

Student Assistance Program

REFERRAL FORM

STUDENT: _____ GRADE: _____

DATE: _____ REFERRED BY: _____

AREAS OF CONCERN

AREAS OF STRENGTH

Academic Behaviors

_____ Declining quality of work
_____ Declining grades
_____ Homework not handed in
_____ Inattentive (specify behavior)
_____ Declining motivation
_____ Disruptive in class (specify behavior)

_____ Consistent quality of work
_____ Consistent grades
_____ Homework consistently completed
_____ Attentive
_____ Well motivated
_____ Contributes to classroom climate

Social Behaviors

_____ Negative responses/attitude
_____ Negative change in friends/peer group
_____ Consistently seeks adult approval
_____ Withdrawn: a loner
_____ Struggle for achievement: perfectionist
_____ Difficulty accepting mistakes/criticism
_____ Dishonest
_____ Increasing non-involvement
_____ Frequently absent
_____ Physical aggression
_____ Verbal aggression
_____ Talks about substance abuse

_____ Positive friends/peer group
_____ Appropriate interactions with adults
_____ Positive relationships with peers
_____ Content with level of achievement
_____ Honest
_____ Positively involved in school activities
_____ Regular attendance

Other concerns or strengths: (observable behavior)

Please list any strategies you have attempted so far in dealing with your concern:

_____ Student Conference Date: _____
_____ Student Contract Date: _____
_____ Referral to Principal Date: _____

_____ Referral to Counselor Date: _____
_____ Telephoned Parent Date: _____
_____ Parent Conference Date: _____

* Please return to a Student Assistance Member or to the SAP mailbox.

* Thank you for your input. The Student Support Team will process your referrals.