

MACS SAP CORE TEAM REFERRAL

NAME OF STUDENT: _____

NAME OF PERSON REFERRING: _____

DATE OF REFERRAL: _____

Please check all appropriate areas:

REASON FOR REFERRAL: _____ Learning/Academic Problems
_____ Behavior Problems
_____ Attendance (absence and/or lateness)
_____ Suspected Chemical/Substance Use
_____ Discipline Code Violation(s)
_____ Home/Personal Problems
_____ Suicide Threat or Threat To Harm Others
_____ Other

**FOR TEACHER REFERRAL: Some attempt should be made to resolve the situation prior to referral.
(Please indicate the date of the attempt.)**

_____ Student Conference
_____ Student Contract
_____ Telephoned Parent/Grandparent/Guardian
_____ Parent/Family Member/Guardian Conference
_____ Referred to School Counselor
_____ Referred to Principal

OTHER CONCERNS / COMMENTS:

(Additional comments may be put on the back.)

THANK YOU FOR YOUR STUDENT REFERRAL!

The core team will process this referral and all appropriate actions will be taken to help this student. **Confidentiality** restricts the information that we can share regarding a MACS *SAP* referral, but please know that your efforts are appreciated and can make a difference in this student's life.

Any questions about the SAP program, please contact Ms. Heather Walke at (610) 403-1150.