

CONFIDENTIAL
Wallenpaupack Area High School
STUDENT ASSISTANCE PROGRAM (SAP) REFERRAL FORM
2022 – 2023 School Year

Student: _____ Grade _____ Referral Date: _____

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

Name: (preferred, but optional) _____

REASON FOR REFERRAL (Check all appropriate areas)

- Re-entry/ New to building Continuation from other SAP/Year
 Behavioral Concerns: Possible Drug/Alcohol Issues Withdrawn/Depressed Anger/Aggression
 Anxiety Suicide Ideation or Follow-up Self-harm/Cutting
 Academic Concerns: Attendance Cutting Class Drop in grades
 Social Concerns Relationships Bullying: Target Bully
 Recent loss or death Witness/Victim Traumatic Event
 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:

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

2 nd / 3 rd Referral _____	(SAP USE ONLY)	Parent Letter Sent _____	Permission Signed _____
D&A Concern _____		Prior Year(s) FAME _____	Special Ed _____ 504 _____
CASE MANAGER:		CASE #:	