

STUDENT ASSISTANCE PROGRAM (SAP)

Student referral

Students can use this form to express their concerns about their peers.

The form will be used by the SAP Core Team, comprised of guidance counselors and administrators, aware of potential risks for students.

All information remains strictly confidential.

Student being referred: _____

Grade: _____

Suggested by: _____

Date: _____

Check and rank any observations you've made of your peer.

Ranking criteria: F= Frequently S= Sometimes R= Rarely

A. Behavioral Concerns:

- _____ Irresponsibility, blaming, denying
- _____ Frequent requests to leave classroom
- _____ Defiance of rules, discipline problems
- _____ Attention seeking behavior
- _____ Obscene language, gestures
- _____ Disruptive behavior
- _____ Cheating, lying
- _____ Negativism
- _____ Change in peer group
- _____ Smoking, chewing
- _____ Talks freely about drugs/alcohol

B. Emotional Concerns:

- _____ Withdrawn from friends
- _____ Defensive
- _____ Impulsive
- _____ Depressed
- _____ Easily frustrated
- _____ Difficulties concentrating - - Please explain:

C. Physical Concerns:

- _____ Change in usual appearance - - Please explain:
- _____ Physical complaints- - Please explain:
- _____ Sleeps in class
- _____ Smells of tobacco
- _____ Smells of alcohol
- _____ Smells of marijuana

In addition, on the back of this paper, please CAREFULLY AND SPECIFICALLY respond to the following questions:

D. Describe the specific concerns you have about this peer.

E. What specific circumstances or discussions have brought you to these conclusions?

F. What conversations have you had with the student regarding this situation?

Signature of student making the
referral: _____