

**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

_____ Unsteady on feet
_____ Glassy/bloodshot eyes
_____ Frequent cold-like symptoms
_____ Slurred speech
_____ Self abuse (cuts arms, intentional burns)
_____ Appears disoriented
_____ Frequently expresses concerns with personal health
_____ Complains of nausea
_____ Unexplained physical injury
_____ Smells of alcohol/marijuana
_____ Noticeable change in weight
_____ Poor hygiene
_____ Lack of appetite/not hungry
_____ Frequent vomiting
_____ Often claims to feel sick and tries to stay home from school.

_____ Inappropriate sexual statements
_____ Expresses involvement in hate groups
_____ Repeated violation of home rules
_____ Has difficulty concentrating
_____ Explain: _____
_____ Has difficulty remembering things
_____ Verbally abusive towards others
_____ Obscene language or gestures
_____ Denies responsibility/blames others
_____ Loss of interest in usual activities
_____ Has stolen objects from home
_____ Possesses large amounts of money without explaining the source
_____ Openly expresses drug use
_____ Expresses involvement in the occult
_____ Inappropriate dress
_____ Has given away possessions
_____ Loss of eligibility
_____ Runaway from home
_____ Has been in trouble with the police

BEHAVIORAL OBSERVATIONS

_____ Difficulty making decisions
_____ Lying
_____ Carrying a weapon
_____ Seeks constant reassurance
_____ Vandalism/destruction of property
_____ Involvement in theft
_____ Selling drugs
_____ Wears drug/alcohol related clothing

EMOTIONAL OBSERVATIONS

_____ Cries often
_____ Expresses desire to die
_____ Sudden outbursts of anger
_____ Suicide threat or gesture
_____ Dramatic or sudden change in behavior

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EMOTIONAL OBSERVATIONS cont'd

- Easily frustrated
- Often criticizes self/others
- Appears fatigued or tired
- Expresses fear/anxiety of: _____
- Suicide note
- Expresses desire to join someone who has died
- Expresses desire to punish or gain revenge via deadly means
- Recent death of a family member or close friend
- Expresses feelings of hopelessness or worthlessness
- Frequent mood changes (happy to angry)

FAMILY CONCERNS

- Recent divorce/separation
- Serious conflicts with siblings
- Job loss of mother/father
- Family stressors, explain: _____
- Argues with parent(s) in a disrespectful way
- Absence of one/both parent(s)
- Threatened/attempted violence against family member(s)

ADDITIONAL COMMENTS

PEER INTERACTION OBSERVATIONS

- Old/younger social group
- Fighting
- Easily influenced by others
- Hits or pushes friends
- Loner
- Change in friends

SPECIAL SKILLS/CHARACTERISTICS (STRENGTHS)

- Demonstrates an interest in school
- Leader
- Cooperative
- Can work by him/herself
- Creative
- Good communication skills
- Helps others at home/in neighborhood
- Considerate of others
- Enthusiastic
- Participates in extra-curricular activities
- Can accept re-direction (criticism)
- Accepts responsibility

OTHER INFORMATION

- Involvement with community-based agencies, list: _____
- Involvement with wrap-around services
- Currently involved with outside counseling
- Previously involved with outside counseling
- Receives community-based services in school
- Student currently employed