STUDENT ASSISTANCE PROGRAM (SAP) REFERRAL FORM

Student: ___________________________ Grade_______ Referral Date: ___________

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

Name: (preferred, but optional) ______________________________________

REASON FOR REFERRAL (Check all appropriate areas)

___ Re-entry/ New to school ___ Continuation from other SAP/Year

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

___ Academic Concerns: ___Attendance ___Cutting Class ___Drop in grades

___ Social Concerns ___ Bullying: ___Target ___Bully

___ Witness/Victim Traumatic Event ___ Recent loss or death

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

___ Discipline Code Violation: ___Tobacco ___D&A ___Violence/Weapons ___Other

___ Involvement with legal system

___ Divorce ___Other Family Issues ___Eating/Body Image Concerns

___ 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: ___________________________ ___Permission Signed

CASE MANAGER: __________________ CASE #: __________