

Appendix 1

Faculty Report of Suspicion of Drug/Alcohol Use

Please use the space below to provide a detailed description of the student's behavior. All information is to be kept confidential. Please return the form via encrypted email to the Program Chair as soon as possible. Notify the Program Chair by phone immediately to request a drug/alcohol test.

1. Name of Student: _____
2. Online Student: _____ Yes _____ No
3. Date of Incident: _____ Time of the Incident: _____
4. Location of Incident: _____
5. Detailed description: Include any behavioral, visual, olfactory or auditory observations.
 - Speech (normal, incoherent, confused, slurred, rambling, shouting, using profanity, slow)
 - Coordination (normal, swaying, staggering, lack of coordination, grasping for support)
 - Performance (unsafe practices, unsatisfactory work)
 - Alertness (change in alertness, sleepy, confused)
 - Demeanor (change in personality, fighting, excited, aggressive, violent, argumentative, indifferent, threatening, antagonistic)
 - Eyes (bloodshot, dilated)
 - Clothing (dirty, disheveled)
 - Odor of alcohol on breath
 - Drug tampering or misappropriation, consistent discrepancy in daily drug counts
 - List reports of complaints of student behavior from personnel or other students
 - List unexplained absences or tardiness
 - Long coffee or lunch breaks
 - Frequent trips to restroom/locker room
 - Early arrival or late departure
 - Presence in the clinical area on non-assigned clinical days
 - Other observed actions or behaviors

6. Did the student admit to use of drugs/alcohol? No _____ Yes _____
Comments: _____

7. Were drugs/alcohol discovered on student? No _____ Yes _____
Comments: _____

8. List witnesses to student's behavior: _____

Faculty Member's Name (print)_____
Faculty Member's Signature_____
Date