

Student Assistance Program

Before you refer to SAP, please consider the following:

Have you...

- Talked to the student?
- Contacted the parent about this concern?
- Talked to the student's case manager?
- Talked to the school counselor , social worker or artistic director about this concern?
- Considered referring to SST (student support team) for this concern?

Also, take into consideration that this is an anonymous referral. In order to help the student in the best, most effective way possible, we ask that you look at the above and take those steps, if possible, before submitting this referral.

If this student is in immediate danger, please contact administration.

Your Charter Arts login will not be stored.

* Indicates required question



1. Name of student you are referring *

2. Date of referral *

Reasons for concern:

Please check only behaviors that you have OBSERVED. Please use the box below to elaborate on the selections.

3. Attendance: *

Check all that apply.

- NA
- Excessive absences from class/school
- Frequently tardy to class/school
- Cuts class
- Frequent requests to use the bathroom
- Frequent requests to see the nurse
- Other: _____

4. Attendance details

5. Disruptive/Unusual Behavior *

Check all that apply.

- NA
- Withdrawn, quiet in class
- Cries
- Sleeps in class
- Defiant/Breaks rules on purpose
- Lies
- Cheats
- Inappropriate/Obscene language
- Sudden outbursts of anger
- Other: _____

6. Behavior details:

7. Academics *

Check all that apply.

- NA
- Work missing/incomplete
- Deteriorating academic performance
- Not following directions
- Other: _____

8. Academic details:

9. Relationship Concerns *

Check all that apply.

- NA
- Talks about problems with friends/family
- Recent loss/trauma
- Change in peer group
- Fighting/arguing with others
- Speaks of financial troubles at home
- Other: _____

10. Relationship details:

11. Drugs/Alcohol/Tobacco *

Check all that apply.

- NA
- Clothing with drug/alcohol/tobacco references
- Odor of drugs
- Odor of alcohol
- Odor of tobacco
- Smoking outside of school
- Glassy/bloodshot eyes
- Talks about drug use
- Talks about alcohol use
- Talks about tobacco/vape use
- Peers talk about alcohol use
- Peers talk about tobacco/vape use
- Other: _____

12. Drug/Alcohol/Tobacco details:

13. Self harm/Physical changes *

Check all that apply.

- NA
- Unexplained physical injuries
- Talks about wanting to self-harm or having previously self-harmed (example: cutting oneself)
- Significant weight gain
- Significant weight loss
- Talks about bringing up food
- Talks about not eating
- Other: _____

14. Self harm/physical changes details:

15. Strengths *

Check all that apply.

- NA
- Makes statements that things will get better
- Kind to friends/classmates
- Respectful to teachers and other adults in the building
- Hard worker
- Volunteers sometimes, often
- Comes prepared for class
- Seeks out help from peers, teachers
- Other: _____

16. Strengths details:

17. Have you had communication with the parent/guardian this school year? *

Mark only one oval.

- Yes
- No (Please note, the CHC strongly encourages faculty-parent communication before SAP intervention)
- Attempted, but did not receive a response/call back

18. Parent/guardian contact details:

19. Any Additional Information:

When finished, hit "submit" below. Thank you for your time.

Alternatively, fill out a paper form, located in the main office. If you have any questions, please email Ms. Price at oprice@charterarts.org

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