STUDENT ASSISTANCE PROGRAMS (SAP)

STUDENT REFERRAL FORM

Please take the time to complete this form by checking or marking the appropriate information. In order to develop effective intervention plans it is crucial that you communicate any OBERVABLE behaviors that are relevant to this referral. Federal regulations require that this information, if requested, will be made available to the student's parents or guardian. Please place this referral in a confidential envelope and return it to the building administrator or SAP member. Thank you.

Student Name ________________________________ **Date** ________________

School ________________________________ Present Grade Level __________

Teacher Name ________________________ DOB __________ Sex = M F

Attendance (Circle One): Good Average Poor Excessive Tardiness ______

Reason for Referral (please be specific): ________________________________

____

Please endorse the items below that best describe the student.

Student Strengths

_____Demonstrates a desire to learn
_____Helps others in class
_____Leader
_____Cooperative
_____Can work independently
_____Creative
_____Good communication skills
_____Artistic ability
_____Displays good logic/reasoning skills
_____Works well in a group
_____Considerate of others
_____Enthusiastic
_____Participates in extra-curricular activities
_____Can accept redirection (criticism)
_____Accepts responsibility
_____Musical ability

Academic Information

_____Difficulty reading assignments/tests
_____Previous grade retention (Gr. __)
_____Fails to complete in class assignments
_____Has difficulty following directions of: (even if directions are repeated)
_____Reads below grade level, explain:
____
____
____
_____Poor motor skills
_____Fails to complete homework or homework book
_____Language interferes with academic growth / performance because
    _____ESL
    _____Language structure
_____Knows basic addition facts
_____Knows basic subtraction facts
_____Math weakness, explain: +______________
____

Behavioral Observations

_____Decrease in classroom participation
_____Unprepared for class
_____Easily distractible/short attention span
_____Sleeping in class
_____Denies responsibility/blames others/lies (please circle applicable behavior)
_____Difficulty making decisions
_____Seeks constant reassurance
_____Cheating
_____Obscene language/gestures
_____Repeated violation of rules
_____Repeated visits to restroom/nurse/counselor
_____Easily frustrated
_____Disruptive classroom behavior, explain:
____
____

Home/School Communication: _____Good _____Poor

Emotional Observations

_____Expresses desire to die trough writing, friend drawing, or peer reporting
_____Sudden outbursts of anger
_____Dramatic or sudden change in behavior
_____Expresses fear/anxiety of ____________________
____

_____Recent death of a family member or close (peer reports)
_____Expresses feelings of hopelessness, worthlessness, helplessness
_____Family stressors, explain: ____________________
____

Physical Observations

_____Unexplained physical injury
_____Frequent cold-like symptoms
_____Self-abuse
_____Frequently expresses concerns with personal nausea/headache health

_____Appears disoriented
_____Poor hygiene
_____Noticeable change in weight
_____Frequent complaints of

Peer Interaction Observations

_____Poor peer interaction please explain: ____
____
____

Previously Tried Interventions

_____Parent conferences
_____Tutoring
_____Consultation with Principal
_____Tested by School Psychologist

_____Special help night
_____Behavior plan
_____Referral to Chapter services

_____Detention
_____Mentoring
_____Other ____________________
____

Adapting Instruction (if applicable) - Methods used: ____
____
____

Classroom/Behavior Management - Methods used: ____
____
____

Presently Receives (if applicable)

_____Speech/Lang. Therapy
_____Guidance Services
_____Learning Support
_____Life Skills Support

_____Occupational Therapy
_____Other ____

_____Physical Therapy

_____ESL

Known Agency Involvement ____
____
____

Known Health Problems ____
____
____

**PLEASE USE REVERSE SIDE IF NEEDED