

PINE GROVE AREA SCHOOL DISTRICT

*Promoting Growth, Achievement, Success and Direction for ALL Children!
P.G.A.S.D. For ALL Children!*

Student Assistance Program (SAP) Referral Form

Name of Student:

Date of Referral:

Person Making Referral:

Observable Behaviors (Check all that apply)

- Academic Decline
- Disciplinary Problems
- Excessive absences
- Frequent visits to nurse or guidance office
- Decreased attention span
- Disregard for school authority
- Consistent violation of school policies and rules
- Extreme dislike or fear of school
- Observable expressions of anger, sadness
- Observable inappropriate behaviors (i.e. excessive talking, inappropriate laughter, poor anger Management, blatant disrespect for staff or faculty)
- Observable behaviors such as conversations about drugs and alcohol or parties where drugs were present
- Student expresses concern about another student's use of Drugs and Alcohol.
- Smell similar to alcohol, marijuana, or other drugs and inhalants on student or student's belongings
- Observable behavior such as overheard conversation about feeling very sad or depressed
- Observed significant weight gain or weight loss
- Observing frequent trips to the restroom
- Observing a distinct behavior change or change of friends.
- Observing drug-related, satanic related, or death related language or drawings.
- Observing glassy-eyes, red eyes, agitation, loss of interest in academic or extracurricular Activities, frequent cold like symptoms, rash around nose/mouth, and/or chemical smell

Additional Comments:

***Please return completed referral to SAP Referral Box in Guidance office, a school counselor, or social worker. Your concerns will be addressed at the next meeting.