

Oswayo Valley Middle/High School
Student Assistance Program
Parental Survey

Please check the appropriate responses in each section. Space is provided at the end for any further comments, clarifications, or observations.

Student _____ Grade _____

EDUCATION INDICATORS

- _____ Regular school attendance
- _____ positive attitude/motivation toward school
- _____ Resists going to school
- _____ chronic tardiness: constantly leaves late for school
- _____ decline in school performance
- _____ has dropped out of organized activities
- _____ desire to drop out of school

SOCIAL INDICATORS

- _____ Good peer relationships
- _____ change in friends
- _____ unknown friends
- _____ association with known drug and alcohol users
- _____ always going "nowhere special"
- _____ secretive phone conversations
- _____ phone calls from those who refuse to identify themselves
- _____ hang up phone calls
- _____ good family interaction
- _____ constant lying

- _____ overt hostility and outbursts
- _____ withdrawal from family
- _____ stealing
- _____ disappearance of clothing and money
- _____ often borrowing money
- _____ unexplained influx of money or material items

EMOTIONAL INDICATORS

- _____ positive attitude
- _____ personality changes
- _____ depressed mood/sad over activity
- _____ mood swings
- _____ talkativeness
- _____ unusually quiet
- _____ irritability
- _____ hostility
- _____ secretiveness
- _____ acceptable reaction to feedback/constructive criticism
- _____ over reaction to criticism
- _____ impulsiveness
- _____ anxiety
- _____ paranoia

_____ lack of ambition or drive
_____ good judgment
_____ unpredictable behavior
_____ uncharacteristic behavior for
_____ individual's personality

PHYSICAL INDICATORS

_____ well groomed, cares for
_____ oneself
_____ good nutrition/eating habits
_____ regular exercise
_____ change in appetite, erratic
_____ eating habits
_____ loss of coordination
_____ slurred speech
_____ incoherence
_____ inattention to dress and
_____ personal hygiene

_____ overall changes in physical
_____ appearance
_____ weight loss/gain
_____ change in sleep patterns
_____ tired/lethargic
_____ blank expression
_____ loss of memory
_____ dilated or constricted pupils
_____ trembling
_____ drug paraphernalia
_____ chronic sinus problems
_____ suspected use of inhalants
_____ (butane, glue, aerosols)
_____ possession of drugs or
_____ alcohol

ADDITIONAL

COMMENTS: _____

Signature (parent, guardian) _____

Printed name _____

Date: _____

Please return to:

Oswayo Valley Middle/High School Guidance Office