

***Hamburg Area School District
Student Assistance Program (SAP)
Parent Questionnaire***

Dear Parent/Guardian:

Please check any areas that you feel describes your son/daughter. Space is provided at the end for any further comments, clarification, or observations. Return this form with the signed parent/guardian consent.

Student: _____

Grade: _____

Educational 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
- _____ desires 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
- _____ calls from those who refuse to identify themselves
- _____ hang up phone calls
- _____ honest and reliable
- _____ good family interaction

- _____ unpredictable behavior
- _____ withdrawal from family
- _____ stealing
- _____ often borrowing money
- _____ unexplained increases of money or material items

Emotional Indicators

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

Continued on other side.....

Physical Indicators

- | | |
|--|--------------------------------------|
| _____ well groomed, cares for oneself | _____ weight loss/gain |
| _____ good nutrition/eating habits | _____ change in sleep patterns |
| _____ regular exercise | _____ tired/lethargic |
| _____ change in appetite | _____ dreamy, blank expression |
| _____ loss of coordination | _____ dilated/constricted pupils |
| _____ slurred speech | _____ drug paraphernalia |
| _____ incoherence | _____ chronic sinus problems |
| _____ inattention to personal hygiene | _____ suspected use of inhalants |
| _____ overall changes in physical appearance | _____ possession of drugs or alcohol |

Additional Comments

Signature (Parent/Guardian) _____

Printed Name (Parent/Guardian) _____

Date: _____ **Please return to:** **Middle School Counseling Office**