

# H. A. Snyder Elementary School

## Student Assistance Program (SAP) Referral Form

Student's Name: \_\_\_\_\_  
Teacher: \_\_\_\_\_  
Grade: \_\_\_\_\_

Date of referral \_\_\_\_\_  
Referred by \_\_\_\_\_  
Phone # \_\_\_\_\_

**1. Check the behavior(s) you have witnessed.**

- \_\_\_ Decreased or low class participation
- \_\_\_ Easily distracted or trouble concentrating
- \_\_\_ Decrease in the quality of work
- \_\_\_ Poor short-term or long-term memory
- \_\_\_ Low frustration tolerance
- \_\_\_ Change in attendance/tardiness
- \_\_\_ Frequent requests to leave the room
- \_\_\_ Frequent request to visit the nurse
- \_\_\_ Changes in extracurricular activities
- \_\_\_ Increased irritability
- \_\_\_ Argues with other students
- \_\_\_ Cheating
- \_\_\_ Change in friends
- \_\_\_ Does not follow teacher instructions
- \_\_\_ Drastic changes in appearance
- \_\_\_ Observed talking about drinking alcohol or using controlled substances.

**2. Strength(s) and resiliency factor(s)**

- \_\_\_ Is creative
- \_\_\_ Considerate of others
- \_\_\_ Strives to achieve his/her best
- \_\_\_ Able to work independently
- \_\_\_ Exhibits leadership
- \_\_\_ Can accept re-direction
- \_\_\_ Good communication skills
- \_\_\_ Appears to like and be connected to school
- \_\_\_ Demonstrates good social skills
- \_\_\_ Other \_\_\_\_\_

**What has been done to resolve this problem?  
Please explain and provide dates.**

**Additional observable behaviors** \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

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