

REFERRAL FORM
CONFIDENTIAL

Referred from: Teacher ____ Parent ____ Student ____ Other ____
Student _____ Grade _____

Reason for Referral: Please list the behavior(s) you believe place this student "at risk".

Have you discussed the concern with this student? Yes ____ No ____

Have you discussed this with his/her parents? Yes ____ No ____

Referred by: _____ Date: _____

Check if: ☐ I want my name to remain confidential.

* Emergencies require that Crisis Intervention Procedures be followed. Immediately contact the school nurse, principal, counselor, or SAP Team member.

**PLEASE RETURN TO THE SAP MAILBOX LOCATED IN THE GUIDANCE OFFICE,
OR TO ANY SAP MEMBER.**

THANK YOU.