

**ALCOHOL/DRUG COUNSELING AGREEMENT \***  
**(Off-Campus Offense)**

The purpose of this Agreement is to allow the student to receive needed counseling and regain his/her eligibility to participate in extracurricular activities.

I \_\_\_\_\_, \_\_\_\_\_ and  
(Student Name) Student I.D.

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(Parents/Legal Guardian)

agree to the following:

1. The student will meet with the intervention specialist no less than once a week for a minimum of six (6) weeks beginning on the date this contract is signed by all parties.

During the term of this Agreement, a student athlete, for example, will not be allowed to participate in official games as a member of the team, but will be allowed to practice. Participation in performances, games, contests and any out-of-town activities is prohibited.

Other extra-curricular activities involving meetings as a representative of a particular group are prohibited, but various committee assignments can be performed.

Each situation beyond these two general categories will have to be determined on a case-by-case basis, but with the same caution that direct participation is prohibited.

2. The counseling sessions may be scheduled on any day that the intervention specialist is contractually available, but over a minimum of a six week period. Sessions must be completed as agreed in order to regain eligibility.
3. The student and parents/guardian will enter into a behavioral assessment and intervention plan to be determined by the intervention specialist.
4. The intervention specialist will review reports of the student's academic, behavioral and attendance progress from the school. The student must meet the following requirements or the contract can be deemed null and void:  
(Note: Violations may result in suspension of the agreement.)
  - No unexcused absences
  - No disciplinary referral which would result in suspension or the student's assignment to Saturday School, On-Campus Suspension, Choices or Turning Point
  - At minimum, maintain satisfactory performance in academics
5. The student may be administered appropriate assessment instrument(s), i.e. SASSI (Substance Abuse Subtle Screening Inventory), or others deemed appropriate by the intervention specialist.
6. Information will be exchanged regarding the student's progress with the intervention specialist, the intervention specialist team, the school counselor, and the school's administration.

7. The parents/guardian and student and other family members are encouraged to become a part of the supportive/intervention plan and may be asked to provide additional information.
8. If it is determined that the student has an advanced involvement with alcohol or other drugs, the parents/guardian will be apprised of the information and appropriate referrals suggested.
9. The parents/guardian and student shall attend a final assessment and review meeting. This meeting will consist of a review of reports from school personnel, the intervention specialist, and parental input.
10. The intervention specialist will be available for the student on a voluntary basis, extending beyond the required minimum six-week period for supportive assistance.

\_\_\_\_\_  
Student

\_\_\_\_\_  
Parents/Guardian

\_\_\_\_\_  
School Administrator

\_\_\_\_\_  
Intervention Specialist

Date of Contract \_\_\_\_\_

Final Completion Date \_\_\_\_\_

**Right of Refusal to Participate**

We, \_\_\_\_\_, and \_\_\_\_\_, choose to not participate in the counseling option agreement as outlined herein.  
( parent ) (student)

We further understand that student can see the counselor as needed but these visits do not count towards fulfillment of the counseling option without a signed contract by all parties.