

**Student Assistance Program**  
**Behavioral Observation Form**  
**(Parents)**

Concern for the following student has been brought to the attention of the Student Assistance Team. We are attempting to gather additional information regarding this referral and are asking for your help. Please note your observations on this form; this information will not become part of the student's permanent record but will be a part of his or her student assistance file and as such will be open to review by the parent/guardian. It will be used to help the student and his or her family to clarify the concern and determine an appropriate action. Please contact a member of the SAP team if you have any questions. Thank you for your assistance.

**Student Name:**

**Date:**

**Relationship to Student:**

**Strengths:**

*Please check all that you believe apply to your child*

- Able to work independently
- Participates in extra curricular activities at school or in the community
- Works well in a group
- Demonstrates desire/commitment to learn
- Displays good logic/reasoning & decision making
- Exhibits leadership
- Is creative
- Can accept re-direction/criticism
- Considerate of others
- Good communication skills
- Cooperative
- Seems to value family support
- Possesses good interpersonal skills
- Displays positive values (responsibility, honesty equality, caring)
- Recognizes and respects appropriate boundaries and expectations
- Demonstrates constructive use of time
- Other:
- None to date

**Personality:**

*Please check all that you have observed with regard to your child's personality*

- Noticeable mood swings
- Frequent, extreme highs or lows
- Crying seemingly without explanation
- Appearing very irritable or hostile without reason
- Extremely negative attitude
- Extremely apathetic attitude
- Spending a lot more time alone, in his/her room
- Exhibiting general loss of energy, motivation, interest, or enthusiasm
- Other:
- None to date

**Postive Traits at Home:**

*Please check all that describes your child's behavior*

- Generally complies with family rules, curfew
- Assists with household chores
- Participates in family meals, activities, etc.
- Seems to appropriately care about appearance, health, etc.
- Takes appropriate pride in self & possessions
- Keeps room reasonably neat
- Behavior is appropriate with peers
- Behavior is appropriate with siblings
- Generally respectful toward parent(s), caregiver(s), others
- Other:
- None to date

**School:**

*Please check all that you have observed with regard to your child's school experience*

- Experiencing more problems at school than usual
- Recent or rapid drop in grades
- Stopped participating in, or showing less interest in sports, clubs, activities
- Forging notes to teachers or excuses for absences from school
- Trouble getting your child to school
- Other:
- None to date

# Student Assistance Program

## Behavioral Observation Form

(Parents)

### Friends/Relationships:

*Please check all that apply to your child*

- Stopped spending time with old friends
- Hanging out with friends you don't know
- Reluctant to introduce you to his or her friends
- Friends immediately to to child's room, avoiding contact with family
- Child receiving many short phone calls
- Child not where they tell you they are
- Decreasing participation in family activities
- Is verbally or physically abusive to family members
- Blaming others; refusing to take responsibility for self
- None to date

### Physical Traits:

*Please check all that apply to your child*

- Noticeable change in weight
- Unsteady on feet
- Complaining of nausea
- Glassy/bloodshot eyes
- Unexplained physical injuries
- Poor motor skills
- Frequent cold-like symptoms
- Smelling of alcohol/marijuana
- Slurred speech
- Loss of hair
- Poor hygiene
- Preoccupied with personal health issues
- Fatigue
- Disoriented
- Food issues (please explain)
- None to date

### Crisis Indicators:

*Please check all that apply to your child*

- Has expressed desire to die
- Has given away personal possessions
- Has expressed desire to join someone who has died
- Has made suicidal threats/gestures
- Has experienced a recent death of family member or close friend
- Other stressors (please explain)
- None to date

### Legal/Financial:

*Please check all that apply to your child*

- Arrests for drinking/drug use/ DUI/ possession/ other illegal acts
- Curfew violations
- Recently sold personal possessions
- Quit a job or lost a job due to unsatisfactory job performance
- Seems to have more money than job or allowance would provide
- Been caught with drugs and/or alcohol
- Been caught with drug paraphernalia
- Been caught taking things from home
- Family members missing money or items (cameras, stereos, watches, etc.)
- None to date

**What are your concerns for your child that may be a barrier to his or her learning?**

**What does your child tell you about his or her school experience?**

**Please provide any other important information concerning your child.**