



SAP COUNSELOR
RAPID REFERRAL

Complete the Rapid Referral to the SAP Counselor when there is an urgent or immediate need. If there is an ongoing issue, completion of a General SAP Counselor Referral will be requested.

Date: _____

School: _____

Name of Student Referred to SAP Counselor: _____

Name of Person Referring Student: _____

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

Relationship to Student:	Urgent Matter or Need:
<input type="checkbox"/> Self	<input type="checkbox"/> Suicidal/Homicidal Ideation
<input type="checkbox"/> Peer/Friend	<input type="checkbox"/> Crisis
<input type="checkbox"/> Family Member	<input type="checkbox"/> Family Situation/Incident
<input type="checkbox"/> Administrator	<input type="checkbox"/> Grief/Loss
<input type="checkbox"/> Teacher	<input type="checkbox"/> Serious Peer Conflict
<input type="checkbox"/> School Counselor	<input type="checkbox"/> Severely Depressed or Irritable Mood
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

Please briefly describe the urgent matter or need.

Date Received by SAP Counselor: _____