

Student Assistance Program

SAP REFERRAL/STUDENT INFORMATION FORM – Individual Teacher Checklist

CONFIDENTIAL: Do not leave this paper where others can see it

Today's Date: _____

Student Name:	_____ Days Absent
Completed by:	_____ Days Tardy
Subject:	Grade: _____
Reading Level	please circle: on-level below level above level
Math Level	please circle: on-level below level above level

<p>1. Crisis Indicators: Has this student:</p> <ul style="list-style-type: none"> <input type="checkbox"/> been exposed to past traumatic event(s) <input type="checkbox"/> expressed desire to die? <input type="checkbox"/> made a suicide threat/gesture? <input type="checkbox"/> shared suicidal ideas in writing? <input type="checkbox"/> given away many possessions? <input type="checkbox"/> mentioned a recent death of family member or close friend <input type="checkbox"/> talked about having a weapon <input type="checkbox"/> talked about or evidenced possession of drug/alcohol <input type="checkbox"/> sexual assault/harassment <input type="checkbox"/> threatened another person with serious harm <input type="checkbox"/> talked about being homeless <input type="checkbox"/> talked about being abused now or in the past <input type="checkbox"/> talked about loss of parent or loved one <input type="checkbox"/> talked about loss of significant relationship <input type="checkbox"/> talked about separation/divorce of parents <p><i>NOTE: If you have checked one or more of the boldfaced items, please share this information immediately with your building principal, social worker or counselor.</i></p>	<p>2. Risky Behaviors</p> <ul style="list-style-type: none"> <input type="checkbox"/> Expresses involvement with gangs <input type="checkbox"/> Exhibits gang related activity/clothing/colors/paraphernalia <input type="checkbox"/> Talks of vandalism <input type="checkbox"/> Steals or forcibly takes things from others <input type="checkbox"/> History of running away <input type="checkbox"/> Involved with Juvenile Justice System <input type="checkbox"/> Dropped out of activity: sports, drama, extracurricular or after school activity <p>4. Home/Family Indicators</p> <ul style="list-style-type: none"> <input type="checkbox"/> Parent/guardian incarcerated <input type="checkbox"/> Speaks of family addiction <input type="checkbox"/> Speaks of family mental health issue <input type="checkbox"/> Moves frequently between caretakers <input type="checkbox"/> Foster Care <input type="checkbox"/> Recent death in family <input type="checkbox"/> Parent divorcing/separating <input type="checkbox"/> Parent /guardian deployed <input type="checkbox"/> Parent/guardian lost job <input type="checkbox"/> School transition 	<p>3. Visual Motor Development</p> <ul style="list-style-type: none"> <input type="checkbox"/> Works neatly <input type="checkbox"/> Holds head close to written work <input type="checkbox"/> Difficulty keeping place on paper <input type="checkbox"/> Poor fine motor control <input type="checkbox"/> Poor gross motor control <input type="checkbox"/> Incorrect letter/numeric formation <input type="checkbox"/> Reverses letters, numbers or words <input type="checkbox"/> Difficulty copying lessons <input type="checkbox"/> Adds or omits words in oral reading <input type="checkbox"/> Incorrect spacing of written work <p>5. Reaction to Discipline</p> <ul style="list-style-type: none"> <input type="checkbox"/> Accepts responsibility for actions <input type="checkbox"/> Denies actions <input type="checkbox"/> Resists authority <input type="checkbox"/> Blames others <input type="checkbox"/> Frequent detentions <input type="checkbox"/> Suspensions: _____
---	---	--

