

Boyertown Area School District
SAP REFERRAL (9/24/20)

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