

COMMUNITY MEMBER INITIATED REFERRAL FORM for SAP

Date: \_\_\_\_\_ Person making referral (Optional) \_\_\_\_\_

I want to refer (Name of Student) \_\_\_\_\_ to the Student Assistance Program (SAP) for help.

The reason I am referring them is:

\_\_\_\_\_ Uses drugs or alcohol

\_\_\_\_\_ Has eating problems

\_\_\_\_\_ Threatens to run away

\_\_\_\_\_ Seems seriously worried

\_\_\_\_\_ Extreme sadness

\_\_\_\_\_ Self-harm

\_\_\_\_\_ Threatens to hurt self or other

\_\_\_\_\_ Always angry or crying

\_\_\_\_\_ Cannot sleep

\_\_\_\_\_ Uses Steroids

\_\_\_\_\_ Other (write in reason) \_\_\_\_\_

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This information will remain confidential. Please place in a sealed envelope, label it SAP and return it to  
ACCHS.

**If this issue/concern requires immediate attention, please  
contact the School Counseling Office at 610-437-4601,  
extension 110.**