Salisbury Elk Lick School District
Student Assistance Program Referral Form

1. Referred by_____Phone # _____

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2. Student's Name_____Grade _____

3. Date of referral_____

4. **Please check the behavior(s) you have witnessed.**

- ☐ Decreased or low class participation
- ☐ Easily distracted or trouble concentrating
- ☐ Changes in extracurricular activities
- ☐ Increased irritability
- ☐ Poor short-term or long-term memory
- ☐ Decrease in the quality of work
- ☐ Cheating
- ☐ Change in friends
- ☐ Does not follow teacher instructions
- ☐ Drastic changes in appearance
- ☐ Observed talking about drinking alcohol or using controlled substance
- ☐ Argues with other students
- ☐ Low frustration tolerance
- ☐ Change in attendance/tardiness
- ☐ Frequent requests to leave the room
- ☐ Frequent request to visit the nurse

5. **Strength(s) and resiliency factor(s)**

- ☐ Is creative
- ☐ Considerate of others
- ☐ Strives to achieve his/her best
- ☐ Able to work independently
- ☐ Exhibits leadership
- ☐ Can accept redirection
- ☐ Good communication skills
- ☐ Appears to like and be connected to school
- ☐ Demonstrates good social skills
- ☐ Other

Additional observable behaviors_____

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6. **What has been done to resolve this problem? Please explain and provide dates.**

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Please return form to any SAP Team member