Mandatory Student Drug
Testing Policy Cabot Public
Schools

MISSION STATEMENT:

Cabot Public Schools 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. Our stakeholders are determined to help students by providing another incentive for them to say “No”. It is critical that educators and parents continually seek ways to implement effective programs that provide the appropriate actions to address and foster a drug free environment in our schools. Drug abuse includes but is not limited to, the use of illegal drugs, alcohol, and the misuse of legal drugs and medications.

DEFINITIONS:

Drug: Any substance considered illegal by Arkansas Statutes or which is controlled by the Food & Drug Administration unless prescribed by a licensed physician and the misuse of legal drugs and medications.

Extracurricular Activity: Any activity that meets the guidelines of the Arkansas Activities Association and/or sponsored by the Cabot Public School District. This includes all school sponsored academic, athletic/spirit and student groups.

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 randomly selecting students consistent with the criteria set forth by the district, 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 a 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 coordinator 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 screening samples will be tested for illegal drugs and the misuse of prescription drugs. 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.

**RANDOM SELECTION CRITERIA**

All students who opt to participate in an extracurricular activity as previously defined and all students requesting driving privileges on campus will be entered into a pool for random selection.

**PROCEDURES FOR STUDENTS:**

**Consent:** Each student wishing to participate in any extracurricular activity and the student’s custodial parent or guardian shall consent to drug testing pursuant to the district’s drug testing program. Consent shall be in the form of the CPS Student Handbook agreement page, acknowledged by the parent and student during registration. No student shall be allowed to participate in any extracurricular activity or drive on campus absent such consent.

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

Parents may also request that their child be drug tested at the next available date at the parent’s expense. (Form D)

**Student Selection:** At the option of the district, all students in extracurricular activities may be drug tested during the school year. In addition, random testing will be conducted a minimum of three (3) times during each semester. Selection for random testing will be by lottery drawing from a “pool” of all students participating in an extracurricular activity and drivers 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 or designee shall take all reasonable steps to assure the integrity, confidentiality, and random nature of the selection process including, but not necessarily limited to, assuring that the names of all participating students are in the pool, assuring that the agency selecting the students 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 possible while assuring brevity and privacy.

**SAMPLE COLLECTION:**

Samples will be collected within a two (2)-hour time period on the same day the student is selected for testing. If a student is absent on that day, the student may be tested upon the student’s return to school. A student who is
notified and fails to report or fails to report immediately shall result in a positive screening, and will be subject to the actions specified below for a “positive test.” A student who reports, but refuses to submit a sample will be subject to the actions specified below for a “positive test.” If a student is unable to produce a sample, the student may be required to submit a hair sample. Students are responsible for any additional costs associated with hair sample testing. Otherwise, the student will remain at the testing facility until a sample can be produced.

**LIMITED ACCESS TO RESULTS:**

The results will be reported only to the superintendent or his/her designee.

**PROCEDURES IN THE EVENT OF A POSITIVE RESULT:**

Whenever a student’s test result indicates the presence of illegal drugs or the misuse of legal or prescription drugs (“positive test”), the following will occur:

If the sample tests positive, a custodial parent or legal guardian will be notified via phone and in writing and a meeting may be scheduled with the superintendent or his/her designee, the student, the custodial parent or legal guardian, and the student’s principal and head coach or sponsor. (Forms A, B, C, D)

**FIRST POSITIVE RESULT:**

For a positive result, the student will be placed on probation and not be allowed to participate in competitions, presentations, activities and driving privileges of Cabot Schools for a minimum period of twenty (20) school days. The student will remain on probation and will not be allowed to participate fully until either a) a negative result from the next random screening or b) the parent/guardian, at their own expense, provides a negative test result from a district approved laboratory. A list of approved laboratories, along with results submission guidelines can be obtained from the Cabot High School office.

If the test results are found to be negative, the student will again become eligible for driving on campus, competitions, presentations, and activities relating to Cabot 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 for the next three consecutive random screenings.

