(Yellow) Rev. 6/2017

CONFIDENTIAL

Wallenpaupack Area High School

STUDENT ASSISTANCE PROGRAM (SAP) REFERRAL FORM

2018 – 2019 School Year

Student: _____ Grade_____ Referral Date: _____

Referred by: Admin Discipline School Counselor Teacher Peer Self Parent Other
(circle one)

Name: (preferred, but optional) _____

REASON FOR REFERRAL (Check all appropriate areas)

____ Re-entry/ New to building ____ Continuation from other SAP/Year

____ Behavioral Concerns: ___Possible Drug/Alcohol Issues ___Withdrawn/Depressed ___Anger/Aggression

____ Anxiety ___ Suicide Ideation or Follow-up ___ Self-harm/Cutting

____ Academic Concerns: ___Attendance ___Cutting Class ___Drop in grades

____ Social Concerns ___ Relationships ____ Bullying: ___Target ___Bully

____ Recent loss or death ____ Witness/Victim Traumatic Event

____ Discipline Violation: ___ Tobacco ___ D&A ___Violence/Weapons ___Other

____ Involvement with legal system

____ Eating/Body Image Concerns ____Teen Pregnancy/Teen Parent ____ Family issues

____ Suspected abuse ___Other _____

Please describe observable behaviors related to your concern:

_____

_____

_____

_____

_____

Please list any sports or extracurricular activities this student participates in:

_____

Out of school activities or distractions you may be aware of:

_____

Have you contacted parents with your concerns? __No __Yes (Date) _____

Outcome: _____

2nd / 3rd Referral___ **(SAP USE ONLY)** **Parent Letter Sent_____** **Permission Signed____**

D&A Concern____ **___Prior Year(s) FAME_____** **Special Ed___** **504___**

CASE MANAGER: **CASE #:**