

Mandatory Drug Testing
Student Drug Testing Policy
Beebe Public Schools

Mission Statement:

The Beebe School District recognizes that drug abuse is a significant health problem for students, detrimentally affecting overall health, behavior, learning ability, reflexes, and the total development of each individual. The Beebe Board of Education is determined to help students by providing another option for them to say “No”. Drug abuse includes but is not limited to, the use of illegal drugs, alcohol, and the misuse of legal drugs and medications.

Definitions:

Drugs: *Any substance considered illegal by Arkansas Statutes or which is controlled by the Food & Drug Administration unless prescribed by a licensed physician.*

Activity Programs: *Any Activity that meets the guidelines of the Arkansas Activities Association and /or sponsored by the Beebe School District. These activities are listed below:*

Football	Trap Shooting	Mathletes
Basketball	Band	Volleyball
Track	Beta Club	Drivers Education
Golf	Choir	Foreign Language
Cheerleading	FBLA	Student Council
Cross Country	FCCLA	Newspaper
Softball	FFA	Yearbook
Baseball	FCA	Quiz Bowl
Rodeo Club	Skills USA	Drama Club
Amime	Chess Club	Bowling
Tennis	Library Club	Key Club
ROTC	Special Olympics	Student Driver
Youth Alive	Wrestling	
Science Club	FTA	

Any others that may be formed

School Year: *From the first day of classes in the fall, unless the activity begins prior to the first day of classes, in which event, from the first day of practice through the last day of classes in the spring.*

Testing Agency:

The district will choose a certified agency for the purpose of processing sample results and maintaining privacy with respect to test results and related matters.

Prescription Medication:

Students who are taking prescription medication may provide a copy of the prescription or doctor's verification, which will be considered in determining whether a "positive" test has been satisfactorily explained. That documentation will be forwarded to the testing lab with instructions for the lab to consider the student's use of such medication to assure the accuracy of the result. Students who refuse to provide verification and test positive will be subject to the actions specified below for "positive tests".

Scope of Tests:

The drug screen, tests for one or more illegal drugs, including synthetic marijuana. The superintendent or his designee shall decide from week to week which illegal drugs shall be screened, but in no event shall that determination be made after selection of students for testing. Student samples will not be screened for the presence of any substances other than an illegal drug or for the existence of any physical condition other than drug intoxication. As a quality control measure, the school reserves the right to send any urine sample that appears unusual in color and /or consistency to a laboratory for testing and confirmation or non-confirmation.

Limited Access Results:

The results will be reported only to the superintendent or to such person as the superintendent may designate in the event the superintendent is absent.

Procedures in the Event of a Positive Result:

Whenever a student's test result indicates the presence of illegal drugs ("**positive test**") the following will occur:

If a sample tests **positive**, a custodial parent or legal guardian will be notified and a meeting will be scheduled with the Superintendent or his designee, the student, the custodial parent or legal guardian, and the student's principal, school counselor, and head coach or sponsor.

Policy Statement:

Beebe School District is conducting a **mandatory drug-testing program for students**. Its purpose is threefold: (1) to provide for the health and safety of students in all Activity Programs grades **7-12**; (2) to undermine the effects of peer pressure by providing a legitimate reason for students to refuse to use illegal drugs; and (3) to encourage students who use drugs to participate in drug treatment programs.

Procedures for Students:

Consent: Each student wishing to participate in any activity program and the student's custodial parent or guardian shall consent in writing to drug testing pursuant to the District's drug testing program. Written consent shall be in the form attached to this policy as **Form A**. No student shall be allowed to participate in any activity program without such consent.

Students not involved in activities may be allowed to voluntarily participate in the testing pool with a consent form signed by the parent.

Student Selection: At the option of the district, all students in activity programs may be drug tested at the beginning of the school year. In addition, random testing will be conducted weekly during the school year. Selection for random testing will be by lottery drawing from a "pool" of all students participating in activity programs in the district at the time of the drawing. **A single test can be required by a principal from a student for reasonable suspicion.** The superintendent shall take all reasonable steps to assure the integrity, confidentiality and random nature of the selection process including, but not assuring that the person drawing names has no way of knowingly choosing or failing to choose particular students for the testing, assuring that the identity of students drawn for testing is not known to those involved in the selection process and assuring direct observation of the process by the least intrusive means while assuring brevity and privacy.

Sample Collection:

Samples will be collected at a mutually convenient time on the designated testing day. The student will be dismissed to class when the testing has been completed. All students providing samples will be given the option of doing so alone in an individual stall with the door closed.

First Positive Result

For a **positive** result, the student will be placed on probation and not be allowed to participate in competitions, presentations and activities of Beebe Schools for a period of **twenty (20) days**. The student will be recommended for school counseling. If outside counseling is needed, any charges incurred will be the responsibility of the parent/guardian.

A student may be required to practice or participate in off-season activities at the head coach's or sponsor's discretion. He/she cannot compete or dress out for any competition.

On day **twenty-one** the student will be able to be retested (at the expense of the parent-guardian). If the test results are found to be **negative**, the student will again become eligible for competitions, presentations, and activities relating to Beebe Schools. **However, the student must submit to a mandatory drug screen or lab test on a monthly basis at the expense of the parent/guardian**. The duration of monthly testing is to be determined by the intervention program (A maximum of six months.)

Second Positive Result

For the **second positive** result in the same year or any two consecutive calendar years, the student will be suspended from participating in activities for the remainder of the school year. If this positive test is in the spring semester, the student will not be able to participate during the following fall semester.

