Student Incident Report

Attachment A: Student Screening Form

Student's Name: _____ Date: _____

General medical information will be in the student's school medical file. This screening form is to be completed by the staff making the initial contact with a student who appears intoxicated.

Answer the following questions and record breathalyzer results:

1. Does the student appear to be under the influence of alcohol or drugs? [◯] Yes [◯] No
2. Is the student carrying any medications? [◯] Yes [◯] No
3. Did you ask the student if he or she was on any medications? [◯] Yes [◯] No
4. Does the student have any signs of physical injury? [◯] Yes [◯] No
5. Is the student out of control or physically violent to self and/or others? [◯] Yes [◯] No
6. Breathalyzer results: _____

If you detect or observe any other health problems, please explain:

Check results of the student's screening assessment:

1. [☐] Student was transported to the emergency room
2. [☐] Student was accompanied by a staff member to sick bay, transition dorm, or dorm of origin
3. [☐] Other, please explain: _____
4. [☐] Referral from (Attachment B) completed and forwarded

_____ _____

Staff's Name (print) Date and Time

_____

Staff's Signature

Distribution: FAX a copy to the designated School Safety Specialist—Walter Goodwin, Eric North, **or** Desmond Jones