

RADNOR HIGH SCHOOL
Student Assistance Program (HS Hope) Referral

Referral Name: _____ Grade: _____ Date: _____

Please place this referral in a sealed envelope and return to the H.S. Hope mailbox:

Check all that apply:

Academic Concerns

- Currently has an IEP or Chapter 15
- Failing or near failing grade(s)
- States disinterest in academics
- Reads below grade level
- Fails to complete assignments
- Drop in grades
- Short attention span
- Other, specify: _____

Attendance Concerns

- Repeated visits to the restroom, health office, or counselor
- Often absent from class
Number of times: _____
- Often tardy to class
Number of times: _____

Physical Observations

- Unsteady on feet
- Unexplained physical injury
- Frequent cold like symptoms
- Self-abuse (i.e. cuts or burns on arms)
- Frequently expresses concerns with personal health
- Complains of nausea or headaches
- Appears disoriented
- Noticeable change in weight
- Poor hygiene
- Sleeping in class
- Other, specify: _____

Behavioral Concerns

- Disruptive classroom behavior
- Inappropriate sexual behavior
- Fighting/threats towards others
- Self abuse (i.e. cuts arm, burns, etc.)
- Openly expresses drug use
- Runaway (student reports)
- Smells of alcohol/marijuana
- Sudden change in behavior
- Lying
- Other, specify: _____

Emotional Observations

- Recent death of friend or family member
- Writing or drawing that reflects death or revenge
- Often criticizes self or others (please circle)
- Sudden outburst of anger
- Other, specify: _____

Additional Observable Behaviors:

Thank you for your referral. All referrals will be reviewed as soon as possible and are confidential.

Signature of Person Referring

Position

Printed Name