

**Schuylkill Technology Center
Student Assistance Program
Nurse Input Form**

Concern for the following student has been brought to the attention of the Student Assistance Program (SAP) team. We are attempting to gather information regarding this referral and are asking for your help. Please provide the information listed below. Please contact a member of the SAP team if you have any questions. Thank you for your assistance.

Student Name: _____ **Date:** _____

Nurse's name: _____

Health Room Visit Summary:

Number of visits to nurse's office this semester _____

Reason for visits:

(summary) _____

Number of times sent home this semester _____

Reasons: _____

Chronic medical condition: _____

Medications: _____

Student Strengths and Resiliency Factors:

Home/Family Indicators: (check all that apply)

___ runaway ___ recent divorce/separation ___ recent death of family member or close friend

___ economic hardship ___ homelessness ___ other (please explain) _____

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Parent/Guardian Contact:

Have you had contact with parent/guardian? _____ YES _____ NO

If yes, with whom did you speak? _____

Dates/Methods of communication: _____

Brief Description of communication:

Observations:

Physical Attributes: _____ noticeable change in weight _____ nausea/stomach aches

_____ glassy/bloodshot eyes _____ frequent cold-like symptoms _____ slurred speech

_____ smelling of alcohol/marijuana _____ self-injury/self-harm _____ psychosomatic complaints

_____ headaches _____ poor hygiene _____ fatigue _____ unexplained physical injuries

_____ other (please explain) _____

Please provide any additional observable student behaviors you have personally witnessed which may help the SAP team determine the appropriate course of action for this student (i.e. student initiated requests, inappropriate behaviors, policy violations, etc.).

Student Referral Information

Did you complete the SAP referral for this student? _____ YES _____ NO

If yes, please briefly describe the situation that initiated the referral. If no, please include any other information you deem appropriate for this referral.

Would you like to speak directly with a member of the SAP team?

_____ YES _____ NO