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/  __ Neat    __ Unruly    __ Dirty    ______ Messy
Clothing:   __ Stains    __ Odor
            __ Other
Face:       ____ Flushed   ____ Pale     ____ Sweaty
            __ Other
Eyes:       ____ Bloodshot   ____ Watery    ____ Droopy
            ____ Glassy    ____ Dilated
            ____ Closed
            __ Other
Speech:     ____ 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
            ____ Other
            ____ Heavy usage, breath spray
Eating/    ____ Mints
Chewing:   ____ Gum
            ____ Candy
            __ Other
Appendix A: CHS Suspicious Behavior Checklist

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
- Unusual accidents/incidents
- Errors
- Isolation
- Frequent absences

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
- Drug screen is not required
- No further action at this time
- 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
Appendix A: CHS Suspicious Behavior Checklist

**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.

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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.*

<table>
<thead>
<tr>
<th>Student (Print)</th>
<th>Student (Signature)</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Witness (Print)</td>
<td>Witness (Signature)</td>
<td>Position</td>
</tr>
</tbody>
</table>

If the student refuses to test, and refuses to sign above, please provide explanation below.

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

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

<table>
<thead>
<tr>
<th>Program Director/Designee/Site Supervisor (circle one) Print and Sign</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Witness (who must be a University Official) Print and Sign</td>
<td>Date</td>
</tr>
</tbody>
</table>