

STUDENT ASSISTANCE PROGRAM STUDENT REFERRAL FORM

The purpose of this form is to gather information on **observed behaviors** exhibited by students of concern. After completing this form please return it to the students counselor.

Student Name: _____ Grade: _____
Counselor: _____
Staff Submitting Form: _____ Date: _____

Check All That Apply

Academic Performance:

- | | |
|---|---|
| <input type="checkbox"/> Decline in quality of work | <input type="checkbox"/> Decline in grade |
| <input type="checkbox"/> Incomplete work | <input type="checkbox"/> Failing subject(s) |

Interventions/Action Taken

Classroom Conduct:

- | | | |
|--|---|--|
| <input type="checkbox"/> Disruptive | <input type="checkbox"/> Defiant | <input type="checkbox"/> Inattentive |
| <input type="checkbox"/> Frequent Discipline | <input type="checkbox"/> Lack of Concentration | <input type="checkbox"/> Cheating |
| <input type="checkbox"/> Lack of Motivation | <input type="checkbox"/> Throwing Object | <input type="checkbox"/> Sleeping |
| <input type="checkbox"/> Frequent health room visits | <input type="checkbox"/> Frequent lavatory visits | <input type="checkbox"/> Negative attitude |
| <input type="checkbox"/> Absenteeism | <input type="checkbox"/> Tardiness | <input type="checkbox"/> Nervousness |

Interventions/Action Taken

Other Behaviors:

- | | | |
|--|--|--|
| <input type="checkbox"/> Erratic Behavior | <input type="checkbox"/> Change in Friends | <input type="checkbox"/> Withdrawal/loner |
| <input type="checkbox"/> Sudden Popularity | <input type="checkbox"/> Compulsiveness | <input type="checkbox"/> Perfectionism |
| <input type="checkbox"/> Fantasizing/daydreaming | <input type="checkbox"/> Depression | <input type="checkbox"/> Mood Swings |
| <input type="checkbox"/> Difficulty accepting mistakes | <input type="checkbox"/> Rigid obedience | <input type="checkbox"/> Low self-esteem |
| <input type="checkbox"/> Preoccupation with success | <input type="checkbox"/> Seeks adult contact | <input type="checkbox"/> Time disorientation |

Interventions/Action Taken

Alcohol/Other Drug Specific Behaviors:

<u>Witnessed</u>	<u>Suspected</u>	
___	___	Selling/Distribution
___	___	Possession of alcohol/other drugs
___	___	Paraphernalia Possession
___	___	Use of alcohol/other drugs
___	___	Physical Signs/symptoms
___	___	Talks freely about use
___	___	Associates with known users

Interventions/Action Taken

Safety:

<u>Witnessed</u>	<u>Suspected</u>	
___	___	Physical fight
___	___	Unwanted touching
___	___	Verbal aggression
___	___	Harassing/intimidating behavior
___	___	Defiance of authority

Intervention/Action Taken
