

**CONFIDENTIAL**  
**Lackawanna Trail High School**  
**STUDENT ASSISTANCE PROGRAM REFERRAL FORM**  
**2015 — 2016 School Year**

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Referral Date: \_\_\_\_\_

Referred by: (circle one) Admin Discipline Guidance Teacher Peer Self Parent Other

Name: (preferred, but optional) \_\_\_\_\_

**REASON FOR REFERRAL** (Check all appropriate areas)

- |   |  |
|---|--|
| <input type="checkbox"/> Re-entry/ New to school                  | <input type="checkbox"/> Suicide Ideation or Follow-up |
| <input type="checkbox"/> Continuation from other SAP/Year         | <input type="checkbox"/> Self-harm/Cutting             |
| <input type="checkbox"/> Behavioral Concerns:                     | <input type="checkbox"/> Discipline Violation:         |
| <input type="checkbox"/> Possible Drug/Alcohol Issues             | <input type="checkbox"/> Tobacco                       |
| <input type="checkbox"/> Withdrawn/Depressed                      | <input type="checkbox"/> Violence/Weapons              |
| <input type="checkbox"/> Anger/Aggression                         | <input type="checkbox"/> Involvement with legal system |
| <input type="checkbox"/> Academic Concerns:                       | <input type="checkbox"/> Eating/Body Image Concerns    |
| <input type="checkbox"/> Attendance                               | <input type="checkbox"/> Teen Pregnancy/Teen Parent    |
| <input type="checkbox"/> Cutting Class                            | <input type="checkbox"/> Family issues                 |
| <input type="checkbox"/> Drop in grades                           | <input type="checkbox"/> Suspected abuse               |
| <input type="checkbox"/> Social Concerns                          | <input type="checkbox"/> Other                         |
| <input type="checkbox"/> Bullying: <b>Target</b> ___ <b>Bully</b> | _____  |
| <input type="checkbox"/> Recent loss or death                     | _____  |
| <input type="checkbox"/> Witness/Victim Traumatic Event           | _____  |

Please describe observable behaviors related to your concern:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any sports or extracurricular activities this student participates in:

\_\_\_\_\_

Out of school activities or distractions you may be aware of:

\_\_\_\_\_

Have you contacted parents with your concerns? \_No \_Yes (Date) \_\_\_\_\_

Outcome: \_\_\_\_\_ Permission Signed: \_\_\_\_\_

<b>(SAP TEAM USE ONLY)</b>		
<b>Re-Referral:</b>	<b>Special Ed:</b>	<b>504:</b>
<b>CASE MANAGER:</b>		<b>CASE #</b>