

***Hamburg Area High School
Student Assistance Program (HEAT)
Parent Questionnaire***

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
- _____ positive attitude/motivation toward school
- _____ resists going to school
- _____ chronic tardiness; constantly leaves late for school
- _____ decline in school performance
- _____ has dropped out of organized activities
- _____ desires to drop out of school

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

- _____ unpredictable behavior
- _____ withdrawal from family
- _____ stealing
- _____ often borrowing money
- _____ unexplained increases of money or material items

Emotional Indicators

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

Physical Indicators

- | | |
|--|------------------------------------|
| ___ well groomed, cares for oneself | ___ weight loss/gain |
| ___ good nutrition/eating habits | ___ change in sleep patterns |
| ___ regular exercise | ___ tired/lethargic |
| ___ change in appetite | ___ dreamy, blank expression |
| ___ loss of coordination | ___ dilated/constricted pupils |
| ___ slurred speech | ___ drug paraphernalia |
| ___ incoherence | ___ chronic sinus problems |
| ___ inattention to personal hygiene | ___ suspected use of inhalants |
| ___ overall changes in physical appearance | ___ possession of drugs or alcohol |

Additional Comments

Signature (Parent/Guardian) _____

Printed Name (Parent/Guardian) _____

Date: _____

Please return to: __ High School Counseling Office __