Center for Human Services
changing lives building futures helping families

STUDENT ASSISTANCE PROGRAM

REFERRAL FORM

Student _____ Grade _____
Referral Date _____ Referred by _____
Teacher/School _____ Room Number _____

Please note preferred times/periods to schedule sessions for student _____

Please check ONE primary reason for referral and circle any additional areas of concern

☐ Absences/Truancy	☐ Academic Issues	☐ Anger Management	☐ Anxiety/Stress
☐ Body Image	☐ Bullying	☐ Coping Skills	☐ Death/Grieving
☐ Family Issues	☐ Gang Prevention	☐ Homelessness	☐ Homicidal Ideation
☐ Relationships	☐ Sadness	☐ Self Esteem	☐ Self-Injurious Behavior
☐ Skill Building	☐ Social Skills/Friendships	☐ Suicidal Ideation	☐ Suspected Abuse
☐ Personal Problem w/ Substance Abuse		☐ Family Problem w/ Substance Abuse	

Strengths

Please note at least 3 strengths you see in this student: _____

_____

_____

Areas of Concern

Academic Performance: _____

_____

Classroom Conduct: _____

_____

Yard/Playground Behavior: _____

_____

Peer Relations: _____

_____

Family Issues: _____

_____

Other Issues: _____

_____

Other Comments:

_____

_____