



# HAZELWOOD SCHOOL DISTRICT STAFF RESOURCE GUIDE

Department of Student Services

Revised 2010



## *Table of Contents*

Safe Schools Act .....	1
District Discipline Guidelines / Procedures .....	2
Harassment of Students.....	3
Child Abuse / Neglect Reporting Procedures .....	4
Crisis Intervention Procedures .....	5
Intruder / Hostage .....	6
Confidentiality of Students Records .....	7
Symptoms of a Student In Crisis .....	8
Student Assistance Teams .....	9
Early Intervening Referral Checklist .....	10
Special Education Referral .....	11
Common Drugs of Abuse.....	13
Universal Precautions for All Staff and Students .....	15
Resource and Hot Line Numbers .....	17



## **SAFE SCHOOLS ACT**

In 1996, the Missouri General Assembly passed, and the governor signed, the Safe Schools Act. The legislation outlines several policy requirements focused on promoting safer school environments. The District is required to compile and maintain student discipline records for serious violations of district policies. This discipline information shall be sent to any district that the identified student subsequently attends. Conversely, this act allows the District the authority to uphold suspensions and expulsions invoked by the other districts when a student moves or transfers to the Hazelwood School District.

District personnel should be made aware of acts of school violence or violent behavior involving students. Records of serious violence will be provided to district personnel on a need-to-know basis, depending upon assigned duties.

In the Student Behavior Guides, Hazelwood School District details students' expectations, along with procedures for the application of discipline. Every student in the District is provided with a copy of the Behavior Guide each year and parents must sign and return the signature form indicating receipt and review. Additionally, its content is discussed with students in small and large group meetings. The Student Behavior Guide is available on the District's web site: [www.hazelwoodschoools.org](http://www.hazelwoodschoools.org)

## **DISTRICT DISCIPLINE GUIDELINES/PROCEDURES**

Information in the Student Handbook and Behavior Guide is updated yearly and distributed to all students at the beginning of the school year. During opening of school meetings, the principal distributes and reviews the Student Behavior Guide with faculty and students. Each school has a staff handbook that outlines buildings and district guidelines and procedures for discipline. The Discipline Policies and the Student Behavior Guides are on the District's website. Parents must sign and return the signature form indicating receipt and review of the Student Behavior Guide.

School-wide Positive Behavior Intervention Support (SW-PBIS) is implemented in all schools. PBIS lesson plans are located on the Teacher Portal in the Response to Intervention folder.

Teachers should remember to use the phone that has been installed in each room to call the office when a classroom situation requires immediate help.

### **ELEMENTARY DISCIPLINE PROCEDURE**

Assemblies and/or meetings are held during the first week of school to discuss the Student Behavior Guide with all students. Each school has a student handbook that outlines building/district guidelines and procedures for discipline. School administrators, in applying guidelines, may develop procedures and forms specific to their elementary school. The Discipline Form is standard throughout the district.

### **MIDDLE AND HIGH SCHOOL DISCIPLINE PROCEDURES**

Class meetings are held during the first week of the school year, where the principal reviews the Student Behavior Guide with all students. As new students enter throughout the year, the assistant principals review this information with the students and parents on an individual basis.

Staff will use discretion in assigning detention so that it remains an effective disciplinary tool. Teachers will be expected to assign detention for such things as:

- Repeated disruptive behavior
- Violation of the tardy policy
- Inappropriate language

Behavior which, in your opinion, would require immediate removal of a student from the class will continue to be handled by the office. Some examples would be:

- Personal confrontation with teacher
- Extreme vulgarity/profanity
- Fighting
- Conduct that could cause injury to the student and/or his/her classmates
- Possession or use of alcohol, any controlled substance, tobacco, weapons
- Truancy
- Sexual harassment or threat of violence

Teachers are not expected to engage in verbal altercations with any student receiving detention. If this occurs, the student should immediately be sent to the office with an explanation of the infraction.

## HARASSMENT OF STUDENTS

### SEXUAL HARASSMENT

Sexual harassment of students of either sex by district employees of the same or opposite sex is strictly prohibited in the Hazelwood School District. Sexual harassment is defined as sexual advances, request for sexual favors, or other verbal, nonverbal, or physical contact of a sexual nature made by any member of the school staff toward any students. Examples of inappropriate behavior include the following:

- Sexually oriented jokes, remarks, cartoons, pictures, or letters
- Pressure for sexual activity whether written, verbal, or through physical gestures
- Physical contact; such as patting or pinching

Staff sexual harassment toward a student includes, but is not limited to the following:

- Any and all advances toward a student that are interpreted by the student to be of a sexual nature
- The implicit or explicit suggestion that a term or condition of a student's academic status or progress is contingent upon her/his submission
- The rejection of a sexual advance as the basis for evaluating the student's performance within a course of study or school-related activity
- The conduct has the purpose or effect of interfering with a student's educational performance or in creating an intimidating, hostile, or offensive educational environment
- The favoring of one student over another due to this conduct

Students who believe that they have been victims of or have witnessed sexual harassment should report the incident(s) to any teacher, guidance counselor, or school administrator. The staff member who receives the complaint shall promptly inform the administrator who is designated to investigate such reports, or the next level administrator who is not the subject of the complaint. Employees who witness sexual harassment against students shall immediately notify the designated administrator, or the next level administrator who is not the subject of the complaint. Title IX in the Student Behavior Guide addresses discrimination on basis of sex (refer to page B-1).

The appropriate administrator shall provide for a thorough, prompt investigation of the incident, and the investigation and written report shall be completed within a reasonable period of time. The district shall take disciplinary action where appropriate, up to and including suspensions and/or expulsion of the student or suspensions and/or termination of the employee, in order to ensure that further sexual harassment does not occur. Confidentiality will be preserved consistent with applicable laws and the responsibility to investigate and address such complaints. If investigation of a student complaint results in reasonable cause to suspect that the student has been subjected to abuse or neglect, the matter will be reported in accordance with policy JHG, Reporting Child Abuse.

### **BULLYING** (Refer to Hazelwood School District Policy JFCF)

Bullying typically consists of direct behaviors – such as teasing, taunting, threatening, hitting, and stealing – which are initiated by one or more students against a victim or victims. In addition to direct attacks, bullying may also be indirect – such as spreading rumors that cause victims to be socially isolated through intentional exclusion. Although boys who bully typically engage in direct bullying behavior, girls who bully are more apt to use more subtle, indirect strategies. Whether the bullying is direct or indirect, the key component of bullying is physical or psychological intimidation that occurs repeatedly over time to create an ongoing pattern of harassment and abuse.

Students should report bullying behavior to any teacher, counselor or administrator; teachers and other staff members should report behavior of this sort to counselors and administrators so that it may be addressed effectively.

## CHILD ABUSE/NEGLECT REPORTING PROCEDURES

### • OCCURRED AT HOME

1. Contact the school principal/site coordinator/designee whenever child abuse or neglect is suspected. Types of child abuse referrals are physical abuse, medical neglect, sexual abuse, emotional maltreatment, unfit living conditions, lack of supervision, or educational neglect.
2. Call **1-800-392-3738** to make a hotline report. Be sure that you have the child's name, child's date of birth, address, race, sex, parent's name, parent's contact information, and alleged perpetrator's name and contact information (if available). Be specific when speaking to the Operator about the information that you have regarding the abuse or neglect. The case is being built based on the detailed facts that you provide. It may be more beneficial to complete the Child Abuse and Neglect Hotline Report form first so that you can be sure that you have all of the necessary information handy.
3. Complete the Child Abuse and Neglect Hotline Report form. On the form, please include the Hotline Operator's ID number in case you obtain additional information that same day and need to add to the original report. Any information obtained after the initial report can be shared with the case worker assigned to the case/assessment.
4. After you make the report, e-mail the Assistant Superintendent of Student Services as soon as possible to inform her/him of the report. Student's name and reason for the report is all that is needed in the e-mail. This assistant superintendent will inform the accountability assistant superintendent.
5. Send a copy of the written report to the Office of Student Services. The report will be kept on file at the Administration Building.
6. Parents should not be contacted by the school if they are a suspect. Police and the Children's Division will make that contact.

### • OCCURRED AT SCHOOL

1. The Reporting Person will:
  - a) Notify the Principal, who will assure that the Children's Division Hotline (1-800-392-3738) is called
2. The Principal or Designee will immediately contact:
  - a) Assistant Superintendent for School Accountability
  - b) Assistant Superintendent for Student Services
  - c) Parent(s)
3. Police Department and Children's Division may interview the victim, preserve physical evidence, and proceed with all legitimate aspects of the investigation.
4. The Principal/designee will complete the In-District Child Abuse Reporting form and forward it to the Office of Student Services.

## CRISIS INTERVENTION PROCEDURES

Your building could face a crisis in the next few minutes, or tomorrow, or in a week; because no school is immune to an emergency, a disaster, or a crisis which would have a traumatic effect on its staff, instructors, students, and community.