While on probation, a student may practice or attend an organization’s meetings at the discretion of the sponsor/coach but may not compete, dress out for competition, take part in a club’s scheduled event beyond meetings or drive on campus. The student will be recommended for counseling; if any charge is incurred, it will be the responsibility of the parents.
SECOND POSITIVE RESULT:

A second positive result in the 24-month period following the first positive test will result in the student’s suspension from participating in activities and driving on campus for one calendar year (365 days). Because a student may not participate for 365 days, a positive result may result in a schedule change for elective classes.

THIRD POSITIVE RESULT:

For the third positive result, the student will be suspended from participating in activities and driving on campus for the remainder of his/her enrollment with the school district.

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, which the district shall not solicit. In the event of service of any such subpoena or 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:

By accepting this policy, the district is not precluded from utilizing other disciplinary measures set forth in the Student Discipline Policy. Likewise, this policy does not preclude the district from following its disciplinary procedure and resulting action when founded upon reasonable belief and suspicion that a student has participated in drug-related activities.

If a student exhibits physical manifestations in which administration determines to be as a result of drug or alcohol use, the student will be subject to the consequences listed in the Drug and Alcohol Policy defined in section 4:24 of the Student Handboo.
Form A
Notification of Initial Violation of
Drug Screen Testing Policy

I, ____________________________________________, the custodial parent / guardian of
__________________________________________, a student in Cabot Public Schools

have been notified by officials of Cabot Public Schools that _________________________

(student’s name) has tested positive for __________________________ during the drug test
administered under the provisions set by Cabot Public Schools.

The student is hereby recommended for counseling. If any charge is
incurred, it will be the responsibility of the parents. The student will also be placed
on probation and not be allowed to participate in competitions, presentations,
activities and driving privileges of Cabot Schools for a minimum period of twenty
school 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 Testing Policy or the student
can be retested, at the district’s expense, at the next random drug screening. I, the custodial
parent/legal guardian, understand that if the retest results are found to be negative, the so
named student will again become eligible for competitions, presentations, activities and
driving privileges relating to Cabot Schools. I also understand that the student must
submit to a mandatory drug screen or lab test the next three consecutive months when
school is in session.

If any of the subsequent test results are positive, the so named student will be
suspended from competition, presentations, activities and driving privileges relating to
Cabot Schools for one calendar year. 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

__________________________________________  ____________________________
Student Signature                      Date
Form B
Notification of Second Positive Results of Drug Screen Test

I, __________________________________________ custodial parent/legal guardian of ____________________________ a student in the Cabot Public Schools, was notified on ____________ (Date) of the second positive drug screen test result of the so named student by __________________________ (School Official).

I understand that under the Cabot Public Schools’ Student Drug Testing Policy. The so named student will be suspended from competitions, presentations, activities, and driving on campus for a period of 365 days. I understand that on day 366, at my own expense, I may request an additional test be administered under the guidelines set forth in the Cabot Public Schools’ Drug Testing Policy. I also understand that I should seek professional counseling and rehabilitation for the named student.

__________________________________________  __________________________________________
Custodial Parent/Legal Guardian                  School Official

__________________________________________  __________________________________________
Student Signature                                Date
Form C

Notification of Third Positive Result of Drug Screen Test

I, ________________________________, custodial parent/legal guardian of ________________________________, a student in the Cabot Public School District, was notified on __________________________(date) of the positive drug screen test result on the so named student by ________________________________ (School Official).

I understand that under the Cabot Public Schools’ Drug Abuse Policy, the so named student will be suspended from competitions, presentations, activities, and driving on campus for the remainder of his/her enrollment with the school district. I also understand that I should seek professional counseling and rehabilitation for the named student.

___________________________________________     ____________________________
Custodial Parent/Legal Guardian                                      School Official

_______________________________                                   ______________________
Student Signature                                                                 Date
Parental Request for Drug Testing

I am requesting that my child be drug tested at the next 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 or driving on campus) and that I am responsible for any expense incurred.