**Affidavit to Specific Observations Indicating Student is Under the Influence**

I, the undersigned employee, believe that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (student name & ID) was under the influence of marijuana, a controlled substance, a dangerous drug, or an alcoholic beverage while at school or at a school function on the following date: \_\_\_\_\_\_\_\_\_\_\_. My belief is based on FNF Policy. FNF Policy states that my belief must be based on reasonable suspicion the student is under the influence of marijuana, a controlled substance, a dangerous drug, or an alcoholic beverage.

I understand that I cannot base my suspicion only on a student’s statement that they could not pass a drug test. I understand that I must have observable signs (appearance, behavior or speech) that the student is under the influence.

The specific observable signs that indicate the student is under the influence are:

 1.

 2.

Comments:

Disciplinary Action Reason Code Inputted:

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attach the following:

* School nurse assessment
* Drug screen/test
* Campus administrator investigative report

Please scan and email affidavit with attachments to kashunta.thurman@ectorcountyisd.org & adam.portillo@ectorcountyisd.org