

RECORD OF OBSERVABLE BEHAVIOR

Employee Name: _____			
Observation Time: _____		Observation Location: _____	
Reasonable suspicion of current use or impairment by: <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Both			
Cause for Suspicion			
Appearance			
<input type="checkbox"/> Normal	<input type="checkbox"/> Flushed	<input type="checkbox"/> Puncture Marks	<input type="checkbox"/> Disheveled, Disordered
<input type="checkbox"/> Tremors	<input type="checkbox"/> Dilated/Constricted Pupils	<input type="checkbox"/> Profuse Sweating	<input type="checkbox"/> Dry mouth
<input type="checkbox"/> Runny Nose/Sniffing	<input type="checkbox"/> Wearing Sunglasses	<input type="checkbox"/> Bloodshot Eyes	<input type="checkbox"/> Deterioration in Dressing
<input type="checkbox"/> Odor of :		<input type="checkbox"/> Other:	
Behavior			
<input type="checkbox"/> Normal	<input type="checkbox"/> Confused/Disoriented	<input type="checkbox"/> Whispering Loud	<input type="checkbox"/> Crying
<input type="checkbox"/> Silent	<input type="checkbox"/> Poor Comprehension	<input type="checkbox"/> Slow	<input type="checkbox"/> Mood Swings
<input type="checkbox"/> Lethargic	<input type="checkbox"/> Paranoid	<input type="checkbox"/> Rambling	<input type="checkbox"/> Aggressive/Violent
	<input type="checkbox"/> Euphoria	<input type="checkbox"/> Slurred	<input type="checkbox"/> Other:
Motor Skills			
<input type="checkbox"/> Normal	<input type="checkbox"/> Jerky	<input type="checkbox"/> Stumbling	<input type="checkbox"/> Arms raised for balance
<input type="checkbox"/> Slow	<input type="checkbox"/> Fumbling	<input type="checkbox"/> Falling	<input type="checkbox"/> Wide based gait
<input type="checkbox"/> Drowsy	<input type="checkbox"/> Rigid	<input type="checkbox"/> Reaching for support	<input type="checkbox"/> Dropping things
<input type="checkbox"/> Hyperactive	<input type="checkbox"/> Swaying	<input type="checkbox"/> Head falling	<input type="checkbox"/> Other:
Attendance			
<input type="checkbox"/> Normal	<input type="checkbox"/> Frequently absent	<input type="checkbox"/> Frequently tardy	<input type="checkbox"/> Unexplained gaps of time (e.g., takes 15 minutes to get from one room to another)
<input type="checkbox"/> Other:			
Work Performance			
<input type="checkbox"/> Normal	<input type="checkbox"/> Declining quality of work	<input type="checkbox"/> Incomplete work	<input type="checkbox"/> Slowed reaction time
<input type="checkbox"/> Perfectionist or workaholic	<input type="checkbox"/> Other:		

Did the employee admit to use of drugs or alcohol? Yes: _____ No: _____

When: _____ Substance: _____

How much: _____ Where Taken: _____

WITNESSED BY:

Signature (Supervisor)	Title	Date	Time
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Signature (Administration)	Title	Date	Time
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SITUATIONAL CATEGORY	IMMEDIATE ACTION	INVESTIGATION	NOTIFICATION OF POLICE	DISCIPLINE REHABILITATION
1. Employee suspected of possible alcohol or other drug use. No violation or physical evidence.	Employee informed of available help and encouraged to seek assistance.	Limited to supervisor contacting counselor or nurse for assistance.	Not applicable	None. Referral to Substance Abuse Professional.
2. Employee contacts supervisor in regard to alcohol or other drug use of another employee.	Employee who contacts supervisor encouraged to get employee with problem to personally seek assistance.	Limited to supervisor, although, counselor or nurse may be contacted for assistance.	Not applicable	None. Referral to Substance Abuse Professional.
3. Employee voluntarily informs supervisor about personal alcohol or other drug use and asks for help.	Employee informed of services available and encouraged to seek assistance.	Supervisor may request advice from counselor or nurse.	Not applicable	None. Referral to Substance Abuse Professional.
4. Employee has alcohol or other drug related medical emergency.	Nurse summoned immediately. Employee transported to medical facility.	Supervisor shall investigate incident. May include search of employee and possessions.	Only where safety of emergency victim or school population is at risk	Referral to Substance Abuse Professional. If further violation, see appropriate situational category.
5. Employee possesses drug related paraphernalia. No evidence of use.	Supervisor summoned; Personnel involved write anecdotal report of incident.	Supervisor shall investigate incident.	At discretion of supervisor	Required meeting with counselor and/or supervisor. If further violation, see appropriate situational category.
6. Employee possesses, uses, or is under influence of alcohol or other drugs on or off school property in official capacity. 1st offense. Cooperative behavior.	Supervisor summoned. Personnel involved write anecdotal report of incident. Employee relieved of duties for remainder of day if using or under influence and may be required to undergo drug and/or alcohol testing.	Supervisor shall investigate incident and may require employee to undergo drug and/or alcohol testing.	At discretion of supervisor	Notice given that repeated violation may result in recommendation for discharge. Required participation in chemical abuse program.
7. Employee possesses, uses, or is under influence of alcohol or other drugs on or off school property in official capacity. 1st offense. Uncooperative behavior.	Supervisor summoned. Personnel involved write anecdotal report of incident. Employee relieved of duties for remainder of day if using or under influence and may be required to undergo drug and/or alcohol testing.	Supervisor shall investigate incident and may require employee to undergo drug and/or alcohol testing.	Yes	Notice given that repeated violation will result in recommendation for discharge. Required participation in chemical abuse program.
8. Employee possesses, uses, or is under influence of alcohol or other drugs on or off school property in official capacity. Multiple offenses.	Supervisor will be contacted. Employee relieved of duties for appropriate period of time and may be required to undergo drug and/or alcohol testing.	Supervisor shall investigate incident and may require employee to undergo drug and/or alcohol testing.	At discretion of supervisor	Discipline as provided by appropriate situational category following investigation.
9. Employee distributing alcohol, drugs, or controlled substance during duty time or on school property.	Police summoned. Personnel witnessing write anecdotal report of incident.	Supervisor will investigate and make recommendation.	Yes	Immediate recommendation for discharge.

End of McClusky School District #19 Exhibit DEAA-E1.....[06/19]