

Cathedral Preparatory School
Student Assistance Program

Confidential

Initial Referral Form

Student: _____

Grade: _____

Teacher: _____

Date: _____

Please take the time to complete this form by checking the appropriate information. It is crucial that only observable behaviors are communicated (no third party or hearsay information is acceptable). Please remember that Federal regulations require that this information be made available to the student's parents or guardian upon request. All information is confidential. Return the completed form to the SAP Mailbox located in the 3rd floor faculty lounge. ***Please submit this form to the SAP Team after you have shared your observations and concerns with the parents / guardian of the student.***
Date of parent contact. _____

Academic Information

- Present-letter grade ()
- Drop in grades
- Fails to complete assignments
- Verbalizes disinterest in performance
- Fails to complete homework
- Demonstrates reading difficulty
- Poor test scores
- Does not seek help

Behavioral Observations

- Skipping class
- Decrease in classroom participation
- Sleeping in class
- Unprepared for class
- Seeks constant reassurance
- Inappropriate sexual verbalization
- Expresses involvement in hate groups
- Verbally abusive

Strengths and Skills

- Accepts personal responsibility
- Can work independently
- Makes good personal decisions
- Enthusiastic, cooperative and creative leader

Policy Violations

- Vandalism
- Lying
- Frequently disciplined

Physical Observations

- Unsteady on feet
- Glassy, bloodshot eyes
- Frequent cold-like symptoms
- Slurred speech pattern
- Appears disoriented
- Smells of alcohol, marijuana
- Noticeable weight change
- Poor personal hygiene
- Self abuse

Peer Interaction Observations

- Hits or pushes others
- Easily influenced by others
- Does not interact with peers
- Disturbs others
- Loner

Additional Comments

Resulting from observable behaviors _____

