



Student Referral to the Student Assistance Program

Name of Student Being Referred: _____ Grade: _____ Date: _____

Please complete the following checklist:

1. Does the problem affect the student's school performance/progress?
 Yes No
2. Have other faculty members been consulted?
 Yes No
3. Have the parents been contacted regarding the problem?
 Yes No
4. Has the student's guidance counselor been made aware of the concern?
 Yes No
5. Is the student aware of the problem?
 Yes No
6. What other strategies were used to improve the situation?
Please Explain:

Briefly describe the problem:

Student Making Referral (optional): _____ Date: _____
Person Making Referral: _____ Date: _____