



Derry Township School District



Homestead Road, Hershey, PA 17033

HERSHEY INTERVENTION & PREVENTION PROGRAM PARENT SURVEY

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
- _____ desire 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
- _____ 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
- _____ over reaction to criticism
- _____ confusion
- _____ impulsiveness
- _____ anxiety
- _____ paranoia
- _____ lack of ambition or drive
- _____ good judgement
- _____ 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
- ___ dilated or constricted pupils
- ___ trembling
- ___ drug paraphernalia
- ___ chronic sinus problems
- ___ suspected use of inhalants (butane, glue, aerosols)
- ___ possession of drugs or alcohol

ADDITIONAL
COMMENTS:

Signature (Parent/Guardian): _____

Printed Name (Parent/Guardian): _____

Date: _____ Please return to: _____