

Student Assistance
Homer-Center Jr-Sr High School

REFERRAL FORM

Student's Name: _____ Grade: ___ Date: _____

Referred by:

_____ Team Member	_____ Teacher	_____ School Counselor	_____ Nurse
_____ Disciplinarian	_____ Self	_____ Parent/Guardian	_____ Peer
_____ Adm., Non-Discipline		_____ School Psychologist	_____ Other

INCOMING REFERRAL REASON (Mark all that apply)

- _____ Violated school policy, D&A related
- _____ Violated school policy, violence/weapons
- _____ Behavior concerns:
 - _____ D&A related
 - _____ MH related
 - _____ Other: _____
- _____ Performing below academic ability
- _____ Unexplained drop in grades
- _____ Attendance
- _____ Suicide ideation, gesture or attempt
- _____ Re-entry into school
- _____ Self-Reported problem
- _____ Other/Comments: _____

**YOU ARE NOT BEING ASKED TO LABEL OR DIAGNOSE! YOUR OBSERVATION
MIGHT SIGNAL A NEED FOR AN ASSESSMENT.**

Please return this form to the Student Assistance Team. Thank you.
SAP/Referral Form