Theoretically, crises are opportunities for growth, development, and learning – the major goals of education. Therefore, we have a tremendous and important opportunity to facilitate learning that otherwise might be very difficult, and to take advantage of this “teachable moment” in a student’s life. These guidelines are general. Depending on the nature of the crisis and its circumstances, some specific and different procedures will, of course, be required, and we will have to exercise a certain degree of judgment, discretion, and initiative.

### 1. Potential Crisis:

When a crisis is identified or suspected by any staff member, the principal is to be notified, and the details of the situation are to be given to him/her.

### 2. The principal will determine if it is a crisis situation. If it is a crisis, he/she will contact:

- Assistant Superintendent for Accountability
- Assistant Superintendent for Student Services
- Assistant Superintendent for Communication/Media Relations
- Director of School Safety

### 3. The Crisis Team Coordinators will be notified and will begin to function if necessary. The function of the Crisis Team Coordinators will be to:

- Assist the principal (and others) with developing the specific plan/procedures for responding to the crisis
- Consult with and support, on an as-needed basis, the affected building’s staff in reacting to and dealing with the crisis
- Provide direct support services to staff and students in distress
- Make referrals to outside resources for those needing follow-up counseling/support
- Monitor the situation after the crisis has subsided and provide other follow-up services

### 4. Communication with Staff:

The principal will notify all staff members of the situation. If the crisis occurs during the school day, the staff will be notified in a manner depending on the nature of the situation. If the situation occurs during non-school hours, the auto-dialer phone system will be used.

### 5. Strategies for addressing needs during a time of crisis:

- Accurate information is central to one’s ability to analyze events and draw personal relevant conclusions
- Avoid giving unnecessary information that would only serve to distress or confuse the students. Young children, especially, may need reassurance more than once
- If you observe a student experiencing undue stress, you may choose to intervene or notify a counselor or principal
- Honest expression of feelings should be accepted even though they may seem inappropriate
- Consider activities that may address and alleviate concerns about the crisis (classroom discussion, written expressions, class projects)
- Discipline and normal classroom structure should be maintained. Teachers may observe regression in the quality of a student’s work

## **INTRUDER/HOSTAGE**

### **INTRUDER-AN UNAUTHORIZED PERSON WHO ENTERS SCHOOL PROPERTY**

- Notify principal
- Ask another staff person to accompany you before approaching intruder
- Politely greet intruder and identify yourself
- Ask intruder the purpose of his/her visit
- Inform intruder that all visitors must register at the main office or the security station
- If intruder's purpose is not legitimate, ask him/her to leave. Accompany intruder to exit

### **IF INTRUDER REFUSES TO LEAVE**

- Warn intruder of consequences for staying on school property. Inform him/her that you will call the police
- Notify principal, police and security officers if intruder still refuses to leave. Give full description of intruder
- Walk away from intruder if he/she indicates a potential for violence. Be aware of intruder's actions at this time (where he/she is located in the school, whether he/she is carrying a weapon or package, etc.)
- Principal notifies assistant superintendent of accountability and implements lock-down procedures (see Lock-Down Procedures section)

### **HOSTAGE**

- If hostage-taker is unaware of your presence, do not intervene
- Notify principal or designee
- Call 911 immediately
- Secure immediate area to confine the problem
- Principal notifies assistant superintendent of accountability and the Department of School Safety
- Give control of scene to police
- Keep detailed notes of events

### **IF TAKEN HOSTAGE**

- Follow instructions of hostage-taker
- Do not panic. Calm students if they are present
- Treat the hostage-taker as normally as possible
- Be respectful to hostage-taker
- Ask permission to speak and do not argue or make suggestions

## **LOCK-DOWN PROCEDURES**

Lock-down procedures may be issued in situations involving dangerous intruders or other incidents that may result in harm to persons inside school building.

- Principal will issue lock-down procedures by announcing warning over PA system.
- Direct all students, staff and visitors into safe areas
- Lock classroom doors
- Cover windows of classroom doors
- Turn off all classroom lights
- Move all persons away from windows and doors
- Do not unlock doors or allow anyone inside classrooms, until principal or police gives all-clear signal
- Notify the assistant superintendent of accountability and the Department of School Safety

## **CONFIDENTIALITY OF STUDENT RECORDS**

### **CONFIDENTIAL INFORMATION**

Employees are privy to information regarding students' academic records, their personal lives, and/or records that must be held in strictest confidence. Utmost care should be taken with whom the information is shared. Under no circumstances should confidential information about students be given to unidentified persons, especially by telephone. All requests for information should be directed to the principal.

Privileged information (including class lists, medical information, grade books, SSD referrals, IEP's) should neither be left on desks, etc., nor become the topic of conversation with unauthorized individuals. Staff members should exercise extreme caution with what they share, with whom they share, and with where the information is shared.

