

Substance Use Behavior Report for Students

Student Information

Name: _____

Student ID: _____

Grade/Section: _____

Date: _____

Details of Substance Use Behavior

Type of Substance	Frequency	Duration	Last Used
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Brief Description of Incident or Behavior

Actions Taken / Recommendations

Reported by

Name: _____

Role/Designation: _____

Signature: _____