



RIVERSIDE UNIFIED SCHOOL DISTRICT
Student Assistance Program

Supporting social, emotional, and behavioral gateways to learning... and life!



SAP COUNSELOR
RAPID REFERRAL

Complete the Rapid Referral to the SAP Counselor when there is an urgent or immediate need. If there is an ongoing issue, completion of a General SAP Counselor Referral will be requested.

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.

Date: _____

School: _____

Name of Student Referred to SAP Counselor: _____

Name of Person Referring Student: _____

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

Relationship to Student:	Urgent Matter or Need:
<input type="checkbox"/> Self	<input type="checkbox"/> Suicidal/Homicidal Ideation
<input type="checkbox"/> Peer/Friend	<input type="checkbox"/> Crisis
<input type="checkbox"/> Family Member	<input type="checkbox"/> Family Situation/Incident
<input type="checkbox"/> Administrator	<input type="checkbox"/> Grief/Loss
<input type="checkbox"/> Teacher	<input type="checkbox"/> Serious Peer Conflict
<input type="checkbox"/> School Counselor	<input type="checkbox"/> Severely Depressed or Irritable Mood
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

Please briefly describe the urgent matter or need.

Date Received by SAP Counselor: _____