Boyertown Area School District Student Assistance Program PARENT/GUARDIAN CHECKLIST

Parents play a vital role in the student assistance process. Any of the information you are comfortable providing may help the Student Assistance Program as we work with you to identify any barriers to education.

Please complete the following form and return it to your school's Student Assistance Team as soon as possible. This information will not be released outside of school without parental consent.

Student Name:	Date:
General Medical Information	
Vision problems	
Hearing problems	
Significant medical conditions:	
Current medications:	
PHYSICAL OBSERVATIONS	Inappropriate sexual statements
Unsteady on feet	Expresses involvement in hate groups
Glassy/bloodshot eyes	Repeated violation of home rules
Frequent cold-like symptoms	Has difficulty concentrating
Slurred speech	Explain:
Self abuse (cuts arms, intentional burns)	Has difficulty remembering things
Appears disoriented	Verbally abusive towards others
Frequently expresses concerns with personal	Obscene language or gestures
health	Denies responsibility/blames others
Complains of nausea	Loss of interest in usual activities
Unexplained physical injury	Has stolen objects from home
Smells of alcohol/marijuana	Possesses large amounts of money without
Noticeable change in weight	explaining the source
Poor hygiene	Openly expresses drug use
Lack of appetite/not hungry	Expresses involvement in the occult
Frequent vomiting	Inappropriate dress
Often claims to feel sick and tries to stay	Has given away possessions
home from school.	Loss of eligibility
D	Runaway from home
BEHAVIORAL OBSERVATIONS	Has been in trouble with the police
Difficulty making decisions	F
Lying	EMOTIONAL OBSERVATIONS
Carrying a weapon	Cries often
Seeks constant reassurance	Expresses desire to die
Vandalism/destruction of property	Sudden outbursts of anger
Involvement in theft	Suicide threat or gesture
Selling drugs	Dramatic or sudden change in behavior
Wears drug/alcohol related clothing	
	7-08

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EMOTIONAL OBSERVATIONS cont'd	PEER INTERACTION OBSERVATIONS
Easily frustrated	Old/younger social group
Often criticizes self/others	Fighting
Appears fatigued or tired	Easily influenced by others
Expresses fear/anxiety of:	Hits or pushes friends
Suicide note	Loner
Expresses desire to join someone who has	Change in friends
died	-
Expresses desire to punish or gain revenge	SPECIAL SKILLS/CHARACTERISTICS (STRENGTHS)
via deadly means	Demonstrates an interest in school
Recent death of a family member or close	Leader
friend	Cooperative
Expresses feelings of hopelessness or	Can work by him/herself
worthlessness	Creative
Frequent mood changes (happy to angry)	Good communication skills
	Helps others at home/in neighborhood
FAMILY CONCERNS	Considerate of others
Recent divorce/separation	Enthusiastic
Serious conflicts with siblings	Participates in extra-curricular activities
Job loss of mother/father	Can accept re-direction (criticism)
Family stressors, explain:	Accepts responsibility
Argues with parent(s) in a disrespectful way	
Absence of one/both parent(s)	OTHER INFORMATION
Threatened/attempted violence against family	Involvement with community-based
member(s)	agencies, list:
	Involvement with wrap-around services
	Currently involved with outside counseling
	Previously involved with outside counseling
	Receives community-based services in
	school

ADDITIONAL COMMENTS

_____Student currently employed