### **MAINTENANCE AND DISSEMINATION OF STUDENTS' RECORDS**

Students' records are an essential part of the educational process. To assure that records serve this end, and to protect the rights of the students and of those concerned with his/her education, Board Policy JO (Student Records) applies to the maintenance and dissemination of student records. It is the intent of this policy to comply in all respects with the Family Education Rights and Privacy Act of 1974 (FERPA) and the regulations promulgated thereunder. In the event of an ambiguity or inconsistency with said law or regulations, the laws and regulations shall prevail. Please be familiar with this policy.

## SYMPTOMS OF A STUDENT IN CRISIS

While it is difficult to distinguish typical adolescent behavior from drug-induced or other troubling behavior, staff members should consider possible drug use or other dysfunctional patterns that may be developing if they notice several of these changes in a student.

### CHANGES IN PHYSICAL APPEARANCE

- lack of personal cleanliness, messy appearance
- red eyes and frequent use of eye drops
- runny nose, congestion, coughing
- wearing dark glasses when not necessary
- pale face, circles under eyes

### CHANGES IN EATING /SLEEPING HABITS

- difficulty falling asleep, insomnia
- inappropriate napping
- significant weight loss or gain
- poor appetite
- a sudden appetite (especially for sweets)

### CHANGES IN BEHAVIOR AND PERSONALITY

- abrupt changes in mood
- hostility, defiance of rules
- depression, "I don't care" attitude
- lack of responsibility: not doing chores, homework, forgetting family occasions
- blaming, lying, making excuses
- loss of memory, shortened attention span, disordered thought patterns
- withdrawal from family, isolation, secretiveness
- fascination with fires, or fire setting
- cruelty toward animals
- bullying behavior

### ATTITUDES TOWARDS DRUG AND ALCOHOL

- pro-drug messages on posters or clothing
- strong defense of the occasional use of drugs by peers, thinking adults "hassle" kids
- easily angered when confronted about chemical use
- concern expressed by others over his/her use of alcohol or other drugs

### CHANGES IN FRIENDS AND INTERESTS

- new or different friends, especially ones who use drugs
- friends rarely introduced and seldom come to the house
- more time spent in room or away from home
- hobbies, sports, or extra-curricular activities are given up; everything is "boring"
- stays out past curfew
- secrecy about actions and possessions
- spending time at inappropriate sites on the Internet
- possession of weapons
- interest in pornography
- interest in hate groups, gangs
- unusual change of appearance in dressing (colors), hair, etc.

### PHYSICAL EVIDENCE OF DRUG USE

*Any drugs or drug paraphernalia you find on your child or in your house are indications of drug use, even if he or she insists they belong to a friend.*

- liquor missing or watered down
- fake ID
- mouthwash, breath sprays
- Visine or other eye drops
- roach clips, rolling papers
- bong, pipes, and small screens
- baggies containing dried leaves, seeds
- "stash can," often disguised as cola or beer
- burning incense, room deodorizers
- prescription medication disappearing
- unexplained possession of large sums of money
- disappearance of money or other valuables

### CHANGES IN SCHOOL OR JOB PERFORMANCE

- lowered grades, neglected homework
- falling asleep in class
- discipline problems
- quitting or getting fired from job
- frequent tardiness and absenteeism

## **STUDENT ASSISTANCE TEAMS**

A Student Assistance Team (SAT) meeting is a meeting which can include several teachers, administrators, and counselors. SATs can be held for various reasons, and there are resources that are in place to assist students who are experiencing academic and behavioral challenges.

### **PROCEDURES FOR STAFF MEMBERS WITH STUDENT CONCERNS:**

1. Identify by grades and observations which students need to be staffed
  - Refer to “Early Intervening Referral Checklist” in this booklet
2. Request a SAT meeting through the counselor
3. Complete the forms listing all pertinent information (concerns, things you’ve tried already, parent and student response, etc.)
  - Complete any appropriate forms
4. A SAT meeting time will be scheduled, and you will be notified and requested to attend

### **AT THE STUDENT ASSISTANCE TEAM MEETING:**

1. Review the students strengths, weaknesses and current interventions
2. Brainstorm additional ideas
3. Plan together for the student
4. Set up a plan for follow-up and decide who will be responsible for which parts of the plan

## EARLY INTERVENING REFERRAL CHECKLIST

Student \_\_\_\_\_ Grade \_\_\_\_\_

Teacher Requesting \_\_\_\_\_ Date \_\_\_\_\_

Please check any of the items listed below for the above named student. This form should be treated as confidential information and submitted to the principal and/or counselor only.

