

North Schuylkill School District –SAP Team

**REFERRAL FORM**

**STUDENT:** \_\_\_\_\_

**GRADE:** \_\_\_\_\_

**TEACHER:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**CASE MANAGER:** \_\_\_\_\_

CURRICULUM CODE	
<input type="checkbox"/>	Regular Ed
<input type="checkbox"/>	Special Ed (list disability)
_____	_____
<input type="checkbox"/>	Gifted
<input type="checkbox"/>	504 (list disability)
_____	_____
<input type="checkbox"/>	Other _____

The following documentation **MUST** be attached

- Attendance
- Current Grades
- DIBELS
- PSSA Scores
- Interventions Checklists (Academic/Behavioral)
- SIPF (Student Individual Planning Form)

PRIMARY CONCERN Select only ONE	SECONDARY CONCERN Select only ONE
<input type="checkbox"/> Academic	<input type="checkbox"/> Academic
<input type="checkbox"/> Attendance	<input type="checkbox"/> Attendance
<input type="checkbox"/> Behavioral	<input type="checkbox"/> Behavioral
<input type="checkbox"/> Bullying	<input type="checkbox"/> Bullying
<input type="checkbox"/> Class Cutting	<input type="checkbox"/> Class Cutting
<input type="checkbox"/> Family Concerns (Divorce)	<input type="checkbox"/> Family Concerns (Divorce)
<input type="checkbox"/> Family Concerns (Drug/Alcohol abuse in home)	<input type="checkbox"/> Family Concerns (Drug/Alcohol abuse in home)
<input type="checkbox"/> Gambling	<input type="checkbox"/> Gambling
<input type="checkbox"/> Involvement with Legal System	<input type="checkbox"/> Involvement with Legal System
<input type="checkbox"/> Self-Harm Injury	<input type="checkbox"/> Self-Harm Injury
<input type="checkbox"/> Social Concerns	<input type="checkbox"/> Social Concerns
<input type="checkbox"/> Suffered Recent Loss	<input type="checkbox"/> Suffered Recent Loss
<input type="checkbox"/> Suicide Ideation/Gesture/Attempt	<input type="checkbox"/> Suicide Ideation/Gesture/Attempt
<input type="checkbox"/> Suspected Child Abuse/Neglect	<input type="checkbox"/> Suspected Child Abuse/Neglect
<input type="checkbox"/> Suspected Drug/Alcohol Use	<input type="checkbox"/> Suspected Drug/Alcohol Use
<input type="checkbox"/> Suspected Tobacco Use	<input type="checkbox"/> Suspected Tobacco Use
<input type="checkbox"/> Tobacco Violation	<input type="checkbox"/> Tobacco Violation
<input type="checkbox"/> Unexplained Drop in Grades	<input type="checkbox"/> Unexplained Drop in Grades
<input type="checkbox"/> Violated School Policy (other)	<input type="checkbox"/> Violated School Policy (other)
<input type="checkbox"/> Violated School Policy (drugs/alcohol)	<input type="checkbox"/> Violated School Policy (drugs/alcohol)
<input type="checkbox"/> Violates School Policy (violence/weapons)	<input type="checkbox"/> Violates School Policy (violence/weapons)
<input type="checkbox"/> Witness/Victim of Traumatic Event	<input type="checkbox"/> Witness/Victim of Traumatic Event

The information contained in this report is **CONFIDENTIAL** and is part of the student’s SAP record.  
It will be used to assess the student’s needs and help eliminate barriers to the learning process.

## REFERRAL FORM

### BRIEF EXPLANATION OF CONCERN/s

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### STUDENT CONTACT

Date(s) you addressed the concern with the student: \_\_\_\_\_

Brief Explanation of Contact(s): \_\_\_\_\_

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### PARENT CONTACT

Date(s) you addressed the concern with parent/guardian: \_\_\_\_\_

Type of contact(s):     Telephone         Email         Conference         Other

Brief Explanation of Contact(s): \_\_\_\_\_

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### ANY ADDITIONAL INFORMATION

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