



Derry Township School District



HERSHEY STUDENT ASSISTANCE PROGRAM PARENT SURVEY

Please check the appropriate responses in each section. Space is provided at the end for any further comments, clarification, or observations.

Student: _____ Grade: _____

EDUCATIONAL INDICATORS

- | | |
|--|---|
| _____ regular school attendance | _____ constant lying |
| _____ positive attitude/motivation toward school | _____ overt hostility and outbursts |
| _____ resists going to school | _____ withdrawal from family |
| _____ chronic tardiness; constantly leaves late for school | _____ stealing |
| _____ decline in school performance | _____ disappearance of clothing and money |
| _____ has dropped out of organized activities | _____ often borrowing money |
| _____ desire to drop out of school | _____ unexplained influx of money or material items |

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

EMOTIONAL INDICATORS

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

- _____ over reaction to criticism
- _____ confusion
- _____ impulsiveness
- _____ anxiety
- _____ paranoia
- _____ lack of ambition or drive
- _____ good judgement
- _____ unpredictable behavior
- _____ uncharacteristic behavior for individual's personality

- _____ incoherence
- _____ inattention to dress and personal hygiene
- _____ overall changes in physical appearance

PHYSICAL INDICATORS

- _____ well groomed, cares for oneself
- _____ good nutrition / eating habits
- _____ regular exercise
- _____ change in appetite, erratic eating habits
- _____ loss of coordination
- _____ slurred speech

ADDITIONAL

- _____ weight loss / gain
- _____ change in sleep patterns
- _____ tired / lethargic
- _____ dreamy, blank expression
- _____ loss of memory
- _____ dilated or constricted pupils
- _____ trembling
- _____ drug paraphernalia
- _____ chronic sinus problems
- _____ suspected use of inhalants (butane, glue, aerosols)
- _____ possession of drugs or alcohol

COMMENTS: _____

Signature (Parent/Guardian): _____

Printed Name (Parent/Guardian): _____

Date: _____ Please return to: _____