

ALIQUIPPA SCHOOL DISTRICT

CONFIDENTIAL INITIAL SAP REFERRAL FORM

Students Name: _____

Grade: _____

Referring Teacher: _____

Date: _____

REASON FOR REFERRAL TO THE SAP TEAM: Describe the observable, verifiable behaviors that have prompted this referral: i.e. declining grades, disruptive behaviors, failure to complete assignments, etc.

____ Learning Problems

____ Discipline Violation

____ Attendance

____ Behavior Problems

____ Other (explain below)

____ Suspected alcohol, tobacco,
Drug use

YOUR ATTEMPTS TO RESOLVE THE SITUATION: Fill in the appropriate dates to indicate the steps you have taken to correct the behavior(s).

Student Observation Forms _____

Student Conference _____

Referral to Discipline _____

Referral to Counselor _____

Telephoned Parent _____

Parent Conference _____

Other _____

STRENGTHS AND RESILIENCY FACTORS: Please check all that you have observed about this student.

- Able to work independently
- Exhibits leadership
- Works well in a group
- Can accept re-direction/criticism
- Is creative
- Good communication skills
- Considerate of others
- Seems to have good family support
- Cooperative
- Is connected to and likes school and staff
- Helps others
- Strives to achieve their best
- Possesses good interpersonal skills
- Displays good logic/reasoning and decision/making
- Demonstrates constructive use of time
- Possesses positive values (responsibility, honest, equality, caring)
- Recognizes and respects appropriate boundaries and expectations
- Demonstrates desire/commitment to learn