

**Student Assistance Program (SAP) Confidential Concern Form**

Student Name: \_\_\_\_\_ ID: \_\_\_\_\_

Referring Staff: \_\_\_\_\_ Date of Referral: \_\_\_\_\_

**BEHAVIOR**

- 1. Disruptive in class/campus
- 2. Change in peer group of friends
- 3. Student reports family problems
- 4. Lying/cheating
- 5. Promises to improve but behavior is unchanged
- 6. Denies any problems when questioned
- 7. Avoids contact with people who have expressed concern
- 8. Withdraws/is a loner
- 9. Drug, alcohol related language/talk
- 10. Inappropriate sexual reference/language/actions
- 11. Verbal / written references to suicide\*
- 12. Secretive Behavior
- 13. Drawing of inappropriate symbols, references (drug, gang, cult, etc.)
- 14. Poor peer relationships/social skills
- 15. Associates with peers known to use chemicals
- 16. Mood/Activity level changes from day to day
- 17. Anger management/violence/bullying/perpetrator/victim

\* If suicide is a concern, stop. Go directly to an administrator. Call 911.

**ATTENDANCE**

- 1. Excessive absenteeism
- 2. Tardiness
- 3. Unexplained gaps of time (between classes/room to room)
- 4. Requests to excuse him/herself from class often

**HEALTH**

- 1. Falls asleep in class/is drowsy
- 2. Poor personal hygiene/appears unkempt
- 3. Significant weight changes
- 4. Gaunt appearance
- 5. Excessively nervous or shaky
- 6. Frequent evidence of injury
- 7. Unsteady gait/impaired coordination
- 8. Frequent cold/flu-like symptoms

- 9. Appears dazed, giddy, or "out of it"
- 10. Changes of facial color or degree of alertness
- 11. Glassy, bloodshot eyes or dark circles around eyes
- 12. Odor of alcohol/marijuana/tobacco
- 13. Frequently visits the health office/frequent illnesses

**ACADEMICS**

- 1. Grades slipping
- 2. Late/poorly done assignments
- 3. Low motivation/not working up to potential
- 4. Perfectionist/compulsive over-achiever
- 5. Does not participate in class activities
- 6. Fails tests and/or quizzes
- 7. Completes little/no makeup assignments
- 8. Poor short term memory
- 9. Change in student to teacher relationship
- 10. Change in participation

**SCHOOL ENGAGEMENT/EXTRA-CURRICULAR ACTIVITIES**

- 1. Lost eligibility to participate in extra curricular activities
- 2. Loss of interest
- 3. Increased non-involvement
- 4. Dropped out of activity

**STUDENT SUPPORT**

- 1. Family is supportive and involved in student's education
- 2. Utilizes school staff for support

**STEPS YOU HAVE TAKEN**

*DATE COMPLETED*

_____ "I am concerned about you" Message with Student:	<input type="checkbox"/> Successful
	<input type="checkbox"/> Unsuccessful
_____ Contacted Student's Counselor:	<input type="checkbox"/> Successful
	<input type="checkbox"/> Unsuccessful
_____ Contacted Parents with concerns:	<input type="checkbox"/> Successful
	<input type="checkbox"/> Unsuccessful
_____ Parent/Student conference:	<input type="checkbox"/> Successful
	<input type="checkbox"/> Unsuccessful
_____ Other: _____	<input type="checkbox"/> Successful
	<input type="checkbox"/> Unsuccessful

