

GREENSBURG SALEM MIDDLE SCHOOL

Student Assistance Program
Referral Form

Date: _____

Student: _____ Referred by: _____

I have a concern about the above-named student because of academic, social/emotional, or behavioral issues indicated below: (Be objective and specific. Cite actual situations, actions, comments, and other data. Please only write concrete observable behaviors on this form. Include anything that you feel will be helpful to the Student Assistance Team.)

Have you shared this information with the parents/guardians? YES NO

Please check any interventions already tried or attempted:

Actions taken prior to referral

*Please check any steps you have taken to assist the referred child.

- | | | |
|--|---|--|
| <input type="checkbox"/> Parental phone contact | <input type="checkbox"/> Spoke to student privately | <input type="checkbox"/> Explained concerns to student |
| <input type="checkbox"/> Explained classroom rules | <input type="checkbox"/> Initiation of suicide policy | <input type="checkbox"/> Parental conference |
| <input type="checkbox"/> Provided help during Enrichment | <input type="checkbox"/> Implemented preferential seating | <input type="checkbox"/> Created discipline report |
| <input type="checkbox"/> Academic strategies | <input type="checkbox"/> Student conference | <input type="checkbox"/> Organizational techniques |
| <input type="checkbox"/> Student/Team conference | <input type="checkbox"/> Time out/anger management | <input type="checkbox"/> Discipline referral |
| <input type="checkbox"/> Administrative involvement | <input type="checkbox"/> Guidance referral | <input type="checkbox"/> Attendance referral |

Other: _____

*Referrals are confidential. Place return this referral to the school counselor in an envelope or fill out and return electronically to alex.nuccetelli@gslions.net