

GALILEO ACADEMY OF SCIENCE & TECHNOLOGY

Confidential

Student Assistance Program

STAFF DATA COLLECTION

Please return this form, in a sealed envelope, by _____ in K. Cancino's mailbox in the Main Office.

To: _____

From: _____

Reference: _____

Date: _____

Period of the day you see the student: _____

In your opinion: Check each item that is of concern to you or that you have noticed.

Class Attendance

- | | |
|--|--|
| <input type="checkbox"/> Frequent tardiness | <input type="checkbox"/> Frequent absences |
| <input type="checkbox"/> Frequent request to leave class | <input type="checkbox"/> Class cuts |
| <input type="checkbox"/> advisor | |
| <input type="checkbox"/> other: | |

Academic Performance

- | | |
|--|--|
| <input type="checkbox"/> Drop in grades; lower achievement | <input type="checkbox"/> Present grade (approximately) _____ |
| <input type="checkbox"/> Failure to complete assignments | <input type="checkbox"/> Decrease in class participation |
| <input type="checkbox"/> Poor short-term memory | <input type="checkbox"/> Short attention span: easily distracted |
| | <input type="checkbox"/> Cheating |

Disruptive Behavior

- | | |
|--|--|
| <input type="checkbox"/> Irresponsibility, blaming, denying | <input type="checkbox"/> Defiance of rules |
| <input type="checkbox"/> Attention-getting behavior, extreme negatives | <input type="checkbox"/> Fighting and / or sudden outbursts of anger and / or verbally abusive to others |
| <input type="checkbox"/> Hyperactivity, nervousness | <input type="checkbox"/> Obscene language, gestures |

Physical Symptoms

- | | |
|--|--|
| <input type="checkbox"/> Sleeping in class | <input type="checkbox"/> Deteriorating personal appearance |
| <input type="checkbox"/> Unsteady on feet | <input type="checkbox"/> Frequent cold-like symptoms |
| <input type="checkbox"/> Slurred speech | <input type="checkbox"/> Smelling of alcohol or marijuana |
| <input type="checkbox"/> Frequent complaints of nausea or vomiting | <input type="checkbox"/> Glassy, bloodshot eyes |
| <input type="checkbox"/> Unexplained, frequent physical injuries | |

Teacher Data Collection (continued)

Atypical Behavior

- | | |
|--|--|
| <input type="checkbox"/> Change in friends / change in behavior | <input type="checkbox"/> Erratic behavior |
| <input type="checkbox"/> Sudden popularity | <input type="checkbox"/> Constant adult contact |
| <input type="checkbox"/> Older or significantly younger social group | <input type="checkbox"/> Sexual behavior in public |
| <input type="checkbox"/> Disoriented | <input type="checkbox"/> Unrealistic goals |
| <input type="checkbox"/> Defensive | <input type="checkbox"/> Withdrawn; difficulty in relating with others |
| <input type="checkbox"/> Crying | <input type="checkbox"/> Talks freely about drug abuse |
| | <input type="checkbox"/> Depression |

Home / Social / Family Problems

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Family problems | <input type="checkbox"/> Runaway |
| <input type="checkbox"/> Peer problems | <input type="checkbox"/> Job problems |
| <input type="checkbox"/> Family alcohol / drug problems | |

Code Violations

- | | |
|---|--|
| <input type="checkbox"/> Involvement in thefts and assaults | <input type="checkbox"/> Vandalism |
| <input type="checkbox"/> Profession of drugs | <input type="checkbox"/> Possession of paraphernalia (roach clips, bongos, etc.) |
| <input type="checkbox"/> Selling drugs | |
| <input type="checkbox"/> Carrying a weapon | |

Extra Curricular Activities

- | | |
|---|---|
| <input type="checkbox"/> Missed practice without substantial reason | <input type="checkbox"/> Loss of eligibility |
| | <input type="checkbox"/> Dropped out; Name of Activity: _____ |

Please feel free to offer positive or negative comments that you think will be helpful in evaluating this student.

Remember, comments must be school based and be specific, descriptive and observable.

Comments:

Thank you for caring!