

Glassboro Public Schools

560 Joseph Bowe Boulevard
Glassboro, New Jersey 08028

www.glassboroschools.us

Phone: 856-652-2700
Fax: 856-881-0884

Danielle M. Sochor
Chief Academic Officer



Scott D. Henry
Business Administrator

Mark J. Silverstein, MBA, Ed.D, Superintendent of Schools

Dear Parent/ Guardian:

Your child has been referred for intervention regarding the possibility of being under the influence of a controlled dangerous substance. I am bound by the New Jersey State Law 18A:40A-12 to follow through on this intervention. Therefore, you must choose from one of the two options listed below. If I am unable to contact you, option #1 will be followed:

Option 1:

1. Initial screening by the school nurse.
2. Search of the student, their locker, and their car (if appropriate and in accordance with applicable law).
3. Referral to our school district medical inspector.
4. The school medical inspector will refer your child to **Medical Facility TBA** for chemical screening by Breathalyzer and a urine sample. The Glassboro Board of Education will pay for these tests.

Option 2:

Option 2 is for you to take your child to your private physician and/or lab for testing. If you choose to take your child privately, **you are financially responsible**. The testing must be done as follows:

1. Initial screening by the school nurse.
2. Search of the student, their locker, and their car (if appropriate and in accordance with applicable law).
3. You must have the urine drug screen done within 2 hours of the request from the school.
4. You must take the school form for chemical screening and have it signed by your doctor and it must be returned to us within 24 hours. Your child will not be readmitted to school without it.

Failure to comply with either one of the above options will cause your child to:

1. Be immediately suspended from school pending the results of a complete physical examination.
2. Submit to a drug and alcohol evaluation.

The costs for the evaluation and examination are at the expense of the Board of Education. A student may not return to school until the results of the physical **examination** and drug and alcohol evaluation are received and reviewed by the Principal. Your immediate cooperation in this matter would be greatly appreciated. Noncompliance could result in the school filing a report with the Department of Children Protection and Permanency for child neglect.

If the results are negative, then no further action is necessary. If the results are positive, then a readmission hearing will be scheduled with school administration and the district's Student Assistance Counselor, Mr. David Davenport. Our intention is to intervene and change behavior. Please assist us in that endeavor.

Sincerely,

Glassboro Public Schools
Staff Member Referral for Intervention

Student's Name _____	Date Observed _____	Time Observed _____
Reasonable Suspicion Determined for (Circle One) Alcohol Controlled Substances Possession of a controlled substance/paraphernalia		

Observer Name: _____ (Please print)

REASONABLE SUSPICION DETERMINED DUE TO:

APPEARANCE:	Sleepy/Drowsy	Tremor	Clothing Cleanliness
Description:			
BEHAVIOR:	Mood Swings	Erratic	Irritable
Description:		Lethargic	Inappropriate Gaiety
SPEECH:	Slurred	Rambling	
Description:			

STUDENT ADMISSION:

OTHER OBSERVATIONS FOR REASONABLE SUSPICION:

ABILITY TO WALK:	Unable To Stand Falling	On Hands & Knees Sagging Knees	Swaying Staggering	Holding on for Stability Moving in Circles
ABILITY TO STAND:	Swaying Rigid	Unable to Stand Sagging Knees	Continued Leaning For Balance Feet Wide Apart for Balance	
SPEECH:	Shouting Resisting Calm	Slobbering Threatening Cooperative	Boisterous Excited Crying	Whining Hilarious Profanity
DEMEANOR:	Fighting Sleepy Hilarious	Indifferent Resisting Cooperative	Antagonistic Threatening Profanity	Polite Excited Calm
EYES:	Bloodshot Wearing Glasses	Watery	Droopy Lids Not Wearing Glasses	Glassy
CLOTHING:	Mussed Vomited On	Partly Dressed Urinated in Same	Dirty	Defecated in Same
MOVEMENT OF HANDS:		Fumbling	Slow	
FACE:	Flushed	Pale		
ODOR OF ALCOHOLIC BEVERAGE ON BREATH			None	Yes

Witnessed by: _____ (Signature) Title _____

Time: _____

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Date

Dear Treatment Facility:

_____ violated the Substance Abuse Policy that was approved by the Glassboro Board of Education. One of the requirements for violating the policy is a Substance Abuse Assessment/Evaluation for the student to be administered by a treatment facility to assess the severity of the student's substance abuse.

Once the Assessment/Evaluation has been completed, I will need written notification of the student's attendance and a written recommendation for the student based on the findings of your evaluation. As the Glassboro Public Schools Student Assistance Counselor, I will provide the student and their parent/guardian with contact information for facilities that provide the required evaluation.

Once the assessment has been completed, please forward the information to my attention at the following address:

Mr. David Davenport – SAC
Glassboro Intermediate School
202 North Delsea Drive
Glassboro, NJ 08028

If you have any questions or concerns, please feel free to contact me at 856.652.2700 x2211 or via e-mail at ddavenport@glassboroschools.us.

Sincerely,

David A. Davenport
Student Assistance Counselor
Glassboro Public Schools

Glassboro Public Schools

560 Joseph Bowe Boulevard
Glassboro, New Jersey 08028

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CHEMICAL SCREENING REPORT

Name of Student: _____ Date: _____

Grade: _____ Phone: _____

Address: _____

The above named student is suspected by the school administration of using chemical substances. This suspected condition, in the administrator's professional opinion, is inhibiting the students' ability to learn and possibly inhibit the learning of others.

OBSERVABLE BEHAVIOR NOTED BY SCHOOL PERSONNEL: _____

Signature of Administrator

School

New Jersey Law (18A:40.1) requires an immediate medical examination of any student thought to be under the influence of alcohol or a controlled substance. Please include the following laboratory testing in the screening:

Alcohol	Cocaine	Marijuana	Opiates
Amphetamines	Heroin	Mescaline	PCP
Barbiturates	LSD	Methadone	Valium
Benzodiazepines	MDMA/Ecstasy	Ketamine	Rohypnol
Creatinine	Breathalyzer	Anabolic steroid compounds	

OBSERVABLE BEHAVIOR NOTED BY THE PHYSICIAN: _____

I certify that I have screened _____ and that he / she is /is not free from the above mentioned drugs and is able / unable to return to school.

Physician's Signature: _____ Date: _____

RELEASE INFORMATION

I give my permission of the physician to release the results of these tests to: _____

The purpose of such disclosure is to aid in an assessment and appropriate referral, if necessary. I understand this information is confidential which will not be made a part of the permanent school record nor will it be disclosed to any other individual or agency outside of the school without permission as provided by law.