

**CONFIDENTIAL**

Wallenpaupack Area Middle School

**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- Behavioral Concerns:  Possible Drug/Alcohol Issues  Withdrawn/Depressed  Anger/Aggression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:

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

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

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Have you contacted parents with your concerns?  No  Yes (Date): \_\_\_\_\_

Outcome: \_\_\_\_\_  Permission Signed

(FAME USE ONLY)

Re-Referral

Special Ed.

504

**CASE MANAGER:**

**CASE #:**