

Mt. Lebanon School District

Confidential

**STUDENT ASSISTANCE PROGRAM
INITIAL REFERRAL FORM**

Student's Name _____ Homeroom: _____

Referring Person: _____ Date: _____

Reason for Referral to SAP

Describe the behavior(s) which prompted this referral:

Attempts to resolve the Situation

Check any prior interventions:

_____ Student Conference

_____ Telephone contact with parent

_____ Parent Conference

_____ Referral to Unit Principal

_____ Referral to Counselor

_____ Study Center

_____ Adapted Materials

ADDITIONAL COMMENTS:

Return completed form to: **Chad Johnston, Counselor**