

Student Name _____

Grade _____

Date of Referral _____

Signature _____

REFERRAL FORM

SAP – Student Assistance Program

Conemaugh Valley School District

INCOMING REFERRAL REASON(S)

- | | |
|---|---|
| <input type="checkbox"/> Academic concern | <input type="checkbox"/> Suicide ideation/gesture/attempt |
| <input type="checkbox"/> Attendance | <input type="checkbox"/> Tobacco violation or self-reported tobacco use |
| <input type="checkbox"/> Behavioral concerns | <input type="checkbox"/> Unexplained drop in grades |
| <input type="checkbox"/> Bullying | <input type="checkbox"/> Witness/victim of traumatic event |
| <input type="checkbox"/> Class Cutting | <input type="checkbox"/> Violated school policy, other |
| <input type="checkbox"/> Continuation of case from SAP team | <input type="checkbox"/> Violated school policy, D&A |
| <input type="checkbox"/> Involvement in legal system | <input type="checkbox"/> Violated school policy, violence/weapons |
| <input type="checkbox"/> Self Harm/Injury | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Social concerns | <input type="checkbox"/> Recommending Group: relationships, self-esteem, |
| <input type="checkbox"/> Suffered recent loss | social skills |

Note: If you suspect **CHILD ABUSE/NEGLECT, please complete a Childline referral either online, <https://www.compass.state.pa.us/cwis/public/home>, or by phone 800-932-0313. If you need help with making a referral, please speak with a guidance counselor/social worker.

1. Please list any observable, concrete, factual behaviors. If reporting hearsay, put in quotes and identify speaker.

2. What interventions have you attempted and what was the outcome? (e.g. called home, emailed parent(s), met with student, met with family)

3. Does the student have an IEP? ____ Yes ____ No

PLEASE SUBMIT REFERRAL TO DEAN OF STUDENTS

Office use only: IEP Case Manager is _____