PARKLAND SCHOOL DISTRICT
PARKLAND HIGH SCHOOL
STUDENT ASSISTANCE PROGRAM

REFERRAL FORM

CONFIDENTIAL

STUDENT'S NAME: ____
(Last) (First)

GRADE: ____________ DATE: __________________________

PLEASE CHECK REASON(S) For CONCERN:

_______ Drop in grades, lower achievement

_______ Work incomplete/missing

_______ Excessive absences from class/school

_______ Defies rules

_______ Attempts to sleep in class

_______ Withdrawn, quiet

_______ Attention-seeking/disruptive behavior

_______ Deteriorating personal appearance

_______ Glassy, bloodshot eyes

_______ Frequent mood swings or anger outbursts

_______ Recent death of a friend or family member

_______ Talks about/admits to not eating/vomiting

_______ Frequent requests to visit the nurse

_______ Talks/boasts about use

_______ Odor similar to pot/alcohol

_______ Excessive tardiness to class

_______ Others report concern about use

_______ Change of friends, older

_______ D/A related pictures

_______ Unexplained body marks

_______ Speaks of family problems

_______ Talks about/admits to self-harm

_______ Noticeable weight loss

_______ Fighting

_______ Recent loss

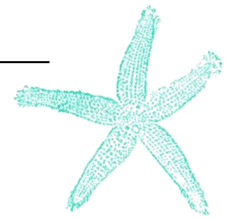
_______ Chronic medical condition

_______ 4 or more days of in-school suspension

_______ Frequent requests to use the bathroom within a class period and/or extended time in the bathroom

_______ Violation of School Policy: ____

_______ Continuation of SAP from previous school year (SAP Members Only)



PLEASE RETURN COMPLETED FORM TO ANY STUDENT ASSISTANCE PROGRAM MEMBER.

Signature (optional): ____

Please circle one: Administrator Counselor Teacher Student Parent/Guardian Police Psychologist Other

*****Students who indicate suicidal threat/gestures, threats to others health/well-being, child abuse (physical, sexual, emotional) or appear to be under the influence of a substance should first be reported to the building principal/nurse/counselor/school psychologist. Please check any observable behaviors that are relevant to this referral. Please return this form to an SAP member. Thank you for your referral!!!**