### A. GRADES

- \_\_\_\_\_ Lower grades--lower achievement
- \_\_\_\_\_ Always behind in class
- \_\_\_\_\_ Lack of motivation--apathy
- \_\_\_\_\_ Incomplete homework
- \_\_\_\_\_ Poor mid-quarter grade report
- \_\_\_\_\_ Low test scores
- \_\_\_\_\_ Other: \_\_\_\_\_

### B. CLASS ATTENDANCE

- \_\_\_\_\_ Absenteeism – No. of absences \_\_\_\_\_
- \_\_\_\_\_ Tardy – No. of tardies \_\_\_\_\_
- \_\_\_\_\_ Frequent nurse, counselor, or administration visits
- \_\_\_\_\_ Other: \_\_\_\_\_

### C. PHYSICAL SYMPTOMS

- \_\_\_\_\_ Staggering or stumbling
- \_\_\_\_\_ Glassy, bloodshot eyes; dark glasses
- \_\_\_\_\_ Extreme weight loss or gain
- \_\_\_\_\_ Slurred speech
- \_\_\_\_\_ Careless hygiene
- \_\_\_\_\_ Sleeping in class
- \_\_\_\_\_ Physical complaints
- \_\_\_\_\_ Physical injuries
- \_\_\_\_\_ Other: \_\_\_\_\_

### D. BEHAVIOR-DISRUPTIVE BEHAVIOR

- \_\_\_\_\_ Threatening statements, verbal or written
- \_\_\_\_\_ Defiance of rules--constant discipline

- \_\_\_\_\_ Irresponsibility, blaming, denying
- \_\_\_\_\_ Throwing objects
- \_\_\_\_\_ Sudden outbursts--verbal abuse
- \_\_\_\_\_ Obscene language, gestures
- \_\_\_\_\_ Dramatic attention-getting
- \_\_\_\_\_ Crying
- \_\_\_\_\_ Inappropriate laughter
- \_\_\_\_\_ Extreme negativism
- \_\_\_\_\_ Hyperactivity, nervousness
- \_\_\_\_\_ Other: \_\_\_\_\_

### E. BEHAVIOR – ATYPICAL BEHAVIOR

- \_\_\_\_\_ Talks freely about drug use
- \_\_\_\_\_ Avoidance of contact with others
- \_\_\_\_\_ Erratic behavior change or views: on a day-to-day basis
- \_\_\_\_\_ Dramatic change in appearance
- \_\_\_\_\_ Change of friends--usually negative
- \_\_\_\_\_ Irritable, nervous
- \_\_\_\_\_ Temper outbursts
- \_\_\_\_\_ Time disoriented
- \_\_\_\_\_ Unrealistic goals
- \_\_\_\_\_ Overly sensitive
- \_\_\_\_\_ Inappropriate response
- \_\_\_\_\_ Appears depressed
- \_\_\_\_\_ Lies
- \_\_\_\_\_ Defensive
- \_\_\_\_\_ Withdrawn, loner
- \_\_\_\_\_ Other: \_\_\_\_\_

### COMMENT SECTION

---

---

---

---

---

## **SPECIAL EDUCATION REFERRAL**

### **A step-by-step guide for special education referral and initial evaluation**

- Step 1 A teacher becomes concerned with a student's educational performance or a concern may be identified through school screening. A parent may also state concerns about their child to the classroom teacher or other certificated professionals in the school. If a parent specifically requests an educational evaluation, certain procedures must be followed. See parent request guidelines at end of this section.
- Step 2 The teacher informs parents of concerns/acknowledges parent concerns and communicates the intent to intervene. The teacher attempts interventions, addressing the concerns and documents the intervention results with quantifiable data. Teacher communicates the information to parents.
- Step 4 If teacher feels that she/he requires additional assistance, she/he accesses the established building resources/individual/or Building Level Team (BLT). Intervention data is reviewed and more collected, if necessary.
- Step 5 The BLT makes additional recommendations as deemed appropriate, and documents the decisions reached. Parents should be informed and included in the plans.
- Step 6 The student's progress is monitored and interventions adjusted as appropriate. If progress is limited, student is unresponsive to interventions, and the interventions have reached a high level of intensity (Tier III), the BLT may complete a Special School District Referral Packet.
- Step 7 The school counselor or other designated faculty member contacts the School Psychologist or psychological examiner to conduct a Joint Review of the Referral Packet. The Joint Review Committee will determine if a special education evaluation is warranted and complete the Referral for Evaluation. The date of the Joint Review decision is the date of referral.
- Step 8 After the Joint Review meeting, the school psychologist or psychological examiner completes a Student Record Search Form via "My World" on SSD Life. Results of the Joint Review are given to parents via the Joint Review Letter. Procedural Safeguards and Parents Bill of Rights must be given to the parents within 5 calendar days of the date of referral. If the packet does not support the suspicion of a disability, a copy of the packet is given to the school and the original is sent to the Intake Department.
- Step 9 When the referral has been accepted for evaluation, a Review of Existing Data (RED) conference must be scheduled with the parent and school team and a Notice of Action – Intent to Evaluate provided within 30 days of the date of referral. The school psychologist or psychological examiner provides the counselor possible dates for the conference.
- Step 10 The counselor calls the parent to set up the Review of Existing Data conference, then contacts the school psychologist to confirm the date. If the parent is unable to attend the conference, the school psychologist or psychological examiner may confer with the parent, reviewing the existing data and referral concerns.

