WWMS Student Assistance Program Behavior Checklist

Please complete and return this form to		no	o later than	Thank you.
	* * *CONFIDENT			
Student:	Date:			
Grade:	School	Year: _		<u> </u>
Referred by: _	Teache	er Name	/Class:	
Check appropr	riate response pertaining to observable behavior:			
A.	Academic Performance Drop in grades, lower achievement Decrease in class participation Failure to complete assignments Short attention A A Assily distracted Poor short-term memory Does not follow directions Other:	E.	Odor of alcohol	ersonal appearance s ke symptoms et aints of nausea or vomitin or marijuana
B.	Disruptive Behavior Defiance of rules Denies responsibility for actions; blames others Fighting Cheating Sudden outbursts of anger; verbally abusive to others Obscene language or gestures Crying Hyperactivity, nervousness Attention-seeking behavior Other:		Glassy, bloodshot eyes Slurred speech Unexplained frequent physical injuries Other:	quent physical injuries
C.	Class Attendance Tardiness to class (how many) Absent from school (how many) Cutting class (how many) Frequent gym excuse Frequent visits to the health room Frequent visits to the guidance office Frequent visits to the bathroom Other:			
D.	Atypical Behavior Change in friends Erratic behavior Sudden popularity Older or significantly younger social group Unrealistic goals (retirement) Inappropriate responses			

	 Seeking adult advice without a specific problem Defensive Withdrawn, difficulty in relating to others Preoccupation with food and/or weight Talks about problems at home Talks freely about drug abuse, alcohol abuse and/or sexual activities Mentions or threatens suicide Mentions or threatens violence of any kind Other:
F.	Nicotine
	Admits to using tobacco products
G.	Strengths and Resiliency Factors Is creative Considerate of others Strives to achieve his/her best Able to work independently Exhibits leadership Can accept re-direction Good communication skills Appears to like and be connected to school Demonstrates good social skills Other:
H.	Extracurricular Activities Loss of eligibility Dropped out of (name of activity) Other:
l.	Illicit Activities Vandalism Involvement in thefts and assaults Possession of drugs, tobacco or alcohol Possession of drug paraphernalia Has been cited for using tobacco products Selling drugs Carrying a weapon Runaway Other:

_ Appears sad or depressed