Third Positive Result

For the **third positive result**, the student will be suspended from participating in activities for the remainder of his enrollment with the school (may be appealed to the board).

Non-Punitive Nature of Policy

No student shall be penalized academically for testing positive for illegal drugs. The results of drug tests pursuant to this policy will not be documented in any student's academic records. Information regarding the results of drug tests will not be disclosed to criminal or juvenile authorities absent legal compulsion by valid and binding subpoena or other legal process, the student and the student's custodial parent or legal guardian, will be notified as soon as possible by the district.

Other Disciplinary Measures

The District by accepting this policy is not precluded from utilizing other disciplinary measures set forth in the Student Discipline Policy and this policy does not preclude the District from taking disciplinary procedure and resulting action when founded upon reasonable belief and suspicion that a student has participated in drug related activities.

**BEEBE SCHOOL DISTRICT
STUDENT DRUG TESTING CONSENT FORM**

Print Student Name

Grade

DRUG TESTING FORM A

This form shall be deemed consent pursuant to the Family Education Right to Privacy Act for the release of above information to the parties named above. Students may not withdraw from random testing at the conclusion of their athletic or club season.

*Please check **EITHER #1 or #2** indicating that your son/daughter will, or will not participate in the random drug testing as outlined in the Random Drug Testing Policy. **Student drug testing is mandatory for all students who wish to participate in school activities/extracurricular activities.***

1. _____ *My son/daughter **will participate** in the random drug testing. I understand that this is for the entire school year and your choice may not change during this school year.*

Reasons for participation: CHECK ALL THAT APPLY

_____*Voluntary: Not involved in School Activities/Extracurricular Activities*

_____*Involved in: School Activities/Extracurricular Activities (check all that apply)*

___Baseball	___Band	___Football	___Key Club	___Library Club	___Amime
___Choir	___Track	___Newspaper	___Class Officer	___FBLA	___HS Rodeo
___Dance Team	___Golf	___Science Club	___FCCLA	___Skills US	___Cross Country
___Quiz Bowl	___Tennis	___Yearbook	___FCA	___Drama Club	___Volleyball
___Bowling	___Softball	___Youth Alive	___Chess Club	___FFA	___Drivers Education
___Basketball	___BETA	___ROTC	___Mathletes	___Wrestling	___Student Council
___Cheerleading		___ Student Driver	___Other	___Trap Shooting	___Foreign Language

OR

2. _____ *My son/daughter **will not participate** in the random drug testing. I understand this choice prohibits my son/daughter from participating in school activities/extracurricular activities.*

I have read and understand the contents of the Beebe School District Drug Testing Policy

Parent Signature

Student Signature

Date

Notification of Initial Violation of
Drug Screen Testing Policy

I, _____ the custodial parent / guardian of
_____, a student in the Beebe School District
have been notified by officials of Beebe School that _____
(students name) has tested positive during the drug test administered under the provisions
set by the Beebe School District.

The student is hereby recommended for school counseling. If outside counseling is needed, any charges incurred will be the responsibility of the parent/guardian. The student will also be placed on probation and not be allowed to participate in competitions, presentations and activities of Beebe Schools for a period of twenty days.

On day twenty-one, the student will be able to be retested (at the expense of the parent /guardian) under the guidelines set for in the Drug Screen Test Policy. I, the custodial parent/legal guardian, understand that if the test results are found to be negative, the so named student will again become eligible for competitions, presentations and activities relating to Beebe Schools. I also understand that there will be a minimum mandatory drug screen or lab test on a monthly basis at the expense of the parent/guardian. The duration is to be determined by the intervention program (A maximum of six months).

If the test results are positive, the so named student will be suspended from competition, presentations, and activities relating to Beebe Schools for remainder of the school year. If the positive test is in the spring semester, the student will not be able to participate during the following fall semester. In addition to the suspension, the student will be immediately referred for professional counseling and rehabilitation at the expense of the parent.

Custodial parent/legal guardian

School Official

Custodial parent/legal guardian

Date

Notification of Second Positive Results of Drug Screen Test

I, _____ custodial parent/legal guardian of _____ a student in the Beebe School System, was notified on _____ (Date) of the first positive drug screen test results of the so named student by _____ (School Official).

At the time, I understood that the student would be on probation and not be allowed to participate in competitions, presentations, and activities of Beebe Schools for a period of twenty days. I understood that on day twenty-one, at my own expense, I could request a second test administered under the guidelines set forth in the Beebe School District's Drug Screen Policy.

I, custodial parent/legal guardian of the so named student, was notified of the second positive test results on the date of _____ by _____ (School Official).

I understand that under the Beebe School District's Drug Abuse Policy, which I, the custodial parent/guardian consented to when I signed the consent form, the so named student will be suspended from competitions, presentations, and activities for the remainder of the school year. If this positive test is in the spring semester, the student will not be able to participate during the fall semester. I also understand that I should seek professional counseling and rehabilitation for the named student.

Custodial parent/legal guardian

School Official

Custodial parent/legal guardian

Date

Parental Request for Drug Testing

I am requesting that my child be drug tested at the next earliest testing date.

I understand that this will not be a random drawing (the student will be added to the random list) and that if my child tests positive they will fall under the rules of the random drug testing program (if involved in any activities) and that I am responsible for any extra expense incurred.

Student Name

Grade

Parental Signature

Date