

CONFIDENTIAL REFERRAL



STUDENT of CONCERN:  
\_\_\_\_\_

GRADE:  
\_\_\_\_\_

REFERRAL MADE BY:  
\_\_\_\_\_

DATE OF REFERRAL:  
\_\_\_\_\_

PRIOR INTERVENTIONS OR  
COMMUNICATION:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*Please place this form in an envelope marked "CONFIDENTIAL SAP" and deliver to any counselor mailbox or House Office.**

**TEAM USE ONLY**  
Date rec'd: \_\_\_\_\_  
Case #/Manager:  
\_\_\_\_\_  
Prior Referral: \_\_\_\_\_

**CENTRAL BUCKS SCHOOL DISTRICT**  
**CB South Student Assistance Program**

INCOMING REFERRAL REASONS

- Academic Concern
- Attendance (School Day)
- Internalizing behavior (crying, withdrawal, fearfulness)
- Externalizing behavior (aggression, defiance, impulsive)
- Bullied by Others
- Bullying (Perpetrator)
- Evidence or suspicion of vaping
- Family Concern
- Gambling
- Homelessness
- Involvement in legal system
- Military Connectedness
- Parent/Caregiver Incarceration
- Runaway
- Safe-to-Say Hotline Referral
- Self-harm, injury (follow-up to crisis plan)
- Skipping Class
- Social Concern
- Suffered recent loss
- Suicide ideation/gesture/attempt (follow-up to crisis plan)
- Suspected child abuse/neglect
- Suspected Drug and Alcohol Issues
- Teen Pregnancy
- Tobacco violation or self-reported tobacco use
- Transient Living Conditions
- Unexplained drop in grades
- Violated School Policy (other)
- Violated school policy, D&A (administration referral)
- Violated school policy, violence/weapons (admin referral)
- Witness/victim of traumatic event
- Other (note below)

Additional remarks: \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

