

**ELIZABETHTOWN AREA SCHOOL DISTRICT
STUDENT ASSISTANCE PROGRAM
(SAP)
REFERRAL FORM**

CONFIDENTIAL

TO: THE SAP TEAM

FROM: _____

DATE: _____

STUDENT: _____

GRADE: _____

REASON(S) FOR CONCERN:

Please return this form to the Assistant Principals' Office. Thank you.

Date: _____

Dear _____,

Thank you for the referral of _____ to the SAP Team.

We will take your concerns to the case management forum. The intervention process will then begin.

If formal data collection is necessary, we may ask you to fill out a student check list. Pertinent information will be communicated as it becomes available. Thank you for your participation in this process.

The SAP Team