

**Schuylkill Technology Center
Student Assistance Program
Teacher/Staff Input Form**

Concern for the following student has been brought to the attention of the Student Assistance Program (SAP) team. We are attempting to gather information regarding this referral and are asking for your help. Please provide the information listed below. Please contact a member of the SAP team if you have any questions. Thank you for your assistance.

Student Name: _____ **Date:** _____

Course: _____ **Your name:** _____

Current grade % _____ **Attendance (days absent)** _____

Student Strengths and Resiliency Factors:

Home/Family Indicators: (check all that apply)

runaway recent divorce/separation recent death of family member or close friend
 economic hardship homelessness other (please explain) _____

Parent/Guardian Contact:

Have you had contact with parent/guardian? _____ YES _____ NO

If yes, with whom did you speak? _____

Dates/Methods of communication: _____

Brief Description of communication:

Observed Student Behaviors:

fighting/outbursts/anger disturbing other students distractible
 openly expresses drug or alcohol use sleeping in class withdrawn
 inappropriate sexual comments trouble getting along with peers
 expresses hopelessness/worthlessness threatens or harasses others
 depressed mood excessive worrying other (please note) _____

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Please provide any additional observable student behaviors you have personally witnessed which may help the SAP team determine the appropriate course of action for this student (i.e. student initiated requests, inappropriate behaviors, policy violations, etc.).

Student Referral Information

Did you complete the SAP referral for this student? _____ YES _____ NO

If yes, please briefly describe the situation that initiated the referral. If no, please include any other information you deem appropriate for this referral.

Would you like to speak directly with a member of the SAP team?

_____ YES _____ NO