

Student Assistance Program Referral Form

1. Referred by _____ Phone # _____

2. Student's Name _____ Grade _____

3. Date of referral _____

4. Please check the behavior(s) you have witnessed.

___ Decreased or low class participation

___ Changes in extracurricular activities

___ Easily distracted or trouble concentrating

___ Increased irritability

___ Decrease in quality of work

___ Change in family

___ Does not follow teacher instructions

___ Change in friends

___ Drastic change in appearance

___ Low frustration tolerance

___ Frequent request to visit the nurse

___ Change in attendance/tardiness

___ Observed talking about alcohol or Drugs

5. Strength(s) and resiliency factor(s)

___ Is creative

___ Good communication skills

___ Considerate of others

___ Appears to like school

___ Strives to achieve his/her best

___ Demonstrates good social skills

___ Able to work independently

___ Exhibits leadership

___ Can accept re-direction

___ Other _____

Additional observable behaviors _____

6. What has been done to resolve this concern? Please explain and provide dates.

Please return form to Lauren Gray, Guidance Counselor