



WHES SAP Referral

Student Name:

Date:

Referred By:

Student Strengths

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|---|--|
| <input type="checkbox"/> Participates in extracurricular activities | <input type="checkbox"/> Able to work independently |
| <input type="checkbox"/> Demonstrates a desire to learn | <input type="checkbox"/> Follows directions |
| <input type="checkbox"/> Displays good logic/reasoning | <input type="checkbox"/> Completes class assignments |
| <input type="checkbox"/> Creative | <input type="checkbox"/> Organizational skills |
| <input type="checkbox"/> Positive peer relationships | <input type="checkbox"/> Asks for help |
| <input type="checkbox"/> Respects authority | <input type="checkbox"/> Appears to enjoy school |
| <input type="checkbox"/> Good communication skills | <input type="checkbox"/> Focus/Attention to task |
| <input type="checkbox"/> Works well in groups | |

Academic Concerns

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|---|---|
| <input type="checkbox"/> Drop in grades/achievement | <input type="checkbox"/> Poor organizational skills |
| <input type="checkbox"/> Decrease in class participation | <input type="checkbox"/> Short attention span |
| <input type="checkbox"/> Academic failure | <input type="checkbox"/> Poor fine motor skills |
| <input type="checkbox"/> Works below ability | <input type="checkbox"/> Poor gross motor skills |
| <input type="checkbox"/> Works below grade level | <input type="checkbox"/> Completion of assignments carelessly/quickly |
| <input type="checkbox"/> Difficulty staying on task | <input type="checkbox"/> Requires frequent prompting |
| <input type="checkbox"/> Sleeps in class | <input type="checkbox"/> Difficulty asking for help |
| <input type="checkbox"/> Poor processing/comprehension | |
| <input type="checkbox"/> Difficulty retaining information | |
| <input type="checkbox"/> Work refusal | |

Attendance Concerns

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|--------------------------------------|---|
| <input type="checkbox"/> Absenteeism | <input type="checkbox"/> Frequent visits to nurse |
| <input type="checkbox"/> Tardies | <input type="checkbox"/> Roaming hallways |

Behavior Concerns

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| <input type="checkbox"/> Out of seat | <input type="checkbox"/> Obscene language/gestures |
| <input type="checkbox"/> Fidgeting | <input type="checkbox"/> Physical aggression |
| <input type="checkbox"/> Disturbs others | <input type="checkbox"/> Verbal aggression |



- Argumentative/Defensive
- Attention seeking behaviors
- Defiance
- Difficulty accepting responsibility
- Throwing items/damaging property
- Change in social group
- Talks/writes about violence
- Impulsive
- Younger or older social group
- Self-distracting

Emotional Concerns

- Afraid to make mistakes
- Cries easily
- Socially withdrawn
- Lacks peer relationships
- Refusal to speak
- Shuts down easily
- Emotional outbursts
- Change in family situation/environment
- Loss of a loved one
- Poor self-esteem
- Gives up easily
- Suicidal statement/gesture

Physical Concerns

- Unexplained physical injuries
 - Physical complaints
 - Poor hygiene
 - Change in weight
 - Fatigue
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