Northwestern Lehigh School District
Elementary Student Assistance Program
Referral Form
CONFIDENTIAL

Students Name:_____
(Last) (First)

Grade Level:_____ Date of Referral:_____

Please check reason(s) for concern/referral:

_____change in academic performance

_____change in work habits

_____decrease in class participation

_____falling asleep in class

_____withdrawn, quiet

_____unexplained physical injury

_____noticeable weight loss

_____mood swings

_____change of friend group

_____repeated disciplinary issues

_____odor of alcohol/drugs

_____deteriorating appearance

_____being picked on/bullied

_____report of drug/alcohol use

_____frequent nurse visits

_____excessive crying

_____fighting

_____truancy

_____poor hygiene

_____other

If other, please explain:_____

_____

PLEASE RETURN COMPLETED FORM TO SAP REFERRAL BOX OUTSIDE OF GUIDANCE OFFICE (WEIS) / MAIN OFFICE (NWE)

Signature (optional):_____