Student name: _____ Date: _____
Referral Source: _____ Grade: _____

Clairton City School District

Student Assistance Team
Referral Form

Observable Behaviors of Concern

Check all that apply

Academic Performance

- ☐ Decline in quality of work
- ☐ Work not completed
- ☐ Lack of participation
- ☐ Cheating/plagiarism
- ☐ Drop in grade(s)
- ☐ Misses key concepts
- ☐ Lacks needed skills
- ☐ Currently failing
- ☐ Frequently off-task
- ☐ Disorganized, loses or forgets materials

Comment:

_____
_____
_____
_____
_____

Social-emotional/Conduct

- ☐ Defiant/argumentative
- ☐ Outbursts of anger/temper
- ☐ Mood fluctuations
- ☐ Change in peer group
- ☐ Obscene language/gestures
- ☐ References to drugs/alcohol/gangs
- ☐ Inappropriate sexual references
- ☐ Calls out in class
- ☐ References to violence/death
- ☐ Isolated/withdrawn
- ☐ Intimidates others

Comment:

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Health/Appearance

- ☐ Sleeping or drowsy in class
- ☐ Significant weight change
- ☐ Odor of alcohol/drugs
- ☐ Poor hygiene/disheveled
- ☐ Frequent injuries/cuts/bruises
- ☐ Frequent illness
- ☐ Fine and/or gross motor issues
- ☐ Glassy or bloodshot eyes
- ☐ Slurred speech

Comment:

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Attendance

- ☐ Frequent absences
- ☐ Frequent tardiness to class
- ☐ Frequent tardiness to school
- ☐ Frequent early dismissals
- ☐ Frequent use of hall pass

Comment:

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Strengths

- ☐ Able to work independently
- ☐ Completes homework
- ☐ Works well in a group
- ☐ Is creative
- ☐ Shows maximum effort
- ☐ Helps others
- ☐ Possesses good interpersonal skills
- ☐ Cooperative
- ☐ Demonstrates constructive use of time Considerate of others
- ☐ Participation in school activities
- ☐ Participation in activities outside of school
- ☐ Demonstrates respect of boundaries and expectations
- ☐ Demonstrates desire to learn
- ☐ Exhibits leadership
- ☐ Can accept redirection/criticism
- ☐ Has good communication skills
- ☐ Parental involvement
- ☐ Displays good reason/logic and decision-making skills
- ☐ Demonstrates desire to learn
- ☐ Has positive connection with a teacher

What classroom interventions have you attempted prior to this SAP referral?

Intervention/Strategy	Duration/Dates	Degree of Success*	Intervention/Strategy	Duration/Dates	Degree of success*
☐ Talked with student			☐ Provided extra Help To student		
☐ Talked with Parent/guardian			☐ Consulted with School nurse		
☐ Identified and Built on student strength			☐ Set up reward system		
☐ Identified student's Preferred learning styles			☐ Other Please describe		
☐ Adapted teaching Methods, style, materials assignments, etc.			☐ Other Please describe		
☐ Made classroom Accommodations					
☐ Consulted with Colleagues (list names)					
☐ Consulted with Student's counselor					

**** Degree of Success**		Minimal progress/Emerging skill	3
Successful intervention/Sustaining skills	1	No observable progress	4
Showing some progress	2	Not applicable	5

Please describe concerns in observable and measurable terms:

_____

_____

_____

_____

_____