SETON CATHOLIC PREPARATORY
CHANDLER, ARIZONA

STUDENT ASSISTANCE PROGRAM
REFERRAL FORM

Date: _____ Referred Student: _____

Referring Party: _____

Please indicate the areas of concern for the student you are referring. Rate your concern 5 - 1 (with 5 being the greatest concern). **Please remember that all referral information is strictly confidential.**

Areas of Concern:

Academics (working below apparent ability, dramatic drop in performance)	**5**	**4**	**3**	**2**	**1**
Health (inconsistent attendance, suspicion of substance use, general health concerns)	**5**	**4**	**3**	**2**	**1**
Social (poor interaction with peers, faculty/staff)	**5**	**4**	**3**	**2**	**1**
Emotional (increased sensitivity or anger, mood swings)	**5**	**4**	**3**	**2**	**1**
Attitude/Motivation (aggressive or distant behavior, apathy)	**5**	**4**	**3**	**2**	**1**

Please specify your concerns:

_____
_____
_____
_____

Have you spoken with the student in question about your concern? Yes No

If yes, please comment on your conversation.

_____
_____
_____

Have you contacted or consulted with any of the following individuals?

_____ Parent(s)/Guardian(s) _____ School Counselor _____ Dean of Students

_____ School Administrator _____ (name of individual contacted)

_____ Other _____ (name of individual contacted)

Would you like to be contacted about this student situation? Yes No

Additional Information:

_____
_____
_____

Please return the completed form to the Student Assistance Referral Box located outside the counseling department.