Appendix B School-Level Testing Form

SCHOOL IDENTIFICATION

(ATTACH LABEL HERE)

School Name:_____

School Address:_____

_____

DRUG TESTING COLLECTION FORM

OMB No.: **1850-0808**

Expiration Date:
MM/DD/YY

Name of person completing this form:

_____

Phone of person completing this form:

(__ __ __) __ __ __ - __ __ __ __

Email of person completing this form:

_____

Date of original test: ____ / ____ / ____
Month Day Year

Was any confirmatory testing needed? ☐ Yes ☐ No

Date confirmatory testing occurred: ____ / ____ / ____
Month Day Year

INSTRUCTIONS: Please complete one form on **each original test day** that drug-testing is conducted for this school. Answer each of the following questions for this testing date. Please record a number on each line. If none, please write "0"

1. On this testing date, how many students:
   Check that the numbers of students in lines b + c + d + e add up to the number of students recorded in line a.

a. Were *scheduled to be tested?*	b. Were *actually* tested?	c. Refused to be tested?	d. Were absent or not available?	e. Not tested for other reasons (e.g., could not produce specimen)?
_____	_____	_____	_____	_____

2. On this testing date, how many of the students **actually tested** were:
   Check that the numbers of males + females tested add up to the number of tested students recorded in question 1b above.

Male	Female
_____	_____

3. On this testing date, how many of the students **actually tested** were from each of the following grades:
   Check that the numbers of students in each grade add up to the number of tested students recorded in question 1b above.

Grade 9	Grade 10	Grade 11	Grade 12
_____	_____	_____	_____

4. On this testing date, how many of the students **actually tested** were eligible for testing due to participation in the following activities?
   Check that the numbers of students in the three activity types add up to the number of tested students recorded in question 1b above.

Sports	Extracurricular activity other than sports	Both
_____	_____	_____

5. Where was drug-testing conducted on this date? *(Please check one)*

   ☐ At this School
   ☐ Off-Site Location ➔ *Please list:*_____ ➔**(Skip to Q8, next page)**

6. Who conducted the drug tests at this school on this testing date? *(Please check all that apply)*

   ☐ Trained Faculty Member ☐ Drug-testing Program Contractor ☐ School Nurse ☐ Other *(Please list)*: _____

7. Was there a break in the **chain of custody procedure** (including specimen documentation) during drug-testing at this school on this date?

   ☐ Yes ➔ *Please specify:* _____ ☐ No

the status of your individual submission of this form, write directly to: U.S. Department of Education, Institute for Education Sciences, 555 New Jersey Avenue, Washington, DC 20208-5651. This survey is authorized by law (INSERT LEGISLATION, IF APPLICABLE).

8. Please indicate which drugs were tested on this testing date, and the method of testing used to test each drug.

DRUG	TESTED		METHOD OF TESTING — PLEASE CHECK THE METHOD(S) USED TO TEST EACH DRUG							TEST RESULTS		
	Yes	No	Urine	Oral Fluid	Breath Alcohol	Hair	Sweat Patch	Other	(List):	# Tested Positive	# Confirmatory Tests	# Positive Confirmatory Tests
Marijuana	☐	☐	☐	☐	☐	☐	☐	☐		____	____	____
Phencyclidine (PCP)	☐	☐	☐	☐	☐	☐	☐	☐		____	____	____
Opiates (Heroin, morphine, codeine)	☐	☐	☐	☐	☐	☐	☐	☐		____	____	____
Amphetamines/Methamphetamine	☐	☐	☐	☐	☐	☐	☐	☐		____	____	____
Cocaine	☐	☐	☐	☐	☐	☐	☐	☐		____	____	____
Synthetic Opiates (Oxycodone Methadone)	☐	☐	☐	☐	☐	☐	☐	☐		____	____	____
Steroids	☐	☐	☐	☐	☐	☐	☐	☐		____	____	____
Alcohol	☐	☐	☐	☐	☐	☐	☐	☐		____	____	____
Ecstasy/MDMA	☐	☐	☐	☐	☐	☐	☐	☐		____	____	____
GHB	☐	☐	☐	☐	☐	☐	☐	☐		____	____	____
LSD	☐	☐	☐	☐	☐	☐	☐	☐		____	____	____
Nicotine	☐	☐	☐	☐	☐	☐	☐	☐		____	____	____
Other *(Please list)*	☐	☐	☐	☐	☐	☐	☐	☐		____	____	____
_____	☐	☐	☐	☐	☐	☐	☐	☐		____	____	____
_____	☐	☐	☐	☐	☐	☐	☐	☐		____	____	____

Please answer the following questions about procedures for <u>positive tests</u> acquired on this testing date. *(Please check one for each)*

9. Were all positive tests verified through a **<u>Medical Review Officer</u>**?..... ☐ Yes ☐ No

10. Were positive samples retained for future re-testing?..... ☐ Yes ☐ No