



210 Panther Ln. Rome, PA 18837
(570) 744 - 2521

SAP Referral Form

This form is for parents, teachers, school staff, and community members to refer students to the SAP process, when they have behavioral or mental health concerns about a student. When the referral is received, the SAP team will gather data in order to determine if the student is an appropriate candidate to receive SAP services, and/or other services offered by the district.

Demographic Information

1. Referral Source (please include your first and last name):

2. Date of Referral

_____ *Example: January 7, 2019*

3. Referral Source Phone Number

4. Referral Source Email

5. Student Being Referred

6. In what capacity do you know this student?

- Parent
- Teacher
- Service Provider (OT, PT, Speech and Language, etc.)
- School Counselor/ School Nurse
- Paraprofessional/ 1 on 1 Nurse
- Bus/Van Driver
- Sports Coach
- CCLC After School Program teacher/volunteer
- CEF teacher/volunteer

Other: _____

7. Student's Grade and Teacher (if known)

Behavioral Information

8. Strengths/ Resiliency Factors

- Student is creative
- Considerate of others
- Strives to do his/her best
- Able to work independently
- Exhibits leadership qualities
- Accepts re-directions
- Communicates wants and needs
- Appears to be connected to others in the school
- Demonstrates pro-social skills

9. Other Strengths/ Resiliency Factors?

10. Behaviors Witnessed (please note: this is referencing recent changes in behavior)

- Decreased or low class participation
- Easily distracted or trouble concentrating
- Decrease in the quality of work
- Poor short-term or long-term memory
- Low frustration tolerance
- Change in attendance/ tardiness
- Frequent requests to leave the room
- Frequent requests to visit the nurse
- Changes/lack of participation in extracurricular activities
- Increased irritability

- Argues with other students
- Has begun cheating on tests, quizzes, or homework assignments
- Recent change in friend group
- Does not follow teacher instructions
- Drastic changes in appearance/ self- care
- Observed discussing use of alcohol or other substances with peers or adults

11. Crisis Questions (Check all that apply)

- Has expressed desire to die verbally, or in written form
- Has given away personal possessions
- Has made suicidal threats/gestures
- Has recently experienced death of a family member, friend, or pet.

12. Other Concerning Behaviors?

Which of the following types of contact have been attempted by you? (At least two should be attempted with SAP referral).

Please document the approx. date of the contact, and the result.

13. Informal Student Contact (please document date and result):

14. Parent Contact (please document date and result):

15. Contact with Student's teacher (please document date and result):

16. Contact with Guidance (please document date and result):

17. Contact with School Nurse (please document date and result):

18. Contact with an Administrator (please document date and result):

If filling out the printed version of this form, please return to a SAP team member (indicated by yellow "SAP Team Member" signs near their classroom or office door).