



# STUDENT ASSISTANCE PROGRAM

## CONFIDENTIAL SAP REFFERAL FORM

**Referring Person:**

**Date:**

**Student:**

**Grade:**

### PLEASE CHECK REASON(S) FOR CONCERN:

- |                                                                |                                                               |
|----------------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Drop in grades/lower achievement      | <input type="checkbox"/> Talks/boasts about use               |
| <input type="checkbox"/> Work incomplete/missing               | <input type="checkbox"/> Odor similar to pot/alcohol/nicotine |
| <input type="checkbox"/> Excessive absences from class         | <input type="checkbox"/> Others report concern about use      |
| <input type="checkbox"/> Defies Rules                          | <input type="checkbox"/> D/A related pictures                 |
| <input type="checkbox"/> Attempts to sleep in class            | <input type="checkbox"/> Change of friends, older             |
| <input type="checkbox"/> Withdrawn, quiet                      | <input type="checkbox"/> Speaks of family problems            |
| <input type="checkbox"/> Attention-seeking/disruptive behavior | <input type="checkbox"/> Unexplained body marks               |
| <input type="checkbox"/> Deteriorating personal appearance     | <input type="checkbox"/> Mood swings                          |
| <input type="checkbox"/> Glassy, bloodshot eyes                | <input type="checkbox"/> Noticeable weight loss               |

Please elaborate on the reason(s) for the referral and include any other pertinent information that would be helpful to the team: Observable information only

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I would like to speak with a SAP team member regarding this student:

- Yes  No

Prior to this SAP referral, please check any actions taken to help this student:

- Referral to counselor  Discipline referral  Referral to in-house group

None  Referral to school psychologist  Parent Contact  Referral to School Nurse