



SAP COUNSELOR GENERAL REFERRAL

Complete the SAP Counselor General Referral for students who might benefit from participation and support offered through Project Connect: Student Assistance Program. The SAP Team will review the referral and determine appropriate strategies and interventions.

NOTE: IF THE STUDENT IS EXPRESSING SUICIDAL IDEATION, SELF-HARM, OR IMMEDIATE THREAT TO OTHERS, PROVIDE AN ADULT ESCORT TO AN ADMINISTRATOR, COUNSELOR, OR PSYCHOLOGIST. DO NOT LEAVE THE STUDENT UNATTENDED AT ANY TIME.

Student Name: _____ School: _____ Date: _____

Date of Birth: _____ Age: _____ Grade: _____

Student ID #: _____ Teacher (K-6) or Counselor (7-12): _____

Name of Person Referring and Relationship to Student: _____

Name of Person Assisting with Referral (if applicable): _____

Name of Parent(s): _____ Address: _____

Phone: _____ Email: _____

Home Language: _____ Student's Primary Language: _____

Please attach the following to the referral if applicable:

Relevant documentation (notes, drawings, assignments, etc.)

Note whether any of these steps were taken prior to SAP Counselor Referral (not required):

- | | |
|---|---|
| ☐ Referred to/reviewed cumulative folder | ☐ SST Meeting Held or Scheduled Date: _____ |
| ☐ Talked to previous teacher(s), if possible | ☐ Rapid Referral due to urgent need |
| ☐ Consulted with other school staff | ☐ If staff referral, discussed SAP Referral with parent/guardian |

Observed Student Strengths

- | | | |
|--|--|---|
| ☐ Able to problem solve | ☐ Cooperative with others | ☐ Participates actively in class |
| ☐ Asks for help | ☐ Follows directions | ☐ Regular attendance |
| ☐ Attentive listener | ☐ Learns best by _____ | ☐ Sense of humor |
| ☐ Communicates needs | ☐ Makes/Maintains friendships | ☐ Other _____ |

Please rate your perception of the urgency of this request:

Not urgent

Moderately urgent

Extremely urgent

1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐



RIVERSIDE UNIFIED SCHOOL DISTRICT
Project Connect: Student Assistance Program
Supporting social, emotional, and behavioral gateways to learning... and life!



Please complete both pages of referral.

Reason(s) for Referral (Check the specific areas of concern.)	
☐ Anxious or fearful moods	☐ Isolates from peers
☐ Angry outbursts	☐ Lack of appropriate social-skills
☐ Argumentative	☐ Lethargic / sleeps in class
☐ Attention-seeking behaviors	☐ Mood swings
☐ Crying / tearfulness	☐ Out-of-home placement
☐ Death of family member or friend	☐ Parents' divorce / separation
☐ Depressed, sad, or irritable mood	☐ Poor / deteriorated hygiene
☐ Destruction of property	☐ Physically aggressive
☐ Dropping grades / performing below expected level	☐ Recent withdrawal from friends
☐ Disrespectful behaviors	☐ Refusal to comply with rules / requests
☐ Disruptive behaviors	☐ Signs of an eating disorder
☐ Easily distracted	☐ Signs of substance use or abuse
☐ Excessive tardiness or absenteeism	☐ Sudden change in mood or behavior
☐ Excluded by peers / lacks a significant friend	☐ Use of inappropriate language or gestures
☐ Extreme dislike of school	☐ Verbally threatening / aggressive
☐ Failure or refusal to complete assigned tasks	☐ Victim of aggression, bullying, or violence
☐ Frequent somatic complaints (headaches, stomachaches, etc.)	☐ Re-entry (expulsion, juvenile facility, psychiatric, rehabilitation)
☐ Homeless	☐ Suspension (alcohol, drug, or violence related)
☐ Inappropriate sexual behaviors or conversations	☐ Other _____

DESCRIPTION OF CONCERNS (Briefly describe reason(s) for referral to Project Connect: Student Assistance Program. Include observable details.)

STUDENT HISTORY (Note any significant educational, family, social, or medical history of which you are aware which may relate to the reason(s) for referral):

KNOWN CURRENT OR PREVIOUS INTERVENTIONS OR RESOURCES (SST, IEP, Counseling Services):

Please complete both pages of referral.

Date Received by SAP Counselor: _____