

STUDENT INITIATED REFERRAL FORM for SAP

Date: _____ Student Making Referral (Optional) _____

I want to refer (Name of Student) _____ to the Student Assistance Program (SAP) for help.

The reason I am referring them is:

_____ Uses drugs or alcohol

_____ Has eating problems

_____ Threatens to run away

_____ Seems seriously worried

_____ Extreme sadness

_____ Self-harm

_____ Threatens to hurt self or other

_____ Always angry or crying

_____ Cannot sleep

_____ Uses Steroids

_____ Other (write in reason) _____

Please place in SAP box. This will remain confidential.

SAP referrals are checked weekly.

If this issue/concern requires immediate attention please see a School Counselor.