

LCCTC CONFIDENTIAL
STUDENT ASSISTANCE PROGRAM
REFERRAL

Student Name:	Referral Date:
Address:	Phone:
School District:	Program:
DOB:	Sex & Gender Preference:

REASON(S) FOR REFERRAL TO SAP TEAM:
Please check all that apply.

ACADEMIC PERFORMANCE

- Decrease in class participation
- Drop in grades
- Does not follow directions
- Easily distracted or preoccupied
- Failure to complete assignments
- Cheating

CLASS ATTENDANCE DURING PAST MONTH

- Absenteeism
- Cutting Class
- Tardiness
- Frequent visitor to counselor/nurse (circle one)
- Pattern to absences noted: Day of Week _____ Test Days _____ (Y/N)

PHYSICAL OBSERVATIONS

- | | |
|--|---|
| <input type="checkbox"/> Deteriorating personal appearance | <input type="checkbox"/> Slurred or slowed speech |
| <input type="checkbox"/> Frequent cold-like symptoms
(runny nose, watery eyes, cough) | <input type="checkbox"/> Smelling of marijuana, alcohol, or tobacco |
| <input type="checkbox"/> Glassy, bloodshot eyes | <input type="checkbox"/> Unexplained, frequent injuries |

DISRUPTIVE BEHAVIORS

- | | |
|---|--|
| <input type="checkbox"/> Attention-seeking behavior | <input type="checkbox"/> Irresponsible, blaming, denying |
| <input type="checkbox"/> Cheating | <input type="checkbox"/> Lying |
| <input type="checkbox"/> Crying | <input type="checkbox"/> Obscene language, gestures |
| <input type="checkbox"/> Defiance of rules | <input type="checkbox"/> Sudden outbursts of anger |
| <input type="checkbox"/> Fighting | <input type="checkbox"/> Verbally abusive to others |
| <input type="checkbox"/> Hyperactivity, nervousness | Other _____ |

ATYPICAL BEHAVIORS

- | | |
|--|---|
| <input type="checkbox"/> Change in friends | <input type="checkbox"/> Sexual behavior in public |
| <input type="checkbox"/> Defensive (feels picked upon) | |
| <input type="checkbox"/> Depressive behaviors | |
| <input type="checkbox"/> Inappropriate responses | <input type="checkbox"/> Talks freely about drug use |
| <input type="checkbox"/> Obvious mood swings | <input type="checkbox"/> Withdrawn, difficulty relating to others |
| <input type="checkbox"/> Seeking adult advice without a specific problem | |

LIST OBSERVABLE BEHAVIORS OR DIRECT COMMUNICATION FROM STUDENT

IF INSTRUCTOR REFERRED, HAS PARENT/GUARDIAN BEEN CONTACTED? YES___ NO___

IF “YES,” WHAT DATE, TIME AND HOW WERE THEY CONTACTED?

TEAM CASE MANAGER_____

DATE PARENT PERMISSION FORM WAS RECEIVED/SIGNED_____