

BEHAVIORS OF CONCERN CHECKLIST

In order to develop a preliminary student profile, please fill out (mark with X's) this form and give it to the appropriate counselor. Please put it in an envelope marked "Confidential". Thank you for your assistance.

STUDENT NAME: _____ **LD. #:** _____
REFERRAL NAME: _____ **DATE:** _____

GRADES		DISRUPTIVE BEHAVIOR		RELATIONSHIP/SOCIAL LIFE	
	Grades are dropping, low or failing		Defiance of rules, constant discipline problem		Avoids group activities
	Failing to turn in work		Cheating		Is withdrawn and noncommunicative
	Lack of motivation, apathy in class		Irresponsibility, blaming, denying		Shows sudden rejection of friends
			Verbal/Physical abuse to others		Shows sudden popularity
SCHOOL ATTENDANCE			Lack of impulse control; verbal anger or behaviors		Shows changes in friends: toward a more negative/older social group
	Absenteeism, truanancies, tardies		Obscene language, gestures		Avoids one-on-one contact with adults
	Inconsistent attendance after lunch hour		Dramatic attention-getting	PHYSICAL SYMPTOMS	
	On absence list, but in school		Crying without identifiable reason		Smells of alcohol/pot
	Emergency expulsions, suspensions		Constantly in the wrong area		Glassy eyes, dark glasses
	Frequent schedule change		Extreme negativism		Slurred speech
	Frequent health room/counselor visits		Hyperactivity		Sleeping in class
EXTRACURRICULAR ACTIVITY		PHYSICAL APPEARANCE COMPLAINTS			Inappropriate responses, behaviors
	Loss of eligibility		Neglects personal appearance, hygiene	ATYPICAL BEHAVIOR	
	Decreasing involvement or motivation		Change in clothing: self care		Sitting in parking lot, in out of bounds area
	Quit/Dropped out		Has physical bruises, lacerations, burn marks		Talks frequently about drug use
DRUG RELATED LIFESTYLE			Sleeping disturbances reported: Complains of insomnia or oversleeping		Refusal to cooperate
	Wears drug-oriented clothing		Has constant, persistent cough or reports of continuous immune system problems		Erratic or changed behavior on a day to day basis
	Reads drug-oriented literature or writes personal letters to friends about drug use		Has red, bloodshot eyes & dilated eyes; has red eyes & pinpoint pupils		Inconsistent mood swings; Depression or defensive
	Frequently talks about drugs, parties		Has distorted visions & ability to light		
	Draws pipes and pot leaves on notebook		Has dark circles around eyes	FAMILY PROBLEMS	
	Smells of alcohol on the breath		Has bloated appearance		Please specify
	Clothing smells of marijuana		Deterioration of clear complexion or change in complexion		
	Others report concerns about drug use				
	Has unexplained money				

PLEASE MAKE ADDITIONAL COMMENTS IF NEED BE ON THE BACK SIDE OF THIS FORM OR TYPE BELOW: