
 Other _____

Eating/
Chewing: Mints Gum Candy
 Other _____

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- Miscellaneous: Presence of alcohol and/or drugs in student's possession or vicinity
 Student admission concerning alcohol use and/or drug use or possession
 Personality Changes Illogical Thought Patterns
 Unusual accidents/incidents Illogical Case Notes or Charting
 Errors Withdrawal
 Isolation Disappearance
 Frequent absences Other

Explain details of any checked miscellaneous item:

Other observations: (List any other observations not included in this checklist. If accident, please provide detail).

Corroborating witnesses: (List names and statements of all witnesses).

Student's explanation for these behaviors and/or other statements:

Action plan:

- Drug screen is required No further action at this time
 Drug screen is not required Other (please describe below)

Provide explanation of action plan below.

Inform student if a drug screen is required and check one of the below statements.

- Student agrees to be tested Student does not agree to be tested

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Agreement: In the case of agreement, the program director or designee will inform the Dean and the closest designated laboratory of the requirement and the student must report to that closest designated laboratory within the required timeframe (immediately to up to 2 hours, depending upon program policy). However, the student may not drive to the screening facility but is responsible for arranging his/her own transportation and transportation costs.

The student may not attend class, practicum, clinical rotation, internship, externship, or any other program related activity until approval is granted by the Program Director. Such approval can only be granted after reviewing the drug screen results and verifying that they are negative and/or otherwise cleared. A positive drug screen will result in the enforcement of appropriate actions and penalties, as per the program policy.

Failure to Agree: Failure to agree to, or show up for, this testing is considered admission of student's drug use and failure to comply with the program policy, and will be sufficient cause for implementation of any and/or all sanctions/consequences allowed as per the program drug screening policy.

Failure to Sign Refusal to Test: Failure to sign indicating refusal to test is grounds for immediate dismissal from the program and referral to the Dean of Students.

My signature indicates my approval ___ or refusal ___ to test. Please initial one. My signature also indicates my understanding of the possible consequences of my decision.

Student (Print)	Student (Signature)	Date
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Witness (Print)	Witness (Signature)	Position	Date
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If the student refuses to test, and refuses to sign above, please provide explanation below.

My signature indicates that all information documented within are true to the best of my knowledge.

Program Director/Designee/Site Supervisor (circle one) Print and Sign	Date
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Witness (who must be a University Official) Print and Sign	Date
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