I, _________________________________________________, as a proactive measure, report the following objective signs, symptoms or behaviors that I reasonably believe warrant ________________________________ be referred to the Athletic Director for a possible drug test. The symptoms below have been observed over the following time period__________________________________________________________.

**The student has shown (circle all that apply):**

Irritability     poor motivation     failure to follow directions     physical outbursts     dramatic weight +/-

**The student has been (circle all that apply):**

Late to practice/class     poor attendance     poor grades     missing meetings     skipping meals
Sleeping in class/meetings/study halls

**The student has demonstrated the following (circle all that apply):**

Dilated/constricted pupils     odor of alcohol/marijuana     constantly sick     unusually “hyper” withdrawn     continually wearing sunglasses when not needed     slurred speech     memory loss

**Other specific objective findings include (DUI, MIP etc.):**

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

**SIGNATURES**

_____________________________________________________________________________________
Staff Member                     Date

_____________________________________________________________________________________
Athletic Director              Date

Reasonable suspicion finding:

_____ Upheld        _____ Denied        Date of drug test____________________