PTHS SAP TEAM: Confidential Referral Form

**Student Referred:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Grade:** [ ] 9 [ ] 10 [ ] 11 [ ] 12

**Person Referring:** [ ]  Teacher [ ]  Administrator [ ]  Nurse [ ]  Counselor [ ]  Social Worker [ ]  Student [ ]  Parent

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please check the behavior(s) you have witnessed:**

[ ]  Decreased/low class participation [ ]  Changes in extracurricular activities

[ ]  Easily distracted or trouble concentrating [ ]  Increased irritability

[ ]  Decrease in the quality of work [ ]  Argues with other students

[ ]  Poor short-term or long-term memory [ ]  Cheating

[ ]  Low frustration tolerance [ ]  Change in friends

[ ]  Missing school often/frequently tardy [ ]  Does not follow teacher instructions

[ ]  Frequent requests to leave the room [ ]  Drastic changes in appearance

[ ]  Frequent requests to visit the nurse [ ]  Observed talking about drinking alcohol or using controlled substances

**Strength(s) and resiliency factors(s):**

[ ]  Creative [ ]  Good communication skills

[ ]  Considerate of others [ ]  Appears to like & be connected

[ ]  Strives to achieve his/her best to school

[ ]  Able to work independently [ ]  Demonstrates good social skills

[ ]  Exhibits leadership [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Can accept re-direction

Please fill out this form and e-mail it to the referred student’s school counselor: [**Counselor Contact Information**](https://www.ptsd.k12.pa.us/hsCounseling.aspx)