

**Student Assistance Program Referral (SAP)
Hamburg Education Assistance Team
Hamburg Area High School**

Student Name: _____ Grade: _____ Date: _____

Person Referring

Position

Please complete this form by checking the appropriate information. In order to develop effective intervention plans, it is crucial that you communicate any observable behaviors that are relevant to this referral. If you need to, you can write additional comments on the back. Thank you for your participation and support in this process. Please return this form to the SAP mailbox located in the nurse's office or give it to a member of the team.

Academic Concerns

- _____ Drop in grades/Failing grades
- _____ Reads below grade level
- _____ Currently has an IEP
- _____ Short/decreased attention span
- _____ Loss of interest in academic/extracurricular activities

Attendance Concerns

- _____ Repeated visits to the restroom, health room, or guidance
- _____ Often absent from class
- _____ Often tardy to class

Physical Observations

- _____ Noticeable change in weight
- _____ Unexplained physical injury
- _____ Frequent cold like symptoms
- _____ Complains of nausea or headaches
- _____ Poor hygiene
- _____ Expresses concerns with personal health
- _____ Self-abuse (i.e. cuts or burns on arms, etc.)

Behavioral Concerns

- _____ Disruptive classroom behavior
- _____ Inappropriate sexual verbalization
- _____ Fighting/threats towards others
- _____ Openly discusses/expresses drug/alcohol use
- _____ Runaway (student reports)
- _____ Sudden change in behavior/change in friends
- _____ Lying
- _____ Disrespectful behavior toward faculty/staff

Emotional Observations

- _____ Recent death of friend or family member
- _____ Writing or drawing that reflects death, revenge or drugs/alcohol
- _____ Observable expressions of anger, fear, sadness
- _____ Often criticizes self or others

Types of Intervention Used

- _____ Individual conference: date _____
- _____ Parent conference: date _____
- _____ Disciplinary action: specify _____
- _____ Other (explain) _____

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

If a student appears disoriented, unsteady, or smells of drugs or alcohol please call the office immediately.

SAP Team:

Barb Long – Nurse	Alethea Machamer – School Counselor
Turie Reppert – Teacher	Michelle Wyles- Herbert – School Counselor
Andrea Hardick – Teacher	Meredith Hollis – School Psychologist
Terri McCarthy-Wright – Teacher	Christina Getz – Caron Foundation SAP Coordinator
Terri-Lee Keck – Teacher	

*Thank you for your referral to SAP. We will take your concerns to our next meeting. If formal data collection is necessary, we will ask you and others to complete a behavioral checklist.
Thank you for your participation and support in this process.*