

Mason County Schools

Reasonable Suspicion Documentation by Supervisors

This form can be used when staff or students are suspected in violation of the Drug-Free Workplace Policy or Substance Abuse Policy by physical, behavioral, speech or performance indicators that constitute a major change in the person's appearance and behavior.

Name: _____ Student _____ Staff _____

Date of observation (month, day, year): _____

Time of observation: from _____ a.m./p.m. to _____ a.m./p.m.

Location: _____

OBSERVED BEHAVIOR - Check all that apply:

PHYSICAL INDICATORS:

- | | | |
|---|--|---|
| <input type="checkbox"/> dilated pupils | <input type="checkbox"/> rapid breathing | <input type="checkbox"/> noticeable weight loss |
| <input type="checkbox"/> constricted pupils | <input type="checkbox"/> dizziness | <input type="checkbox"/> loss of appetite |
| <input type="checkbox"/> drowsiness | <input type="checkbox"/> chronic redness of eyes | <input type="checkbox"/> ravenous appetite |
| <input type="checkbox"/> cold sweats | <input type="checkbox"/> chronic nasal problems | <input type="checkbox"/> unsteady walk, stumbling |
| <input type="checkbox"/> tremors | <input type="checkbox"/> odor of marijuana | |
| <input type="checkbox"/> excessive yawning | <input type="checkbox"/> odor of alcohol | |

BEHAVIORAL INDICATORS:

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> depression | <input type="checkbox"/> panic reactions | <input type="checkbox"/> agitation |
| <input type="checkbox"/> moodiness | <input type="checkbox"/> neglect of person hygiene | <input type="checkbox"/> restlessness |
| <input type="checkbox"/> alienation | <input type="checkbox"/> anxiety | <input type="checkbox"/> euphoria |
| <input type="checkbox"/> combativeness | <input type="checkbox"/> irritability | |

SPEECH INDICATORS:

- | | | |
|----------------------------------|--|-------------------------------------|
| <input type="checkbox"/> thick | <input type="checkbox"/> excessively talkative | <input type="checkbox"/> incoherent |
| <input type="checkbox"/> slurred | <input type="checkbox"/> rapid | |

PERFORMANCE INDICATORS:

- | | |
|--|---|
| <input type="checkbox"/> unable to concentrate | <input type="checkbox"/> loss of interest in work |
| <input type="checkbox"/> errors in judgment | <input type="checkbox"/> impaired reasoning |

OTHER UNUSUAL BEHAVIOR NOTED:

EVIDENCE CONFISCATED/OTHER RELEVANT INFORMATION:

To the best of my knowledge and belief, this report represents the physical, behavioral, speech or performance indicators of the above-named person, observed by me and upon which I base my decision to do:

drug testing (employee only) alcohol testing (employee only) emergency services first aid

Above behavior witnessed by: _____

Signature of Supervisor: _____ Date: _____