- Step 11 Review of Existing Data conference: The school psychologist or psychological examiner meets with team members to review the existing data contained in the Referral Packet. The team determines if any additional data is needed to determine eligibility and need for special education. The school psychologist or psychological examiner typically uses this meeting to review parents concerns, inform parents of rights, obtain consent to evaluate, and schedule the eligibility conference.
- Step 12 The school psychologist or psychological examiner completes necessary forms in Evaluation Planning event in ENCORE and emails other team evaluators that the evaluation plan is available, indicating their responsibilities and conference date/time. The Notification of Meeting is mailed to parents.
- Step 13 The child is evaluated by the multidisciplinary team.
- Step 14 Eligibility conference is held within 60 calendar days of receipt of signed consent to evaluate. Evaluators interpret results and the multidisciplinary team determines eligibility for services based on DESE criteria. Evaluators submit their written reports on ENCORE prior to or no later than the day of the conference.
- Step 15 The school psychologist or psychological examiner completes the evaluation report. The report must be locked in Encore and word processing notified of the reports completion within **7 calendar days** of the eligibility conference. The file containing test records, letters, notices, and other related evaluation documents must be turned in to word processing within **14 calendar days** of the eligibility conference.

#### **ADDITIONAL CONSIDERATIONS: Parent Requests for Evaluation**

1. School Counselor notes date of parent request and provides parent Procedural Safeguards and Parents Bill of Rights **within 5 days of parent request**. Counselor notifies school psychologist of request and begins to complete a Referral Packet. The date of parent request is the **date of referral**.
2. **Within 30 days** of parent request, the following events must take place:
  - a. Joint Review Meeting – Document decision on SSD Referral for Evaluation, complete Student Record Search Form.
  - b. If referral accepted: Review of Existing Data meeting and Notice of Action (consent) provided to parent. (See Step 10 of Step-by-Step Guide and proceed as indicated)
  - c. If referral rejected: Notice of Action (refusal to evaluate) provided to parent.
    - Complete Student Record Search form
    - Contact parent to explain contents of Notice of Action refusal
    - Make copy of Referral Packet for school and send original to the SSD Intake Department

## COMMON DRUGS OF ABUSE

DRUG NAMES	STREET NAMES	DESCRIPTION	HOW IT'S USED	RELATED PARAPHERNALIA	SIGNS & SYMPTOMS OF USE
<b>Marijuana</b>  (K2-synthetic Cannibinoid/herb sold as supplement)	Pot, grass, reefer weed, hash, joint sinsemilla, blunt, dope, ganja, herb, Mary Jane, skunk (K2-Spice)	Like dried oregano leaves	Usually smoked in handrolled cigarette or a pipe  (K2-incense inhaled)	Rolling papers, pipes, bongs, baggies, roach clips  (K2-incense)	Sweet burnt odor, neglect of appearance; loss of motivations, slow reactions, red eyes, memory lapses, (K2- Possible seizures)
<b>Alcohol</b>	Booze, hooch, juice, brew	Clear or amber-colored liquid	Swallowed in liquid form	Flask, bottles, cans	Impaired judgment, poor muscle coordination, lowered inhibitions
<b>Barbiturates</b> Amytal, Seconal Nembutal	barbs, reds, red birds, phennies, tooies, yellows, yellow jackets	Variety of tablets, capsules, powder	Swallowed in pill form or injected into veins	Syringe, needles	Drowsiness, confusion, impaired judgment, slurred speech, needle marks, staggering gait
<b>Tranquilizers</b> Valium, Librium, Milltown, Xanax	candy, downers, sleeping pills, tranks	Variety of tablets	Swallowed in pill form or injected	Syringe, needles, pill bottles	Drowsiness, faulty judgement, disorientation.
<b>Narcotics</b> Heroin, Morphine	Dreamer, junk smack, horse brown sugar, dope, H, skag, skunk, smack, white horse	White or brown powder tablets capsules, liquid	Injected, smoked	Syringe, needles, pill bottles	Lethargy, loss of skin color, needle marks, decreased coordination
<b>Amphetamines</b> Amphetamine Dextroamphetamines Methamphetamines	bennies, black beauties, crosses, hearts, LA turnaround, speed, truck drivers, upperschalk, crank, crystal, fire, glass, go fast, ice, meth, speed	Variety of tablet capsules	Swallowed in pill or capsule form or injected	Syringe, needles	Excess activity, irritability, nervousness, mood swings, dilated pupils, talkativeness – then depression, erases fatigue, hunger
<b>Cocaine</b>	blow, bump, C, candy, Charlie, coke, crack, flake, rock, snow, toot	White, odorless powder	Usually inhaled, can be injected, swallowed or smoked	Razor blade, straws, glassy surfaces	Restlessness, dilated pupils, talkativeness, euphoria (short-term) followed by depression, oily skin
<b>Crack Cocaine</b>	Rock	Beige, pea-shaped pellets in vials	Crumbled and smoked in pipe or joint	Pipe, glass with colored stoppers	Same as cocaine, but crack high is swifter, more intense
<b>Nicotine</b>	Coffin nail, butt, smoke	Dried-brown tobacco leaves	Smoked in cigarettes, cigars and pipe, snuff, chew	Papers, lighter, flat tin can	Smell of tobacco, smoker's breath, stained teeth or fingers

