

RADNOR HIGH SCHOOL
Student Assistance Program (RHS SAP) Referral

Referral Name: _____ Date: _____

Grade: _____ 9 _____ 10 _____ 11 _____ 12

Please place this referral in a sealed envelope and return to the H.S. Hope mailbox:

Check all that apply:

Academic Concerns

- ____ Currently has an IEP or Chapter 15
- ____ Failing or near failing grade(s)
- ____ States disinterest in academics
- ____ Reads below grade level
- ____ Fails to complete assignments
- ____ Drop in grades
- ____ Short attention span
- ____ Other, specify: _____

Behavioral Concerns

- ____ Disruptive classroom behavior
- ____ Inappropriate sexual behavior
- ____ Fighting/threats towards others
- ____ Self-abuse (i.e. cuts arm, burns, etc.)
- ____ Openly expresses drug use
- ____ Runaway (student reports)
- ____ Smells of alcohol/marijuana
- ____ Sudden change in behavior
- ____ Lying
- ____ Other, specify: _____

Attendance Concerns

- ____ Repeated visits to the restroom, health office, or counselor
- ____ Often absent from class
- Number of times: _____
- ____ Often tardy to class
- Number of times: _____

Emotional Observations

- ____ Recent death of friend or family member
- ____ Writing or drawing that reflects death or revenge
- ____ Often criticizes ____ self or ____ others (please check)
- ____ Sudden outburst of anger
- ____ Other, specify: _____

Physical Observations

- ____ Unsteady on feet
- ____ Unexplained physical injury
- ____ Frequent cold like symptoms
- ____ Self-abuse (i.e. cuts or burns on arms)
- ____ Frequently expresses concerns with personal health
- ____ Complains of nausea or headaches
- ____ Appears disoriented
- ____ Noticeable change in weight
- ____ Poor hygiene
- ____ Sleeping in class
- ____ Other, specify: _____

Additional Observable Behaviors:

Thank you for your referral. All referrals will be reviewed as soon as possible and are confidential.

Signature of Person Referring

Position

Printed Name