

Appendix D

University of Massachusetts Amherst
Elaine Marieb College of Nursing
Faculty Report of Reasonable Suspicion of Impairment

Contact the Associate Dean for Academic Affairs immediately to report a suspicion of impairment (413-545-2706). Please use the space below to provide a detailed description of the student's behavior. All information is to be kept confidential. Please return the form in a sealed envelope to the Associate Dean for Academic Affairs office within 24 hours.

1. Name of Student: _____
2. Date of Incident: _____
3. Time of Incident: _____
4. Location of Incident: _____
5. Detailed description: Include any behavioral, visual, olfactory or auditory observations.
____ Speech (normal, incoherent, confused, change in speech, slurred, rambling, shouting, slow, using profanity)
____ Coordination (normal, swaying, staggering, lack of coordination, grasping for support)
____ Performance (unsafe practices, unsatisfactory work)
____ Alertness (change in alertness, sleepy, confused)
____ Demeanor (change in personality, fighting, excited, combative, aggressive, violent, argumentative, indifferent, threatening, antagonistic)
____ Eyes (bloodshot, dilated)
____ Clothing (dirty, disheveled)
____ Odor of alcohol or cannabis on breath
____ Other observed actions or behaviors
____ List reports of complaints of student behavior from personnel or other students
____ List unexplained absences or tardiness.

6. Did the student admit to use of drugs/alcohol? _____ No _____ Yes Comments:
7. Were drugs/alcohol discovered? _____ No _____ Yes Comments:
8. Did another faculty member or healthcare provider observe the student's behavior? If so, please have that individual document their observations and sign below.

Faculty Signature _____ Date: _____

Other Professional Witness _____ Date: _____