## SIGNS AND SYMPTOMS

Recognition of alcohol/drug abuse is not clear cut or easily discerned. Listed below are **PHYSICAL** and **BEHAVIORAL** indicators of substance abuse. Draw from the list to assist in the completion of a request to an administrator for a medical evaluation/drug test.

## PHYSICAL SYMPTOMS

Physical symptoms may justify the request to an administrator for a medical evaluation/drug test.

Eyes - bloodshot, watery, extremely wide or extremely small pupils

Odor - odor of a particular substance

Needle tracks - skin boils and sores; injection points (scars)

Physical ill health - body deterioration in tone, skin color, stance and weight

Unusual dispositional extremes - over stimulated or constantly sleepy

Emotional instability - extreme hysteria, irrational, inconsistent

Speech - slurred, irrational

Motor coordination - loss of coordination - loss of coordination, instability, unsteadiness

## **BEHAVIORAL SYMPTOMS**

Behavioral symptoms <u>alone</u> **do not** justify the request to an administrator for a medical evaluation/drug test. They may however, further support the observed physical indicators.

Sudden truancy

Lower grades

**Tardiness** 

Cutting classes

Lack of interest in school

Change in attitude/personality

Change in temperament

Change in appearance

Change in friends

## REQUEST FOR MEDICAL EVALUATION/DRUG TEST

- N.J.S.A. 18A:40-12 reflects a zero tolerance attitude toward drugs...
   Administrators have no discretion to decide when test pupils, and so whenever a staff member reports a pupil who he or she suspects might be under the influence, the administrator must require a medical evaluation by a physician and a drug test.
- "Any teacher or educational personnel who in good faith reports a pupil to the principal or his/her designees...in an attempt to help such pupil cure his/her abuse of substances...SHALL NOT BE LIABLE IN CIVIL DAMAGES as a result of making such report." (N.J.S.A. 18A)

Student's Nam	e		Grade	_
Date(s) Behavi	or Observed		Time	_
I suspect that t	he above named stude	ent might be under the influ	ence of drugs or alcohol beca	use
Reques	t Submitted Bv			
4	, <u></u>	Print Name		
		Signature		
Request Recei	ved by (Name)			
Date	Time			

Submit completed form to the grade level administrator