

SAS Care Team Referral Form

Student: _____

Date: _____

Your name: _____ Would like to remain anonymous Yes ___ No ___

If you are concerned about a student and would like the Student Advocate Service Committee to gather information and talk to that student confidentially, please check the appropriate area(s) and return form to any of the committee members or the counseling office.

_____ **Academic** (declining school work, failure, lack of motivation, lower grades, falls behind in class work)

_____ **School Attendance** (absences, tardiness, suspension, wandering the halls, etc.)

_____ **Extra Curricular Activities** (loss of eligibility, decreasing involvement, etc.)

_____ **Behavior : Disruptive** (defiance, blaming, denying, depressed, argumentative, withdrawn, angry, sleeps in class, destroys property, inappropriate behavior, etc.)

_____ **Behavior : Legal** (selling drugs, suspicious changes of money, possession of drug paraphernalia, possession of drugs, weapons, smoking, etc.)

_____ **Physical Appearance** (cold like symptoms, runny nose, red eyes, cough, body odor, neglects personal appearance, bruises, etc.)

_____ **Peers** (change of friends, change to older social group, peer exclusion, avoids peers, fighting with peers, etc.)

_____ **Home and Family** (suffered recent loss, moved, death, divorce, runaway, family trouble, financial, etc.)

OtherComments: _____

