SOUTHERN LEHIGH HIGH SCHOOL
CONFIDENTIAL SAP Referral Form

Name of Student: ________________________________________________________

Date of Referral: ___________________________

Name of Individual Making Referral (optional): _____________________________

Please circle:   Staff   Student   Parent/Guardian   Police   Other

Check all reasons for concern:

____ Glassy, red eyes   ______ Change of friends
____ Frequent trips to restroom   ______ Noticeable weight loss/gain (circle one)
____ Drop in grades   ______ Frequent trips to Nurse/Guidance
____ Incomplete/missing work   ______ Attempts to sleep in class
____ Talks about alcohol/drugs/parties   ______ Others report concern about use
____ Odors similar to marijuana/alcohol/chemicals   ______ Talks about feeling sad/depressed
____ Excessive absences   ______ Unexplained physical injuries/marks
____ Change in personal appearance   ______ Recent loss (divorce/death) – circle one
____ Speaks of family problems   ______ Bullying others
____ Disruptive behaviors   ______ Victim of bullying
____ D/A related pictures or writings   ______ Decreased attention span
____ Destruction of property   ______ Withdrawn/quiet demeanor
____ Discipline problems: (please list)
    __________________________________________
    __________________________________________
    __________________________________________
____ Other: (please list)
    __________________________________________
    __________________________________________

____ Check here if you would like to discuss this referral with a SAP Team Member