

CONFIDENTIAL

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## CARLYNTON 2021-22 STUDENT ASSISTANCE PROGRAM (SAP) CORE TEAM REFERRAL

STUDENT \_\_\_\_\_

GRADE OF STUDENT \_\_\_\_\_

NAME OF PERSON REFERRING (you will not be identified) \_\_\_\_\_

DATE OF REFERRAL \_\_\_\_\_

Please check all appropriate areas. REASON FOR REFERRAL:

\_\_\_\_\_ Performing Below Academic Ability

\_\_\_\_\_ Disruptive Behavior Problems

\_\_\_\_\_ Attendance

\_\_\_\_\_ Suspected Chemical Use

\_\_\_\_\_ Unexplained Drop in Grades

\_\_\_\_\_ Failing Grades

\_\_\_\_\_ Discipline Code Violation(s)

\_\_\_\_\_ Home Personal Problems

\_\_\_\_\_ Excessive Tardiness

\_\_\_\_\_ Suicide Threat

\_\_\_\_\_ Student Self-Reports Concerning Issues

\_\_\_\_\_ Consistent Failure to Complete Work

\_\_\_\_\_ Other (Please explain) \_\_\_\_\_

FOR TEACHER REFERRAL: Some attempt should be made to resolve the situation prior to referral. Please indicate the date of the attempt.

\_\_\_\_\_ Student Conference \_\_\_\_\_ Student Contract \_\_\_\_\_ Telephoned Parent

\_\_\_\_\_ Parent Conference \_\_\_\_\_ Referred to Counselor \_\_\_\_\_ Referred to Principal

OTHER CONCERNS / COMMENTS: (Please use back if necessary) \_\_\_\_\_

THANK YOU FOR YOUR STUDENT REFERRAL The team will process this referral and all appropriate actions will be taken to help this student. Confidentiality restricts the information that we can share regarding a SAP referral, but please know that your efforts are appreciated and can make a difference in this student's life. Any questions or comments about the SAP program, please contact Mr. Pepe at Ext 2123