<b>PCP</b> (Phencyclidine)	Angle dust, killer weed, supergrass, hog, peace pill	White powder or tablet	Usually smoked, can be inhaled (snorted), injected or swallowed in tablets	Tin foil	Slurred speech, blurred vision, uncoordinated, confusion, agitation, violence, unpredictability, "bad trips"
<b>LSD</b> (Lysergic Acid Diethylamide)	Acid, cubes, purple haze, white acid, blotter, boomers, cubes, microdot, yellow sunshines lighting,	Odorless, colorless, tasteless powder	Injected or swallowed in tablets or capsules	Blotter papers, window panes, tin foil	Dilated pupils, illusions, hallucinations, disorientation, mood swings, flashbacks
<b>Mescaline</b> Psilocybin	buttons, cactus, mesc, peyote	Capsules, tablets, mushroom	Ingested in their natural form or smoked		Same as LSD
<b>Solvents &amp; Aerosols</b> airplane glue, gasoline, dry cleaning solutions, correction fluid	laughing gas, poppers, snappers, whippets	Chemicals that produce mind-altering vapors	Inhaled or sniffed, often with the use of paper or plastic bag	Cleaning rags, empty spray cans, tubes of glue, baggies	Poor motor coordination; bad breath; impaired vision, memory and thoughts; violent behavior
<b>Nitrous Oxide</b>	Laughing gas, whippets	Colorless gas with sweet taste and smell	Inhaled or sniffed by mask or cone	Aerosol cans such as whipped cream, small canisters	Light-headed, loss of motor control
<b>Nitrates</b> Amyl and Butyl	Poppers, locker room, rush, snippers	Clear, yellowish liquid	Inhaled or sniffed from gauze or single dose glass vials	Cloth-covered bulb that "pops" when broken, small bottles	Slowed thought, headache
<b>Steroids</b>	roids, juice	Multi-colored tablets: various colored liquids	Injected, swallowed, applied to skin	Syringe, needles	Acne, breast development in men, heart attacks, liver cancer, irritability, aggression, mood swings, distractibility, forgetfulness

**CLUB DRUGS:** Certain drugs have become popularly known for dance clubs and "raves," impromptu dance parties. They include MDMA ("Ecstasy"), GHB ("Easy Lay"), Rohypnol ("Forget Me Drug," "Roofies"), and Ketamine ("Special K"). They fall under a variety of categories: depressants, stimulants, psychedelics, and tranquilizers. GHB and Rohypnol are known as "date rape drugs".

**EPHEDRINE:** Known as "Mini Thins", ephedrine (ephedra) is an over-the-counter stimulant that has gained in popularity among young people. It can produce the following adverse reactions: heart attack, stroke, tachycardia, convulsions, vomiting, hypertension, and respiratory depression.

For further information, please refer to the National Institute of Drug Abuse site:  
<http://www.drugabuse.gov/DrugPages/DrugsofAbuse.html>

## UNIVERSAL PRECAUTIONS FOR ALL STAFF AND STUDENTS

“Universal Precautions” is an approach to infection control. The concept of universal precautions is that all human blood and body fluids are treated as if known to contain disease-causing germs (pathogens).

