

MSAP CONCERN FORM

Staff Member's Name (optional):

Student Name: _____

Date: _____ Grade Level: _____

Current Grade Average: _____

Number of absences: _____

Number of tardies: _____

(Please check all that apply)

Classroom Performance:

Drop in grades ____

Decrease in class participation ____

Does not ask for help ____

Fails to complete in class work ____

Fails to complete homework ____

Lack of focus ____

Disorganized ____

Prefers to work alone ____

Physical Symptoms:

Smells of smoke, alcohol or marijuana ____

Dresses inappropriately ____

Slurred speech ____

Frequently requests to see the nurse ____

Appears sleepy, lethargic ____

Frequent physical injuries ____

Deteriorating personal appearance ____

Sleeps in class ____

Frequent complaints of nausea, headaches ____

Glassy, bloodshot eyes ____

Poor hygiene ____

Primary area of concern:

- Drug/alcohol
- Tobacco
- Mental health/suicide
- Bullying
- Uncertain

Social Skills:

Lacks positive peer relationships ____

Disrespectful ____

Disturbs other students ____

Frequently argumentative ____

Hits/pushes other students ____

Teases other students ____

Makes inappropriate remarks ____

Lacks self-confidence ____

Frequently ridiculed by classmates ____

Appears unhappy/sad ____

Withdrawn ____

Does not take responsibility for actions ____

Cheating ____

Sudden outbursts of anger ____

Obscene language, gestures ____

Noisy, boisterous ____

Erratic behavior, mood swings ____

Additional Comments: