

**Boyertown Area Senior High
Student Assistance Program
School Staff Student Information/Behavior Observation Form**

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; this information will not become part of the student's permanent record but will be a part of his or 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 or 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!

Teacher's Name: _____ **Course:** _____

Date: _____ **Student Name:** _____

Have you had contact with parent/guardian? _____ Yes _____ No

Describe nature of contact: _____

Date(s) of contact: _____

Attendance

- _____ Repeated requests to visit the restroom, health office, counselor
- _____ Frequent absences
- _____ Often late to class

Academic Performance

Present grade in this class: _____

- _____ Decrease in participation
- _____ Failure to complete homework (repeatedly)
- _____ Drop in grades
- _____ Cheating
- _____ Poor test scores
- _____ Failure to complete in-class assignments
- _____ Does not take advantage of extra assistance offered/available
- _____ Unprepared for class
- _____ Difficulty retaining new or current information
- _____ Reading below grade level
- _____ Verbalized disinterest in academic performance
- _____ Easily frustrated
- _____ Daydreams (explain specific behavior)

- _____ Short attention span (explain specific behavior)

- _____ Other _____

Student Strengths and Resiliency Factors

- _____ Able to work independently
- _____ Participates in extracurricular activities
- _____ Demonstrates desire/commitment to learn
- _____ Displays good logic/reasoning & decision-making skills
- _____ Exhibits leadership skills
- _____ Can accept re-direction and constructive criticism
- _____ Considerate of others
- _____ Good communication skills
- _____ Cooperative
- _____ Possesses good interpersonal skills
- _____ Displays positive values (honesty, responsibility, equality, caring)
- _____ Recognizes and respects appropriate boundaries and expectations
- _____ Demonstrates constructive use of time
- _____ Helps others
- _____ Is connected to and likes school staff
- _____ Strives to achieve their best

Disruptive Behavior or Illicit Activities

- _____ Vandalism (student reported)
- _____ Carrying large amounts of money
- _____ Selling drugs (student reported)

Disruptive Behavior or Illicit Activities

- _____ Verbally abusive
- _____ Fighting
- _____ Sudden outbursts of anger
- _____ Obscene language, gestures
- _____ Hitting, pushing others
- _____ Disturbing other students
- _____ Denying responsibility, blaming others
- _____ Distractible
- _____ Easily influenced by others
- _____ Carrying weapon, beeper, cell phone
- _____ Repeated violation of school/classroom rules
- _____ Involvement in theft (student reported)

Physical Attributes

- Unsteady on feet
- Glassy bloodshot eyes
- Unexplained physical injuries
- Smells of alcohol/marijuana
- Slurred speech
- Complaining of nausea/stomachache (student reported)
- Poor motor skills
- Poor hygiene
- Frequent cold-like symptoms
- Disoriented
- Frequently expressing concern with body image
- Fatigue
- Self-injury/self-harm
- Sleeping in class
- Food issues (example: refusal to eat lunch, etc.)
(please explain) _____
- Noticeable change in weight (please explain) _____

Home/School/Family Indicators

- Runaway/unaccompanied by adult
- Recent divorce/separation
- Job loss of family member
- Refuses to go home
- Hangs around school for no apparent reason
- Displaced (homeless, living in a shelter, living with relatives or friends)
- Absence of caregiver: specify _____
- Recent death of family member/friend
- Other stressors: please explain _____

Atypical Behavior

- Associates with older/younger social group
- Expresses openly alcohol and drug use
- Expresses desire to punish or gain revenge via harmful or deadly means
- Wears drug/alcohol related clothing
- Inappropriate sexual verbalization
- Expresses involvement in hate group
- Expresses involvement in occult group
- Difficulty in peer relations
- Withdrawn/loner
- Difficulty making decisions
- Unwilling to change for P.E.
- Expresses hopelessness, worthlessness, helplessness
- Expresses fear, anxiety of: _____
- Expresses anger toward parent or other authority figures
- Lies
- Criticizes self/others
- Inappropriate dress(specify) _____
- Seeks constant reassurance
- Cries
- Ethnic intimidation
- Threatens or harasses others (specify) _____
- Dramatic/sudden change in behavior (specify) _____

In the space below, please list the types of interventions you have previously tried with the student regarding items checked.