

\* Before handing this form in, please record in the Teacher Intervention Tab "Referred to SAP". No other information is needed.

**BUILDING EDUCATIONAL SUPPORT TEAM (BEST)  
STUDENT ASSISTANCE PROGRAMS (SAP)  
STUDENT REFERRAL FORM**

Please take the time to complete this form by checking or marking the appropriate information. In order to develop effective intervention plans it is crucial that you communicate any **OBSERVABLE** behaviors that are relevant to this referral. Federal regulations require that this information, if requested, will be made available to the student's parents or guardian. Please place this referral in a confidential envelope and return it to the building administrator or guidance counselor. Thank you.

Student Name \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_ Present Grade Level \_\_\_\_\_

Teacher Name \_\_\_\_\_ DOB \_\_\_\_\_ Sex = M · F

Attendance    Good    Average    Poor    Excessive Tardiness \_\_\_\_\_

Reason for Referral (please be specific): \_\_\_\_\_

**Student Strengths**

- \_\_\_\_\_ Demonstrates a desire to learn
- \_\_\_\_\_ Helps others in class
- \_\_\_\_\_ Leader
- \_\_\_\_\_ Cooperative
- \_\_\_\_\_ Can work independently
- \_\_\_\_\_ Creative
- \_\_\_\_\_ Good communication skills
- \_\_\_\_\_ Artistic ability

- \_\_\_\_\_ Displays good logic/reasoning skills
- \_\_\_\_\_ Works well in a group
- \_\_\_\_\_ Considerate of others
- \_\_\_\_\_ Enthusiastic
- \_\_\_\_\_ Participates in extra-curricular activities
- \_\_\_\_\_ Can accept redirection (criticism)
- \_\_\_\_\_ Accepts responsibility
- \_\_\_\_\_ Musical ability

**Academic Information**

- \_\_\_\_\_ Reading Level (DRA)
- \_\_\_\_\_ Previous grade retention (Gr. \_\_\_\_\_)
- \_\_\_\_\_ Fails to complete in class assignments
- \_\_\_\_\_ Has difficulty following directions (even if directions are repeated)
- \_\_\_\_\_ Reads below grade level, explain: \_\_\_\_\_

- \_\_\_\_\_ Poor motor skills
- \_\_\_\_\_ Fails to complete homework or homework book
- \_\_\_\_\_ Language interferes with academic growth / performance because of: \_\_\_\_\_
- \_\_\_\_\_ BSL \_\_\_\_\_
- \_\_\_\_\_ Language structure \_\_\_\_\_
- \_\_\_\_\_ Knows basic addition facts
- \_\_\_\_\_ Knows basic subtraction facts
- \_\_\_\_\_ Math weakness, explain: + \_\_\_\_\_

**Behavioral Observations**

- \_\_\_\_\_ Decrease in classroom participation
- \_\_\_\_\_ Unprepared for class
- \_\_\_\_\_ Easily distractible/short attention span
- \_\_\_\_\_ Sleeping in class
- \_\_\_\_\_ Denies responsibility/blames others/lies (please circle applicable behavior)
- \_\_\_\_\_ Difficulty making decisions
- \_\_\_\_\_ Seeks constant reassurance

- \_\_\_\_\_ Cheating
- \_\_\_\_\_ Obscene language/gestures
- \_\_\_\_\_ Repeated violation of rules
- \_\_\_\_\_ Repeated visits to restroom/nurse/counselor
- \_\_\_\_\_ Easily frustrated
- \_\_\_\_\_ Disruptive classroom behavior, explain: \_\_\_\_\_

Home/School Communication: \_\_\_\_\_ Good    \_\_\_\_\_ Poor

**Emotional Observations**

- Expresses desire to die through writing, drawing, or peer reporting
- Sudden outbursts of anger
- Dramatic or sudden change in behavior
- Expresses fear/anxiety of \_\_\_\_\_

- Recent death of a family member or close friend (peer reports)
- Expresses feelings of hopelessness, worthlessness, helplessness
- Family stressors, explain: \_\_\_\_\_

**Physical Observations**

- Unexplained physical injury
- Frequent cold-like symptoms
- Self-abuse
- Frequently expresses concerns with personal health

- Appears disoriented
- Poor hygiene
- Noticeable change in weight
- Frequent complaints of nausea/headache

**Peer Interaction Observations**

Poor peer interaction please explain: \_\_\_\_\_

**Previously Tried Interventions**

- Parent conferences
- Tutoring
- Consultation with Principal
- Tested by School Psychologist

- Special help night
- Behavior plan
- Referral to Chapter services

- Detention
- Mentoring
- Other \_\_\_\_\_

**Adapting Instruction** - Methods used: \_\_\_\_\_

**Adapting Instruction** - Methods used: \_\_\_\_\_

**Classroom/Behavior Management** - Methods used: \_\_\_\_\_

**Presently Receives**

- Speech/Lang. Therapy
- Occupational Therapy
- Guidance Services
- LS % \_\_\_\_\_
- ES % \_\_\_\_\_

- Chapter 1-Math
- Physical Therapy
- Other \_\_\_\_\_

- Chapter 1 - Reading
- ESL \_\_\_\_\_

**Known Agency Involvement**

**Known Health Problems**