

# **CONFIDENTIAL**

## **Haverford Middle School** **SAP Referral Form**

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### **S.A.P.---STUDENT ASSISTANCE PROGRAM**

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**NAME OF STUDENT BEING REFERRED:**  
**GRADE:**  
**DATE:**

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**REFERRED BY:**

(MAY BE ANONYMOUS, BUT PLEASE IDENTIFY AS TEACHER, STUDENT, ETC.)

**REASON FOR REFERRAL (CHECK ALL APPROPRIATE AREAS):**

- |   |  |
|---|--|
| <input type="checkbox"/> ACADEMIC DIFFICULTIES        | <input type="checkbox"/> EMOTIONAL CONCERNS<br>(e.g. sad affect, isolation from peers) |
| <input type="checkbox"/> SUSPECTED CHEMICAL USE       | <input type="checkbox"/> GROUP CANDIDATE   |
| <input type="checkbox"/> SOCIAL CONCERNS              | <input type="checkbox"/> BEHAVIOR DIFFICULTY   |
| <input type="checkbox"/> HOME/PERSONAL PROBLEMS       | <input type="checkbox"/> OTHER (PLEASE EXPLAIN)  |
| <input type="checkbox"/> ATTENDANCE/LATENESS TO CLASS |  |

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**IN THE SPACE BELOW, PLEASE PROVIDE A BRIEF NARRATIVE OF YOUR OBSERVATIONS AND CONCERNS REGARDING THIS STUDENT.**  
*(Please base your comments on observable behavior only)*

***\*Please return this form in a sealed envelope marked "Confidential" to:***  
**Kim Alexander, MS S.A.P. Coordinator**  
*Kim's mailbox is located in the main office of the Haverford Middle School*