

APPENDIX A

REASONABLE SUSPICION - * SUPERVISOR'S OR STAFF OBSERVATIONS

Section 1

Student Name: _____

Campus Key: _____

Academic Program: _____ Date of Observation: _____

Time: _____ am / pm Location: _____

Student performing clinical or other safety-related duties? Yes No

Section 2

Observations: Check ALL that apply:

BEHAVIOR

- stumbled
- drowsy, sleepy, lethargic
- agitated, anxious, restless
- hostile, withdrawn
- unresponsive, distracted
- clumsy, uncoordinated
- tremors, shakes
- flu-like illness complaints
- suspicious, paranoid
- hyperactive, fidgety

APPEARANCE

- flushed complexion
- sweating
- cold, clammy, sweats
- bloodshot eyes
- tearing, watery eyes
- dilated (large) pupils
- constricted (pinpoint) pupils
- unfocused, blank stare
- disheveled clothing
- unkempt grooming

SPEECH

- slurred, thick
- incoherent
- exaggerated enunciation
- loud, boisterous
- rapid, pressured
- excessively talkative
- nonsensical, silly
- cursing, inappropriate speech

BODY ODOR

- alcohol
- marijuana

- frequent use of mints, mouthwash, breath sprays, eye drops
- inappropriate, uninhibited behavior

Other observations: _____

Section 3

The observations, as documented above, were made of the student identified in Section 1.

Supervisor's Name (printed or typed) Signature Date

Additional Witness:

Witness Name (printed or typed) Signature Date
