(Yellow) Rev. 10/2021

## **CONFIDENTIAL**

Wallenpaupack Area High School

## STUDENT ASSISTANCE PROGRAM (SAP) REFERRAL FORM 2021 – 2022 School Year

Student:	_ Grade	Referral l	Date:
Referred by: Admin Discipline School Counsel (circle one)  Name: (preferred, but optional)			
REASON FOR REFERRAL (Check all appropriate areas			
Re-entry/ New to building Behavioral Concerns:Possible Drug/Alcohol Iss Anxiety Sui	Continuati	rawn/Depressed	Anger/Aggression
Academic Concerns:AttendanceCuttin	g ClassDr	op in grades	
Social Concerns Relationships	Bullying:	TargetBully	
Recent loss or death	Witness/	Victim Trauma	tic Event
Discipline Violation: Tobacco D&A	Violence/Wea	aponsOther	
Eating/Body Image Concerns Teen P Suspected abuse Other			
Please describe observable behaviors related to your control of the second of the seco	oncern:		
Please list any sports or extracurricular activities this s	tudent particip	pates in:	
Out of school activities or distractions you may be awa	are of:		
Have you contacted parents with your concerns?N Outcome:	o Yes (Da	nte)	
2 <sup>nd</sup> / 3 <sup>rd</sup> Referral (SAP USE ONLY) D&A Concern		Sent Per	rmission Signed Special Ed 504
CASE MANAGER:		CASE	#: