APPENDIX C

CHECKLIST FOR MAKING REASONABLE CAUSE DETERMINATION

Please use the space below to provide a detailed description of the student's behavior. All information is to be kept confidential. Please return the form in a sealed envelope to the Program Director's office as soon as possible. *Notify the Program Director's office by phone immediately to document the incident and procedures being followed.

1. Name of Student: _____

2: Date of Incident: _____

3. Time of Incident: _____

4. Location of Incident: _____

5. List witness/es
to student'sbehavior:_____
_____

6. Detailed description: Include any behavioral, visual, olfactory, or auditory observations.

- Speech (normal, incoherent, confused, change in speech, slurred, rambling, shouting, using profanity, slow)
- Coordination (normal, swaying, staggering, lack of coordination, grasping for support)
- Performance (unsafe practices, unsatisfactory work)
- Alertness (change in alertness, sleepy, confused)
- Demeanor (change in personality, fighting, excited, combative, aggressive, violent, argumentative,

indifferent, threatening, antagonistic)

- Eyes (bloodshot, dilated)
- Clothing (dirty, disheveled)

- Odor of alcohol on breath (YES, NO)
- Other observed actions or behaviors (explain below)
- List reports of complaints of student behavior from personnel or other students
- List unexplained absences or tardiness

  _____

7. Did the student admit to using drugs/alcohol? _____No _____ Yes

Comments:

8. Did the student voluntarily produce drugs/alcohol in his/her possession? ___No ___Yes

Comments:

Faculty/Staff Name: _____

Date: _____

Witness Name: _____

Date: _____

ACTION

____ Reasonable cause established.

____ Reasonable cause NOT established.