<p>6. Physical Symptoms</p> <ul style="list-style-type: none"> <input type="checkbox"/> Evidence of self-cutting <input type="checkbox"/> Burn marks <input type="checkbox"/> Has unexplained, frequent physical injuries <input type="checkbox"/> Smells of alcohol/marijuana <input type="checkbox"/> Glassy/Bloodshot eyes <input type="checkbox"/> Unsteady on feet <input type="checkbox"/> Slurred speech <input type="checkbox"/> Preoccupation with diet <input type="checkbox"/> Frequent complaints of nausea/vomiting <input type="checkbox"/> Sleeping/lethargy <input type="checkbox"/> Noticeable change in weight <input type="checkbox"/> Over or under weight <input type="checkbox"/> Poor hygiene 	<p>7. Academic Performance</p> <ul style="list-style-type: none"> <input type="checkbox"/> Difficulty staying on task <input type="checkbox"/> Cheating (copies others' academic work) <input type="checkbox"/> Declining grades <input type="checkbox"/> Has difficulty following classroom rules <input type="checkbox"/> Disorganized materials and work space <input type="checkbox"/> Does not turn in assignments given in class <input type="checkbox"/> Does not turn in homework <input type="checkbox"/> Does assignments carelessly <input type="checkbox"/> Has difficulty participating in classroom activity/discussions <input type="checkbox"/> Reluctant to ask for help <input type="checkbox"/> Gives up easily <input type="checkbox"/> Easily distracted <input type="checkbox"/> Bright but does not apply 	<p>8. Behavioral</p> <ul style="list-style-type: none"> <input type="checkbox"/> Sudden outbursts of anger <input type="checkbox"/> Cries easily/frequently <input type="checkbox"/> Sudden, dramatic change in behavior <input type="checkbox"/> Hits/pushes other students <input type="checkbox"/> Dramatic/sudden change in behavior <input type="checkbox"/> Withdrawn/loner <input type="checkbox"/> Has lost interest in preferred activities <input type="checkbox"/> Frequently absent ____ (how many?) <input type="checkbox"/> Frequently tardy ____ (how many?) <input type="checkbox"/> Is not where he/she is to be during the school day <input type="checkbox"/> Obscene language/gestures <input type="checkbox"/> Repeated requests to visit restroom, health office, counselor (circle which apply)
<p>9. Interpersonal</p> <ul style="list-style-type: none"> <input type="checkbox"/> Talks freely about drug use <input type="checkbox"/> Wears drug/alcohol related clothing <input type="checkbox"/> Fighting <input type="checkbox"/> Brings inappropriate materials to school (e.g. electronics, sexually explicit material, drugs, etc) <input type="checkbox"/> Constantly threatens or harasses <input type="checkbox"/> Verbally abusive <input type="checkbox"/> Frequently picked on by peers <input type="checkbox"/> Frequently dishonest/untruthful <input type="checkbox"/> Denies responsibility/blames others <input type="checkbox"/> Caught cheating (games with friends/bending the rules) <input type="checkbox"/> Argues with teacher <input type="checkbox"/> Easily influenced by others <input type="checkbox"/> Seeks constant reassurance <input type="checkbox"/> Tends to interact with younger or older children <input type="checkbox"/> Teases other students <input type="checkbox"/> Isolates from peers <input type="checkbox"/> Expresses hopelessness helplessness <input type="checkbox"/> Shy, withdrawn <input type="checkbox"/> Appears sad <input type="checkbox"/> States "I can't do it" 	<p>10. Student Strengths</p> <ul style="list-style-type: none"> <input type="checkbox"/> Attentive <input type="checkbox"/> Cooperative <input type="checkbox"/> Shows interest in subject <input type="checkbox"/> Works hard <input type="checkbox"/> Strong grades <input type="checkbox"/> Participates in class <input type="checkbox"/> Works independently <input type="checkbox"/> Works well in a group <input type="checkbox"/> Well liked by others <input type="checkbox"/> Creative <input type="checkbox"/> Considerate of others <input type="checkbox"/> Shows leadership skills <input type="checkbox"/> Good attendance <input type="checkbox"/> Good communication skills <input type="checkbox"/> Appropriate sense of humor <input type="checkbox"/> Organized <input type="checkbox"/> Polite <input type="checkbox"/> Willing to try new things <input type="checkbox"/> Learns from mistakes <input type="checkbox"/> Accepts praise <input type="checkbox"/> Asks for help 	<p>11. Attempts to Resolve the Situation: Fill-in appropriate dates to indicate steps you have taken to correct the behavior (s)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Referral to Principal _____ <input type="checkbox"/> Telephoned Parent _____ <input type="checkbox"/> Referral to Counselor _____ <input type="checkbox"/> Referral to Reading/Math Program _____ <input type="checkbox"/> Referral to Speech/Language Program _____ <input type="checkbox"/> Referral to Equitable Participation _____ <input type="checkbox"/> Participates in Outside Counseling _____ <input type="checkbox"/> Attendance letter sent _____ <input type="checkbox"/> Referral to Truancy Prevention Program _____ <input type="checkbox"/> Parent Conference _____ <input type="checkbox"/> Student Conference _____ <input type="checkbox"/> Completed Academic Evaluation _____ <input type="checkbox"/> Completed Behavioral Evaluation _____ <p>Other _____</p>

Comments: (please use observable statements)