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 Withdrawn, difficulty in relating to others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:

**PHYSICIAL 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 LISA SHIRVINSKI CONNIE SEGEDY TOM MCCABE JENNIFER CURCIO