

**LOWER MORELAND HIGH SCHOOL
STUDENT ASSISTANCE PROGRAM
Initial Referral Form**

CONFIDENTIAL

Student's Name: _____

Grade: _____

Referred By: _____

Date: _____

Subject: _____

Period: _____

REASON FOR REFERRAL: _____

STUDENT ASSESSMENT- Please check each area of concern you have regarding this student.

ACADEMIC PERFORMANCE

Present Grade: _____

- Drop in grades; lower achievement
- Doesn't complete assignments
- Decrease in class participation
- Short attention span; easily distracted
- Poor short-term memory
- Has ability but doesn't apply oneself

BEHAVIOR

- Defiance of rules
- Argumentative, defensive
- Blaming, denying
- Cheating, lying
- Inappropriate language or gestures
- Outbursts of anger
- Appears unhappy
- Highly active
- Withdrawn; difficulty relating to other
- Bullies/teases other students
- Change in friends
- Talks/writes about drugs/alcohol
- Exhibits self-abusive behaviors
- Lacks peer relationships
- Attention-getting behaviors
- Erratic behavior; mood swings
- Sleeps in class

CLASS ATTENDANCE

Number of class absences: _____

- Frequently late to class
- Frequent requests to leave class

HEALTH

- Deteriorating personal appearance
- Poor hygiene
- Glassy, bloodshot eyes
- Appears sleepy, lethargic
- Abnormal weight change
- Frequent cold-like symptoms
- Smells of smoke/marijuana/alcohol
- Frequent or unexplained injuries or bruises
- Frequent physical complaints (headaches, nausea)

PRIOR INTERVENTIONS BY STAFF MEMBER

- Shared concerns with student
- Offered additional help during/after class
- Contacted parents
- Attempted to contact parents
- Referred student to guidance counselor
- Referred student to administration
- Other _____

IDENTIFIED STRENGTHS OF STUDENT:

ADDITIONAL COMMENTS:

*PLEASE PLACE COMPLETED FORM IN AN ENVELOPE AND RETURN IT TO M. KOCHABA'S MAILBOX IN THE MAIN OFFICE.
THANK YOU FOR YOUR REFERRAL - YOUR TIME AND ASSISTANCE IS GREATLY APPRECIATED.*