

SAP REFERRAL FORM

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TAMAQUA AREA HIGH SCHOOL SAP Referral Form

The purpose of this form is to identify OBSERVABLE behaviors in a student and have the Student Assistance Team do an evaluation to determine the seriousness of the problem. Check all that apply.

When this form is complete, please return it to the Guidance Office.

Student: _____ Date: _____

Grade: _____ Period: _____ Person responding/referring (optional) _____

ACADEMIC PERFORMANCE

Present Grade: _____

- _____ Drop in grades, lower achievement
- _____ Decrease in class participation
- _____ Failure to complete assignments
- _____ Poor short-term memory, i.e. cannot remember from one day to another
- _____ Short attention span, easily distracted
- _____ Does not follow directions

OTHER: _____

SCHOOL ATTENDANCE

Days Absent To Date: _____

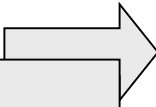
- _____ Asks to leave room often
- _____ Cutting class
- _____ Tardiness to class
- _____ Wandering in halls
- _____ Absenteeism

OTHER: _____

DISRUPTIVE BEHAVIOR

- _____ Attention-getting behavior
- _____ Cheating
- _____ Defiance of rules
- _____ Fighting
- _____ Blaming, denying, lying
- _____ Hyperactivity, nervousness
- _____ Obscene language, gestures
- _____ Sudden outbursts of anger, verbally abusive

OTHER: _____



ATYPICAL BEHAVIOR

- ☐ Borrowing or lending money
- ☐ Change in friends
- ☐ Depression
- ☐ Disoriented
- ☐ Erratic behavior
- ☐ Possession of large sums of money
- ☐ Older/Younger social group
- ☐ Talks freely about drug/alcohol use
- ☐ Unrealistic goals
- ☐ Withdrawn, difficulty in relating to others

OTHER: _____

PHYSICAL SYMPTOMS

- ☐ Deteriorating personal appearance
- ☐ Frequent cold-like symptoms
- ☐ Frequent complaints of nausea or vomiting
- ☐ Glassy, bloodshot eyes
- ☐ Smelling of alcohol or marijuana
- ☐ Sleeping in class
- ☐ Slurred speech
- ☐ Unexplained, frequent physical injuries
- ☐ Unsteady on feet

OTHER: _____

EXTRA CURRICULAR ACTIVITIES

- ☐ Dismissed from activity
- ☐ Dropped out
- ☐ Loss of eligibility
- ☐ Missed without substantial reason

Name of Activity _____

COMMENTS: (Very often the comments that you offer in this section are very important, whether they are positive or negative. Please feel free to comment and give specific observable anecdotes whenever possible.)

IF YOU HAVE ANY QUESTIONS ABOUT THIS FORM OR ABOUT REFERRALS, SEE A TEAM MEMBER.

FRANK DICKMAN

COURTNEY TAMAGINI

JILL HARDING

ASHLEY SWIEZAK

JAMES HAHN

CONNIE SEGEDY

TOM MCCABE

JENNIFER CURCIO