

STUDENT ASSISTANCE PROGRAM (SAP)

Student or Parent Referral Form

Students and Parents can use this form to express their concerns about themselves, their peers or their child. The form will be used by the **SAP Core Team**, comprised of guidance counselors, the Dean of Students, and community liaisons aware of potential risks for students.

All information remains strictly confidential.

Student being referred: _____ Grade: _____

Suggested by (your name): _____ Date: _____

Check and rank any observations you've made of the referred student.

Ranking criteria: F= Frequently S= Sometimes R= Rarely

A. Behavioral Concerns:

- ___ Irresponsibility, blaming, denying
- ___ Frequent requests to leave classroom
- ___ Defiance of rules, discipline problems
- ___ Attention seeking behavior
- ___ Obscene language, gestures
- ___ Disruptive behavior
- ___ Cheating, lying
- ___ Negativism
- ___ Change in peer group
- ___ Smoking, chewing
- ___ Talks freely about drugs/alcohol

B. Emotional Concerns:

- ___ Withdrawn from friends
- ___ Defensive
- ___ Impulsive
- ___ Depressed
- ___ Easily frustrated
- ___ Difficulties concentrating (Explain)

C. Physical Concerns:

- ___ Change in usual appearance (Explain)
- ___ Physical complaints (Explain)
- ___ Sleeps in class
- ___ Smells of tobacco
- ___ Smells of alcohol/marijuana

In addition, on the back of this paper, please CAREFULLY AND SPECIFICALLY respond to the following questions:

- D. Describe the specific concerns you have about this person.
- E. What specific circumstances or discussions have brought you to these conclusions?
- F. What conversations have you had with the student regarding this situation?

Signature of student or parent making the referral _____

Please return this form to the grade-level guidance counselor.