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| Source of Request | | | |
|  | Administration, non-disciplinary | | |
|  | Discipline Committee | | |
|  | Teacher | | |
|  | School Counselor | | |
|  | School Nurse | | |
|  | Community Agency-Specify | | |
|  | Parent(s)/Guardian | | |
|  | Peer | | |
|  | Other | | |
| Reason for Request | | | | | | |
|  | Academic Concern | | |  | Skipping Class | |
|  | Attendance | | |  | Social Concerns | |
|  | Behavior Concern | | |  | Suffered recent loss | |
|  | Bullying (perpetrator) | | |  | Suspected Child Abuse | |
|  | Bullied by others | | |  | Suicidal ideations/gesture/attempt | |
|  | Continuation of Case | | |  | Suspected Drug &Alcohol issues | |
|  | Family Concerns | | |  | Teen Pregnancy | |
|  | Gambling | | |  | Tobacco violation | |
|  | Homelessness | | |  | Transient Living Conditions | |
|  | Involvement in legal system | | |  | Unexplained drop in grades | |
|  | Military Connectedness | | |  | Violated School Policy (other) | |
|  | Parent Incarceration | | |  | Violated School Policy-D&A | |
|  | Runaway | | |  | Violated School Policy-Weapons | |
|  | Self-harm: injury | | |  | Witness Traumatic Event (other) | |

**Student Assistance Program Referral Form**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please explain more about the concerns:

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Please tell what has been done to help the student already:

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