



JERSEY SHORE AREA SCHOOL DISTRICT

LEARNING | GROWING | SUCCEEDING

Senior High School Student Assistance Program (SAP) Referral Form

Student's Name: _____ Grade: _____

Date of referral: _____

Referred by: _____

Please check the behavior(s) you have witnessed:

- | | |
|---|--|
| <input type="checkbox"/> Decreased or low class participation | <input type="checkbox"/> Changes in extracurricular activities |
| <input type="checkbox"/> Easily distracted or trouble concentrating | <input type="checkbox"/> Increased irritability |
| <input type="checkbox"/> Decrease in the quality of work | <input type="checkbox"/> Argues with other students |
| <input type="checkbox"/> Poor short-term or long-term memory | <input type="checkbox"/> Cheating |
| <input type="checkbox"/> Low frustration tolerance | <input type="checkbox"/> Change in friends |
| <input type="checkbox"/> Change in attendance/tardiness | <input type="checkbox"/> Does not follow teacher instructions |
| <input type="checkbox"/> Frequent requests to leave the room | <input type="checkbox"/> Drastic changes in appearance |
| <input type="checkbox"/> Frequent requests to visit the nurse | <input type="checkbox"/> Observed talking about drinking alcohol or using controlled substance |

Strength(s) and resiliency factor(s):

- | | |
|--|---|
| <input type="checkbox"/> Is creative | <input type="checkbox"/> Good communication skills |
| <input type="checkbox"/> Considerate of others | <input type="checkbox"/> Appears to like and be connected to school |
| <input type="checkbox"/> Strives to achieve his/her best | <input type="checkbox"/> Demonstrates good social skills |
| <input type="checkbox"/> Able to work independently | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Exhibits leadership | _____ |
| <input type="checkbox"/> Can accept re-direction | _____ |

Additional observable behaviors: _____

What has been done to resolve this problem? Please explain.

*Please return this form to any SAP team member