

**Student Assistance Program  
Charter Assistance Team**

## REFERRAL FORM

STUDENT: \_\_\_\_\_ GRADE: \_\_\_\_\_

DATE: \_\_\_\_\_ REFERRED BY: \_\_\_\_\_

**AREAS OF CONCERN**

**AREAS OF STRENGTH**

*Academic Behaviors*

- |  |  |
|--|--|
| <p>_____ Declining quality of work</p> <p>_____ Declining grades</p> <p>_____ Homework not handed in</p> <p>_____ Inattentive (specify behavior)</p> <p>_____ Declining motivation</p> <p>_____ Disruptive in class (specify behavior)</p> | <p>_____ Consistent quality of work</p> <p>_____ Consistent grades</p> <p>_____ Homework consistently completed</p> <p>_____ Attentive</p> <p>_____ Well motivated</p> <p>_____ Contributes to classroom climate</p> |
|--|--|

*Social Behaviors*

- |  |  |
|--|--|
| <p>_____ Negative responses/attitude</p> <p>_____ Negative change in friends/peer group</p> <p>_____ Consistently seeks adult approval</p> <p>_____ Withdrawn: a loner</p> <p>_____ Struggles for achievement: perfectionist</p> <p>_____ Difficulty accepting mistakes/criticism</p> <p>_____ Dishonest</p> <p>_____ Increasing non-involvement</p> <p>_____ Frequently absent</p> <p>_____ Physical aggression</p> <p>_____ Verbal aggression</p> <p>_____ Talks about substance abuse</p> | <p>_____ Positive friends/peer group</p> <p>_____ Appropriate interactions with adults</p> <p>_____ Positive relationships with peers</p> <p>_____ Content with level of achievement</p> <p>_____ Honest</p> <p>_____ Positively involved in school activities</p> <p>_____ Regular attendance</p> |
|--|--|

**FOR ADMINISTRATOR/COUNSELOR USE**

- |   |
|---|
| <p>_____ Violated school policy, D/A related</p> <p>_____ Violated school policy, violence/weapons</p> <p>_____ Violated school policy, other</p> <p>_____ Suicide ideation, gesture or attempt</p> |
|---|

Other concerns or strengths (observable behavior)

\_\_\_\_\_

\_\_\_\_\_

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

- |  |  |
|--|--|
| _____ Student Conference    Date: _____    | _____ Referral to Counselor    Date: _____ |
| _____ Student Contract    Date: _____      | _____ Telephone Parent    Date: _____      |
| _____ Referral to Principal    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.