

Initial Referral Form

Student's Name _____ Grade _____

Referring Teacher _____ Date _____

REASON FOR REFERRAL TO THE SAP

____ Academic Concerns ____ Discipline Code Infractions ____ Attendance

____ Behavioral Concerns ____ Concerns About Chemical ____ Other (explain below)

Involvement

Describe the behavior(s) which have prompted this referral: i.e., declining grades or failures, excessive tardiness, disruptive behaviors, change in friends, failure to complete or do assignments, etc.

ATTEMPTS TO RESOLVE THE SITUATION BY PERSON MAKING REFERRAL

Check the appropriate line to indicate the steps you have taken to correct the behavior(s).

DATE

____ Student Conference _____

____ Referral to Counselor _____

____ Student Contract _____

____ Referral to Principal _____

____ Referral Forms Used _____

____ Telephoned Parent _____

____ Parent Conference _____

Level 1 _____

Level 2 _____

Level 3 _____

ADDITIONAL COMMENTS: