

**\*\*Report crisis situations immediately to an Administrator, Guidance Counselor, and/or Psychologist!\*\***

Referral Form

**CONESTOGA VALLEY SCHOOL DISTRICT  
STUDENT ASSISTANCE PROGRAM**

C O N F I D E N T I A L

**DATE:** \_\_\_\_\_ **STUDENT:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

**Please indicate reason for referral by placing a check next to the appropriate observable behavior.**

**ACADEMIC PERFORMANCE**

- |   |   |
|---|---|
| <input type="checkbox"/> Decrease in class participation  | <input type="checkbox"/> Poor to deteriorating reading skills |
| <input type="checkbox"/> Drop in grades                   | <input type="checkbox"/> Poor to deteriorating writing skills |
| <input type="checkbox"/> Does not follow directions       | <input type="checkbox"/> Poor short-term memory (day to day)  |
| <input type="checkbox"/> Easily distracted or preoccupied | <input type="checkbox"/> Poor test scores                     |
| <input type="checkbox"/> Failure to complete assignments  | <input type="checkbox"/> Short attention span                 |

**CLASS ATTENDANCE DURING PAST MONTH**

- |   |  |
|---|--|
| <input type="checkbox"/> Absenteeism                                  | <input type="checkbox"/> Frequent visits to nurse        |
| <input type="checkbox"/> Cutting Class                                | <input type="checkbox"/> On absentee list, but in school |
| <input type="checkbox"/> Frequent visitor to counselor                | <input type="checkbox"/> Tardiness                       |
| <input type="checkbox"/> Pattern to absences noted: Day of Week _____ | Test Days _____ (Y/N)                                    |

**PHYSICAL OBSERVATIONS**

- |  |   |
|--|---|
| <input type="checkbox"/> Deteriorating personal appearance                               | <input type="checkbox"/> Slurred or slowed speech                   |
| <input type="checkbox"/> Frequent cold-like symptoms<br>(runny nose, watery eyes, cough) | <input type="checkbox"/> Smelling of marijuana, alcohol, or tobacco |
| <input type="checkbox"/> Glassy, bloodshot eyes  | <input type="checkbox"/> Unexplained, frequent injuries             |

**DISRUPTIVE BEHAVIORS**

- |   |   |
|---|---|
| <input type="checkbox"/> Attention-seeking behavior | <input type="checkbox"/> Irresponsibility, blaming, denying |
| <input type="checkbox"/> Cheating                   | <input type="checkbox"/> Lying                              |
| <input type="checkbox"/> Crying                     | <input type="checkbox"/> Obscene language, gestures         |
| <input type="checkbox"/> Defiance of rules          | <input type="checkbox"/> Sudden outbursts of anger          |
| <input type="checkbox"/> Fighting                   | <input type="checkbox"/> Verbally abusive to others         |
| <input type="checkbox"/> Hyperactivity, nervousness | <input type="checkbox"/> Other _____                        |

**ATYPICAL BEHAVIORS**

- |  |   |
|--|---|
| <input type="checkbox"/> Change in friends                               | <input type="checkbox"/> Sexual behavior in public                |
| <input type="checkbox"/> Defensive (feels picked upon)                   | <input type="checkbox"/> Significantly older/younger friends      |
| <input type="checkbox"/> Depression                                      | <input type="checkbox"/> Sudden popularity                        |
| <input type="checkbox"/> Inappropriate responses                         | <input type="checkbox"/> Talks freely about drug use              |
| <input type="checkbox"/> Obvious mood swings                             | <input type="checkbox"/> Withdrawn, difficulty relating to others |
| <input type="checkbox"/> Seeking adult advice without a specific problem |   |
| <input type="checkbox"/> Overeating/Refusal to eat                       |   |

**COMMENTS (Please remember to report observable behavior, not opinion):**

Would you like to speak with a member of the SAP team?  Yes  No

Person making referral: \_\_\_\_\_ (Kept Confidential)

Please check:  Parent  Peer  Self referral  Staff member

**Please place referral in the locked SAP box or give it to a SAP Team Member in a sealed envelope.**