



TURN ABOUT

STUDENT ASSISTANCE PROGRAM (SAP)

Referral Form

Date of Referral: _____

School: _____

I am referring the following student to the Student Assistance Program (SAP). The behaviors I have indicated below may give some cause for concern. I would like the SAP counselor to assess the situation.

This is a completely confidential referral.

Student Name: _____ Grade: _____

Behaviors of concern: *(Please check any that apply and list any additional concerns)*

- Absent from class/ Tardy to class
- Poor academic performance/ Change in academic performance
- Sleeping in class
- Moody / Irritable
- Disruptive
- Conflicts with others (peers and/or adults)
- Changes in student's peer group
- Associates with peers suspected of using substances
- Changes in student's dress and/or hygiene
- Appears high or under the influence
- Glassy/ bloodshot eyes
- Appears underweight/ overweight
- Promises to improve, but does not or is unable
- Denies any problems
- Isolation/ overly introverted
- Family violence
- Victim or witness of violence
- Bullying
- Other _____

Please explain any changes from the student's normal attitudes, activities, or behaviors.

If you would like feedback on the progress of this referral please provide your name

Thank You, Ms. TOUSSAINT, M.S.W. Turn About 671-1920 x18