

**HOPEWELL AREA SCHOOL DISTRICT  
STUDENT ASSISTANCE PROGRAM  
PROGRAM ASSISTING STUDENT SUCCESS  
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 Involvement       Other (explain below)

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).

- |  |      |  |      |
|--|------|--|------|
| <input type="checkbox"/> Student Conference  | DATE | <input type="checkbox"/> Referral to Counselor | DATE |
| <input type="checkbox"/> Student Contract    |      | <input type="checkbox"/> Referral to Principal |      |
| <input type="checkbox"/> Referral Forms Used |      | <input type="checkbox"/> Telephoned Parent     |      |
| Level 1                                      |      | <input type="checkbox"/> Parent Conference     |      |
| Level 2                                      |      |  |      |
| Level 3                                      |      |  |      |

**ADDITIONAL COMMENTS:**