

Referral Teacher/Staff _____ Date _____

Student Name: _____ Grade _____

_____ I have contacted a **PARENT** regarding academic/behavioral/social performance.

_____ I have contacted a **BUILDING ADMINISTRATOR** regarding academic/behavioral/social performance.

**Please indicate appropriate
OBSERVABLE behaviors**

_____ *Academic concerns*

_____ *Absenteeism*

_____ *Frequent visits to health office*

_____ *Frequent visits to restroom*

_____ *Defiance of school rules*

_____ *Disruptive behavior*

_____ *Self-mutilation marks*

_____ *Talks freely about drugs and alcohol*
**TEACHERS ARE TO REPORT TO
BUILDING PRINCIPAL IMMEDIATELY!**

_____ *Suicide threat— written or verbal*
**TEACHERS ARE TO REPORT TO
BUILDING PRINCIPAL IMMEDIATELY!**

_____ *Change in peer relationships*

_____ *Physical change in appearance*

_____ *Other: _____*

_____ *Please have a SAP TEAM
MEMBER contact me regarding this
student.*

COMMENTS:

