Student Assistance Program (SAP) Confidential Referral: Staff/Adult

Date:

Your name (person making the SAP referral):

Phone/Email:

Are you:

- ☐ Administrator
- ☐ Teacher
- ☐ Staff
- ☐ Paraprofessional
- ☐ Parent/Guardian
- ☐ Other

Name of student you are referring:

Grade of student being referred:

Behavior or concern that prompted you to make this SAP referral:

(If you need more space, please continue on the back.)

Return this form to one of the following options:

- Locked SAP box outside of the guidance office
- Return this form electronically to Laura Cashner (lcashner@millsd.us)

Please contact the guidance office and/or administration immediately for any crisis intervention or QPR (suicide prevention) concerns!

- Laura Cashner: x2308
- Amber Uranko: x2307
- Matt Mills: x2301