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)