Human immunodeficiency virus (HIV) and hepatitis B (HBV) can be found in blood, semen, vaginal secretions, and breast milk. HBV (not HIV) is also found in high enough concentrations in saliva to transmit infection from one person to another. Saliva and other body fluids such as urine, vomitus, nasal secretions, sputum, and feces often contain germs that cause other diseases. It is not always possible to know when blood or body fluids are infectious; therefore, all body fluids shall be handled as if infectious. All students and staff shall routinely observe the following universal precautions to prevent and reduce spread of infectious disease:

1. Wear disposable waterproof gloves whenever you expect to come into direct contact with blood, other body fluids containing blood, or contaminated items and surfaces. This applies to incidents including, but not limited to, caring for nosebleeds or cuts, cleaning up spills, or handling clothing soiled by blood or body fluids containing blood. **Do not reuse gloves.** After each use, remove gloves without touching them on the outside and dispose of them in a lined waste container. After removing gloves, wash hands thoroughly with soap and water as described below.
2. Wash your hands and any other contacted skin surfaces thoroughly for 15 to 30 seconds with dispensable soap and warm running water, rinse under running water, and thoroughly dry with disposable paper towels:
  - Immediately after any accidental contact with blood, body fluids, or drainage from wounds, or with soiled garments, objects or surfaces
  - Immediately after removing gloves or other protective equipment or clothing
  - Before assisting others with eating and drinking as well as eating or drinking yourself
  - Before handling food, cleaning utensils, or kitchen equipment
  - Before and after diapering and assisting with toileting, as well as toileting yourself

When running water is not available, use antiseptic hand cleaner and clean towels or antiseptic towelettes, and use soap and running water as soon as feasible.

3. Clean surface and equipment contaminated with blood with soap and water and disinfect them promptly with a fresh solution of household bleach (ten parts water to one part bleach) or other disinfectant. While cleaning, wear disposable gloves and use disposable towels whenever possible. **Rinse mops or other reusable items in the disinfectant and dry thoroughly.**
4. Properly dispose of contaminated materials and label them as biohazardous.
  - Place blood, body fluids, gloves, bloody dressings, and other materials soaked with blood into appropriately labeled plastic bags or lined waste containers
  - Place needles, syringes, and other sharp disposable objects into lead-proof, puncture-proof containers
  - Bag soiled towels and other laundry.
  - Presoak soiled towels with disinfectant and launder with soap and water
  - Dispose of urine, vomitus, or feces in the sewer system

5. Do not care for others' injuries, if you have any bleeding or oozing wounds or skin conditions yourself.
6. Use a mouthpiece, resuscitation bag, or other ventilation device when it is necessary to provide mouth-to-mouth resuscitation.
7. If your action is time critical, always put a barrier between you and your body fluid.
8. Immediately report any incident of accidental exposure to blood or first-aid incident that involved direct contact with blood in accordance with district policies.
9. Please exercise flu prevention techniques:
  - Cover your nose and mouth with a tissue or sleeve when you cough or sneeze
  - Wash your hands often with soap and water; alcohol-based hand cleaners are also effective
  - To prevent the spread of germs, avoid touching your eyes, nose, or mouth
  - Report to school nurse if any influenza-like symptoms occur

## RESOURCE AND HOTLINE NUMBERS

Alanon/Alateen .....	314-645-1572
Alcoholics Anonymous.....	314-647-3682
Chemical Dependency Support Group .....	314-653-5645
*Child Abuse Hotline .....	800-392-3738
Cocaine Anonymous.....	314-361-3500
Florissant Psychological Services.....	314-837-7828
Gateway Human Resources Association .....	314-205-1924
Gateway Parent Support Group (Tough Love).....	314-993-7550
Hazelwood Safe Schools Hotline.....	314-889-SAFE
Hazelwood Employee Assistance Program .....	314-837-7828
Hazelwood Student Assistance Program .....	314-837-7828
Hazelwood Alternative Support Center.....	314-953-5469
Kids in the Middle (Divorce).....	314-909-9922
Narcotics Anonymous (NA).....	314-830-3232
National Council on Alcoholism and Drug Abuse .....	314-962-3456
Nicotine Anonymous .....	314-832-9279
Poison Information Hotline.....	314-772-5200
*Police – Florissant.....	314-831-7000
Hazelwood .....	314-838-5000
St. Louis County .....	314-889-2341
Suicide/Crisis Hotline .....	314-647-4357
TREND (positive activities for teens).....	314-962-3456
Youth Emergency Services (YES).....	314-727-6294
*Response procedures for Police and Child Abuse Hotline should be followed.	

