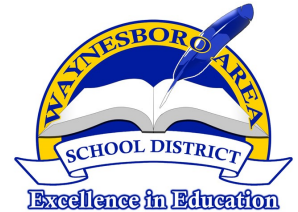




**Healthy Communities  
Partnership**<sup>SM</sup>  
Greater Franklin County



# Waynesboro Area School District

## ELEMENTARY STUDENT ASSISTANCE PROGRAM PARENT PERMISSION & CHECKLIST

I/We, \_\_\_\_\_, do/do not grant permission for my/our child,  
(Name of Parent or Guardian) (CIRCLE)

\_\_\_\_\_, to participate in the Elementary Student Assistance Program at the Waynesboro Area School District. Our signature indicates our permission for the sharing and release of relevant information between the school, the ESAP team and any other involved agencies. All information will be handled and maintained in the strictest confidence. If necessary, we also agree to allow our student to meet with or be observed by liaison members of the ESAP Team from **Healthy Communities Partnership**.

Signature (Parent/Guardian): \_\_\_\_\_

Printed Name (Parent/Guardian): \_\_\_\_\_

Date: \_\_\_\_\_ Please return to: \_\_\_\_\_

**Please complete the checklist on back.**

# CHECKLIST

Please check the appropriate responses in each section. Space is provided at the end for any further comments, clarification, or observations.

## 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
- \_\_\_\_\_ desire to drop out of school

## SOCIAL INDICATORS

- \_\_\_\_\_ good peer relationships
- \_\_\_\_\_ change in friends
- \_\_\_\_\_ unknown friends
- \_\_\_\_\_ honest and reliable
- \_\_\_\_\_ good family interaction
- \_\_\_\_\_ constant lying
- \_\_\_\_\_ overt hostility and outbursts
- \_\_\_\_\_ withdrawal from family
- \_\_\_\_\_ stealing
- \_\_\_\_\_ disappearance of clothing and money
- \_\_\_\_\_ often borrowing money
- \_\_\_\_\_ unexplained influx of money or material items

## EMOTIONAL INDICATORS

- \_\_\_\_\_ positive attitude
- \_\_\_\_\_ personality changes
- \_\_\_\_\_ depressed mood / sad
- \_\_\_\_\_ overactivity
- \_\_\_\_\_ mood swings
- \_\_\_\_\_ talkativeness
- \_\_\_\_\_ unusually quiet

- \_\_\_\_\_ irritability
- \_\_\_\_\_ hostility
- \_\_\_\_\_ secretiveness
- \_\_\_\_\_ acceptable reaction to feedback / constructive criticism
- \_\_\_\_\_ overreaction to criticism
- \_\_\_\_\_ confusion
- \_\_\_\_\_ impulsiveness
- \_\_\_\_\_ anxiety
- \_\_\_\_\_ paranoia
- \_\_\_\_\_ lack of ambition or drive
- \_\_\_\_\_ good judgment
- \_\_\_\_\_ unpredictable behavior
- \_\_\_\_\_ uncharacteristic behavior for individual's personality

## PHYSICAL INDICATORS

- \_\_\_\_\_ well groomed, cares for oneself
- \_\_\_\_\_ good nutrition / eating habits
- \_\_\_\_\_ regular exercise
- \_\_\_\_\_ change in appetite, erratic eating habits
- \_\_\_\_\_ loss of coordination
- \_\_\_\_\_ slurred speech
- \_\_\_\_\_ incoherence
- \_\_\_\_\_ inattention to dress and personal hygiene
- \_\_\_\_\_ overall changes in physical appearance
- \_\_\_\_\_ weight loss / gain
- \_\_\_\_\_ change in sleep patterns
- \_\_\_\_\_ tired / lethargic
- \_\_\_\_\_ dreamy, blank expression
- \_\_\_\_\_ loss of memory
- \_\_\_\_\_ trembling
- \_\_\_\_\_ chronic sinus problems

## ADDITIONAL COMMENTS:

---

---

---

---

---