

State Street Elementary School

Student Assistance Program (SAP) Referral Form

The purpose of the Student Assistance Program is to identify students who may be having problems in school. These problems may be related to family issues, depression, child abuse, suicide, divorce/separation in family and substance abuse. SAP is a state mandated school program used for intervening and referring these students to appropriate school and community services.

Student Name _____ Date of Referral _____

Grade _____ Male _____ Female _____ Does the student have an IEP? Yes No Do not know

***If there is a concern regarding the welfare of the student (a crisis such as suicide, drug or alcohol use) please contact a guidance counselor or administrator immediately so that home contact and interventions can be made as soon as possible. A SAP referral is not the first step and should only be considered after guidance/administrator contact.**

***If concern is academic, make parental contact first.**

If you feel low grades/performance are a symptom of something else (grief, depression, inattentiveness, etc.) please complete the form below. Please check the behaviors you have observed.

_____ Academic concern

- _____ Easily distracted/trouble concentrating
- _____ Decrease in the quality of work
- _____ Poor short-term or long-term memory
- _____ Decreased or low class participation

_____ Behavioral concern

- _____ Bullying
- _____ Frequent requests to leave the room
- _____ Does not follow teacher instructions
- _____ Frequent visits to the nurse
- _____ Argumentative with others (staff/students)
- _____ Drastic changes in appearance
- _____ Changes in friends
- _____ Change in extracurricular activities
- _____ Attendance/tardiness concerns
- _____ Family concerns
- _____ Significantly affected by the loss of a loved one
- _____ Affected by family involvement in the legal system
- _____ Frequent bathroom accidents
- _____ Refusal to come to school

*****Critical situations that require immediate attention:**

- _____ Suspected child abuse (Contact administrator/counselor and call CHILDLINE 800-932-0313)
- _____ Suicidal remarks or visible signs of self-injury
- _____ Observed talking about drinking/using controlled substances

What has been done to resolve this problem? Please explain any interventions and provide dates. _____

Has the parent been contacted about your concerns? _____ Yes _____ No **Outcome?** _____

Referred by: Teacher _____ Counselor _____ Administrator _____ Support Staff _____ Student _____ Parent _____ Other _____

Your Name: _____ **OR (circle for anonymity). *WWV Employees must sign name.**

***Please use the back of this form for any additional information or observable behaviors you may feel are important.**