

CONFIDENTIAL
Wallenpaupack Area High School
STUDENT ASSISTANCE PROGRAM (FAME) REFERRAL FORM
2014 – 2015 School Year

Student: _____ Grade _____ Referral Date: _____

Referred by: (circle one) Admin Discipline Guidance Teacher Peer Self Parent Other

Name: (preferred, but optional) _____

REASON FOR REFERRAL (Check all appropriate areas)

- Re-entry/ New to school Continuation from other SAP/Year
- Behavioral Concerns: Possible Drug/Alcohol Issues Withdrawn/Depressed Anger/Aggression
- Academic Concerns: Attendance Cutting Class Drop in grades
- Social Concerns Bullying: Target Bully
- Recent loss or death Witness/Victim Traumatic Event
- Suicide Ideation or Follow-up Self-harm/Cutting
- Discipline Violation: Tobacco D&A Violence/Weapons Other
- Involvement with legal system
- Eating/Body Image Concerns Teen Pregnancy/Teen Parent Family issues
- Suspected abuse Other _____

Please describe observable behaviors related to your concern:

Please list any sports or extracurricular activities this student participates in:

Out of school activities or distractions you may be aware of:

Have you contacted parents with your concerns? No Yes (Date) _____

Outcome: _____ Permission Signed

(FAME USE ONLY)	<input type="checkbox"/> Re-Referral	<input type="checkbox"/> Special Ed.	<input type="checkbox"/> 504
CASE MANAGER:	CASE #:		