



Carbon Lehigh Intermediate Unit #21

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Student Assistance Program Referral Form

1. Referred by: _____ Phone#: _____

2. Student's Name: _____ Grade: _____

3. Date of Referral: _____

4. Please check the behavior(s) you have witnessed.

- | | |
|--|---|
| <input type="checkbox"/> Decreased or low class participation | <input type="checkbox"/> Change in friends |
| <input type="checkbox"/> Easily distracted / trouble concentrating | <input type="checkbox"/> Does not follow teacher instructions |
| <input type="checkbox"/> Decrease in the quality of work | <input type="checkbox"/> Drastic changes in appearance |
| <input type="checkbox"/> Poor short-term or long-term memory | <input type="checkbox"/> Observed talking about drinking alcohol or using controlled substances |
| <input type="checkbox"/> Low frustration tolerance | <input type="checkbox"/> Increase in Major/Minors |
| <input type="checkbox"/> Change in attendance/tardiness | <input type="checkbox"/> Sleeping in class |
| <input type="checkbox"/> Frequent requests to leave the room | <input type="checkbox"/> In Time-out frequently |
| <input type="checkbox"/> Frequent request to visit bathroom | <input type="checkbox"/> Withdrawn from peers |
| <input type="checkbox"/> Changes in extracurricular activities | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Increased irritability | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Argues with other students | |
| <input type="checkbox"/> Cheating | |

5. Provide examples of observable behaviors of concern:

6. Other information:

Helping Children Learn

"CLIU is a service agency committed to Helping Children Learn."