

**Boyertown Area School District  
SAP REFERRAL**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Student #: \_\_\_\_\_  
 Last First

**\*\*Please document previous intervention contacts prior to submitting SAP referral. Failure to document previous student/parent contacts will result in the return of your SAP referral and will prolong the time it takes for the student to receive supports.**

**PROVIDE REASON FOR REFERRAL AND INTERVENTIONS IMPLEMENTED:**

____ Conference with student, date _____	____ Conference with parent, date _____
____ Discipline referral, date _____	____ SAP permission form sent to parent, date _____
____ Referred to school counselor, date _____	____ SAP permission form signed by parent, date _____
____ Phone call to parent, date _____	____ Other: _____

It is crucial that you communicate any relevant observable behaviors. Federal regulations require that this information, if requested, will be made available to the student’s parent(s) or guardian. **To assist in maintaining confidentiality, please place this referral in an envelope when completed and submit it to the SAP team.**

**PLEASE CHECK ANY OF THE FOLLOWING THAT MAY APPLY**

**ACADEMIC CONCERNS**

- \_\_\_\_ Currently has an IEP or Chapter 15
- \_\_\_\_ Failing or near failing grade(s)
- \_\_\_\_ Stated a disinterest in academic achievement
- \_\_\_\_ Reads below grade level
- \_\_\_\_ Fails to complete assignments
- \_\_\_\_ Drop in grades
- \_\_\_\_ Short attendance concerns
- \_\_\_\_ Other, specify: \_\_\_\_\_

**ATTENDANCE CONCERNS**

- \_\_\_\_ Often absent from class  
# times: \_\_\_\_\_
- \_\_\_\_ Often tardy to class  
# times: \_\_\_\_\_

**BEHAVIORAL CONCERNS**

- \_\_\_\_ Disruptive classroom behavior
- \_\_\_\_ Involvement in criminal activity (student reports)
- \_\_\_\_ Inappropriate sexual verbalization
- \_\_\_\_ Fighting/threats towards others
- \_\_\_\_ Self-abuse (i.e. cuts arms, burns, etc.)
- \_\_\_\_ Openly expresses drug use
- \_\_\_\_ Runaway (student reports)
- \_\_\_\_ Smells of alcohol/marijuana
- \_\_\_\_ Sudden change in behavior

- \_\_\_\_ Lying
- \_\_\_\_ Repeated visits to the restroom, health room, counselor
- \_\_\_\_ Other, specify: \_\_\_\_\_

**EMOTIONAL OBSERVATIONS**

- \_\_\_\_ Recent death of friend or family member
- \_\_\_\_ Writing or drawing that reflects death or revenge
- \_\_\_\_ Often criticizes self or others (please circle)
- \_\_\_\_ Suicide threat or gesture
- \_\_\_\_ Sudden outburst of anger
- \_\_\_\_ Other, specify: \_\_\_\_\_

**PHYSICAL OBSERVATIONS**

- \_\_\_\_ Unsteady on feet
- \_\_\_\_ Unexplained physical injury
- \_\_\_\_ Frequent cold-like symptoms
- \_\_\_\_ Self-abuse (i.e. cuts or burns on arms)
- \_\_\_\_ Frequently expresses concerns with personal health
- \_\_\_\_ Complains of nausea or headaches
- \_\_\_\_ Appears disoriented
- \_\_\_\_ Noticeable change in weight
- \_\_\_\_ Poor hygiene
- \_\_\_\_ Physical size is not consistent with other students of similar age
- \_\_\_\_ Other, specify: \_\_\_\_\_

Would you like to speak to a member of the SAP team? \_\_\_ YES \_\_\_ NO

**Thank you for your referral. All referrals will be reviewed as soon as possible.**

\_\_\_\_\_  
Signature of Person Referring

\_\_\_\_\_  
Position