**Elementary Student Assistance Program**

**REFERRAL FORM**

\*Student’s Name       \*Date

\*Grade:  Age:  Date of Birth:

\*Referral Source:       Homeroom Teacher:

Parent/Guardian:

Address:

Telephone (Home):       (Work):

Parent Email Address:

Are parents aware of this referral?  If yes, what do parents report?

\*Reasons for Referral (check all that apply):

Decline in school performance (ex. stops doing homework/drop in grades)

Behavior problem

Frequent absences/illnesses (frequent trips to the nurse)

Suspected abuse/neglect

Suspected drug/alcohol abuse in family

Depression

Death of significant other

Seriously ill family member

Separation/Divorce

Step-family transition

Foster placement

Other concerns:

\*Summary of Problem:

\*Please select the student’s current level of functioning *compared* to other students of the same age:

1=Poor 2=Fair 3=Good 4=Excellent

Academic Performance

Appropriate Behavior/Expression of Feelings

Decision Making Skills

Social Interaction Skills

Self-Esteem

Does this student have an IEP?

\*Additional Comments

Are you aware of any outside agencies being involved with student?

\*Evaluator’s Name

\* **Required Fields**

Please submit this form electronically by email to Terri Harpster.