|  |
| --- |
| 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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