

Student Assistance Team Referral

The Big Spring Student Assistance Program (Care Team) is designed to provide assistance to students who may be facing challenges that interfere with education. This is neither disciplinary nor academic in nature. Our only role is to aid the student and his/her family in assessing the student's situation and recommending any needed counseling or assistance.

Keep in mind that what you write on this referral form should be *observable*. In other words, you should not say the child is "depressed" or that "he is taking drugs". However, you can say, "There has been a noticeable change in her eating habits and appearance. She is expressing boredom and lack of interest in things that previously interested her" and provide examples for us. These observations, as well as the child's grades in your class, will enable us to convey the District's concerns to the parents in a concrete format. When parents are contacted, a team member will discuss the Student Assistance Program and will use the observations on the referral sheets to explain why the student was referred.

Thank you for your concern and interest in helping the children of Big Spring School District meet with success of every variety! Please return this form the HS/MS office or to Jess or Angie. Should you have questions or need assistance in providing this information, you may call either of us at 776-2000.

Angela Heishman
Sherri Mains
SAP Coordinators

Referral of: _____ Grade: _____

Please describe what prompts the referral:

How long have you known this student?

This marking period Since last semester A year or more

Have you seen a change in the student's... (Please describe)

Attitude

Appearance/ hygiene

Academic performance

Have you communicated your concerns to:

Student

Parents

Counselor

Administrator

Please describe any relevant information from this communication:

Checklist: Mark any observations that apply to this student.

A. Academic performance

- present grade
- drop in grades, lower achievement
- decrease in class participation
- failure to complete assignments
- short attention span, easily distracted
- poor short-term memory; i.e., can't remember from one day to another
- observed cheating

B. School Attendance

- excessive absenteeism
- tardiness
- cutting class
- frequent visits to rest room
- frequent visits to health office
- frequent visits to counselor's office

C. Disruptive Behavior

- defiance of rules
- irresponsibility, blaming, denying, fighting
- fighting
- expresses a desire to hurt others
- engages in harassment
- sudden outbursts of anger; verbally abusive to others
- obscene language, gestures
- attention-getting behavior
- extreme negatives
- hyperactivity, nervousness

D. Other Behavioral Concerns

- change in friends
- inconsistent behavior
- sudden change in social status
- constantly seeks adult contact
- significantly older/younger social group
- unrealistic goals
- inappropriate responses
- prolonged sadness
- defensive
- withdrawn, little interaction with others
- talks openly about alcohol
- creates poems, drawings, or writings with death themes
- expresses hopelessness, helplessness, worthlessness, or confusion.

- sighs or cries often
- expresses constant concern about body image or physical appearance
- loss or disruption or a significant relationship
- self-mutilation, please specify _____

- frequent complaints of nausea or vomiting.
- glassy, bloodshot eyes
- slurred speech
- unexplained, frequent physical injuries
- fatigue or listlessness

F. Physical Symptoms

- smelling of alcohol or marijuana
- deteriorating personal appearance
- attempting to sleep in class
- frequent cold-like symptoms
- unsteady on feet

F. Extra-Curricular Activities

- decrease in motivation
- change in performance
- loss of eligibility
- missed practice without substantial reason
- dropped out

Name of Activity:
