

## Appendix A: CHS Suspicious Behavior Checklist

This checklist is to be completed when a faculty or staff member of the university or site supervisor suspects drug or alcohol use based on the physical appearance or behavior of the student. The observing faculty, staff member, and/or site supervisor should complete the form, as well as all witnesses, if possible. All witnesses' names and statements should minimally be documented by the observing faculty, staff member, and/or site supervisor, if witnesses are unable or unwilling to also complete the form.

Name of Observed Student: \_\_\_\_\_

Location: \_\_\_\_\_

Time (specify am or pm): \_\_\_\_\_ Date: \_\_\_\_\_

Place a checkmark next to any of the following, if observed:

Actions:     Fighting                       Hyperactive                       Erratic                       Crying  
                   Other \_\_\_\_\_

Appearance/  
Clothing:     Neat                                       Unruly                                       Dirty                                       Messy  
                   Stains                                       Odor  
                   Other \_\_\_\_\_

Face:             Flushed                                       Pale                                       Sweaty  
                   Other \_\_\_\_\_

Eyes:             Bloodshot                                       Watery                                       Droopy  
                   Glassy                                       Dilated                                       Closed  
                   Other \_\_\_\_\_

Speech:  
Profanity     Whispering                                       Shouting                                       Slurred                                      \_\_\_\_\_  
                   Incoherent                                       Slow                                       Rambling  
                   Other \_\_\_\_\_

Demeanor:     Cooperative                                       Threatening                                       Talkative                                       Hostile  
                   Sarcastic                                       Argumentative                                       Excited                                       Calm  
                   Sleepy                                       Moody  
                   Other \_\_\_\_\_

Walking:         Holding on                                       Stumbling                                       Unable to walk  
                   Unsteady                                       Staggering                                       Falling  
                   Other \_\_\_\_\_

Standing:         Swaying                                       Feet wide apart                                       Unable to stand  
                   Rigid                                       Sagging at knees  
                   Other \_\_\_\_\_

Movements:     Fumbling                                       Jerky                                       Nervous  
                   Slow                                       Normal  
                   Other \_\_\_\_\_

Breath:             No alcoholic odor                                       Faint alcoholic odor                                       Strong alcoholic odor  
                   Sweet/pungent tobacco odor                                       Heavy usage, breath spray  
                   Other \_\_\_\_\_

Eating/  
Chewing:         Mints                                       Gum                                       Candy  
                   Other \_\_\_\_\_

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- Miscellaneous:  Presence of alcohol and/or drugs in student's possession or vicinity  
 Student admission concerning alcohol use and/or drug use or possession  
 Personality Changes  Illogical Thought Patterns  
 Unusual accidents/incidents  Illogical Case Notes or Charting  
 Errors  Withdrawal  
 Isolation  Disappearance  
 Frequent absences  Other

Explain details of any checked miscellaneous item:

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Other observations: (List any other observations not included in this checklist. If accident, please provide detail).

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Corroborating witnesses: (List names and statements of all witnesses).

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Student's explanation for these behaviors and/or other statements:

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Action plan:

- Drug screen is required  No further action at this time  
 Drug screen is not required  Other (please describe below)

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Provide explanation of action plan below.

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Inform student if a drug screen is required and check one of the below statements.

- Student agrees to be tested  Student does not agree to be tested

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Agreement: In the case of agreement, the program director or designee will inform the Dean and the closest designated laboratory of the requirement and the student must report to that closest designated laboratory within the required timeframe (immediately to up to 2 hours, depending upon program policy). However, the student may not drive to the screening facility but is responsible for arranging his/her own transportation and transportation costs.

The student may not attend class, practicum, clinical rotation, internship, externship, or any other program related activity until approval is granted by the Program Director. Such approval can only be granted after reviewing the drug screen results and verifying that they are negative and/or otherwise cleared. A positive drug screen will result in the enforcement of appropriate actions and penalties, as per the program policy.

Failure to Agree: Failure to agree to, or show up for, this testing is considered admission of student's drug use and failure to comply with the program policy, and will be sufficient cause for implementation of any and/or all sanctions/consequences allowed as per the program drug screening policy.

Failure to Sign Refusal to Test: Failure to sign indicating refusal to test is grounds for immediate dismissal from the program and referral to the Dean of Students.

**My signature indicates my approval \_\_\_ or refusal \_\_\_ to test. *Please initial one.* My signature also indicates my understanding of the possible consequences of my decision.**

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Student (Print)	Student (Signature)	Date
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Witness (Print)	Witness (Signature)	Position	Date
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If the student refuses to test, and refuses to sign above, please provide explanation below.

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**My signature indicates that all information documented within are true to the best of my knowledge.**

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Program Director/Designee/Site Supervisor (circle one) Print and Sign	Date
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Witness (who must be a University Official) Print and Sign	Date
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