



SAP COUNSELOR **GENERAL REFERRAL**

Complete the SAP Counselor General Referral for students who might benefit from participation and support offered through Project Connect: Student Assistance Program. The SAP Team will review the referral and determine appropriate strategies and interventions.

Student Name: _____ School: _____ Date: _____

Date of Birth: _____ Age: _____ Grade: _____

Student ID #: _____ Teacher (K-6) or Counselor (7-12): _____

Name of Person Referring and Relationship to Student: _____

Name of Person Assisting with Referral (if applicable): _____

Name of Parent(s): _____ Address: _____

Phone: _____ Email: _____

Home Language: _____ Student's Primary Language: _____

Please attach the following to the referral if applicable:

Relevant documentation (notes, drawings, assignments, etc.)

Note whether any of these steps were taken prior to SAP Counselor Referral (not required):	
<input type="checkbox"/> Referred to/reviewed cumulative folder <input type="checkbox"/> Talked to previous teacher(s), if possible <input type="checkbox"/> Consulted with other school staff	<input type="checkbox"/> SST Meeting Held or Scheduled Date: _____ <input type="checkbox"/> Rapid Referral due to urgent need <input type="checkbox"/> If staff referral, discussed SAP Referral with parent/guardian

Observed Student Strengths		
<input type="checkbox"/> Able to problem solve <input type="checkbox"/> Asks for help <input type="checkbox"/> Attentive listener <input type="checkbox"/> Communicates needs	<input type="checkbox"/> Cooperative with others <input type="checkbox"/> Follows directions <input type="checkbox"/> Learns best by _____ <input type="checkbox"/> Makes/Maintains friendships	<input type="checkbox"/> Participates actively in class <input type="checkbox"/> Regular attendance <input type="checkbox"/> Sense of humor <input type="checkbox"/> Other _____

Please rate your perception of the urgency of this request:

Not urgent	Moderately urgent	Extremely urgent
1 2 3	4 5 6	7 8 9 10

Please complete both pages of referral.



Reason(s) for Referral (Check the specific areas of concern.)

- | | |
|--|---|
| <input type="checkbox"/> Anxious or fearful moods | <input type="checkbox"/> Isolates from peers |
| <input type="checkbox"/> Angry outbursts | <input type="checkbox"/> Lack of appropriate social-skills |
| <input type="checkbox"/> Argumentative | <input type="checkbox"/> Lethargic / sleeps in class |
| <input type="checkbox"/> Attention-seeking behaviors | <input type="checkbox"/> Mood swings |
| <input type="checkbox"/> Crying / tearfulness | <input type="checkbox"/> Out-of-home placement |
| <input type="checkbox"/> Death of family member or friend | <input type="checkbox"/> Parents' divorce / separation |
| <input type="checkbox"/> Depressed, sad, or irritable mood | <input type="checkbox"/> Poor / deteriorated hygiene |
| <input type="checkbox"/> Destruction of property | <input type="checkbox"/> Physically aggressive |
| <input type="checkbox"/> Dropping grades / performing below expected level | <input type="checkbox"/> Recent withdrawal from friends |
| <input type="checkbox"/> Disrespectful behaviors | <input type="checkbox"/> Refusal to comply with rules / requests |
| <input type="checkbox"/> Disruptive behaviors | <input type="checkbox"/> Signs of an eating disorder |
| <input type="checkbox"/> Easily distracted | <input type="checkbox"/> Signs of substance use or abuse |
| <input type="checkbox"/> Excessive tardiness or absenteeism | <input type="checkbox"/> Sudden change in mood or behavior |
| <input type="checkbox"/> Excluded by peers / lacks a significant friend | <input type="checkbox"/> Use of inappropriate language or gestures |
| <input type="checkbox"/> Extreme dislike of school | <input type="checkbox"/> Verbally threatening / aggressive |
| <input type="checkbox"/> Failure or refusal to complete assigned tasks | <input type="checkbox"/> Victim of aggression, bullying, or violence |
| <input type="checkbox"/> Frequent somatic complaints (headaches, stomachaches, etc.) | <input type="checkbox"/> Re-entry (expulsion, juvenile facility, psychiatric, rehabilitation) |
| <input type="checkbox"/> Homeless | <input type="checkbox"/> Suspension (alcohol, drug, or violence related) |
| <input type="checkbox"/> Inappropriate sexual behaviors or conversations | <input type="checkbox"/> Other _____ |

DESCRIPTION OF CONCERNS
(Briefly describe reason(s) for referral to Project Connect: Student Assistance Program. Include observable details.)

STUDENT HISTORY
(Note any significant educational, family, social, or medical history of which you are aware which may relate to the reason(s) for referral):

KNOWN CURRENT OR PREVIOUS INTERVENTIONS OR RESOURCES
(SST, IEP, Counseling Services):

Please complete both pages of referral.

Date Received by SAP Counselor: _____