



Student Assistance Program (SAP) Referral Form

Student: _____ Grade: _____ Period: _____ Date: _____

Referred by: _____

Special Program (If Applicable): ELL RSP SDC Migrant Other _____

Counselor: _____

Check All Items That Apply:
<u>Reason for Referral</u>
<input type="checkbox"/> Absenteeism
<input type="checkbox"/> Rebellious, defiant, angry
<input type="checkbox"/> Withdrawn/isolated
<input type="checkbox"/> Anti-social peer relationships
<input type="checkbox"/> Not performing to ability
<input type="checkbox"/> Appears depressed
<input type="checkbox"/> Suicide attempt/thought
<input type="checkbox"/> Suspected gang affiliation
<input type="checkbox"/> Negative peer group
<input type="checkbox"/> Disclosed family problems
<input type="checkbox"/> Other _____

Intervention Strategies should be implemented for 2 to 4 weeks prior to referring a student				
	Date:	Date:	Date:	Date:
Contact parent				
Contact student's teachers				
Engage the student in building personal connections and relationships				
Individual conference with the student				
Reward student for positive behavior				
Implement classroom behavior contract				
Work with your PLC				
Engage student in collaborative activities with his/her peers				

Mission: Thomas Alva Edison High School will deliver challenging and meaningful instruction within programs that are designed to prepare all students for a variety of post-secondary opportunities.

Vision: Thomas Alva Edison High School will be a locally and nationally renowned learning environment where students, staff, parents and community members collaborate to ensure that all students are college and career ready.