

**UNIONTOWN AREA HIGH SCHOOL  
RAIDER ASSISTANCE PROGRAM  
REFERRAL FORM**

**- CONFIDENTIAL -**

<b>Student Name:</b>	<b>Date:</b>
<b>Person Referring:</b>	

**1. Please check the behavior(s) you have witnessed.**

- Decreased or low class participation
- Easily distracted or trouble concentrating
- Decrease in grades
- Poor short-term or long-term memory
- Frequent discipline referrals
- Poor attendance
- Excessive tardiness to school
- Frequent requests to leave the room/visits to the nurse
- Changes in extracurricular activities
- Increased irritability
- Argues with other students
- Change in friends
- Drastic changes in appearance
- Observed talking about drinking alcohol or using controlled substances
- Other: \_\_\_\_\_

**2. Strength(s) and resiliency factor(s)**

- Is creative
- Considerate of others
- Strives to achieve his/her best
- Able to work independently
- Exhibits leadership
- Can accept re-direction
- Good communication skills
- Appears to like and be connected to school
- Demonstrates good social skills
- Other: \_\_\_\_\_

<b>Cause for Concern:</b> (Please state specific, observable behaviors)
<b>Steps already attempted:</b> (Be as specific as possible)
<input type="checkbox"/> DISCUSSED PROBLEM WITH STUDENT <input type="checkbox"/> CLASSROOM MANAGEMENT STRATEGIES <input type="checkbox"/> DISCUSSED PROBLEM WITH SCHOOL COUNSELOR <input type="checkbox"/> DISCUSSED PROBLEM WITH A PRINCIPAL <input type="checkbox"/> PARENT CONTACTED <input type="checkbox"/> Other (Explain)

<b>Please Send Completed Form to SAP Coordinators in the Guidance Office</b>		
<b>Date Received:</b>	Mrs. Caromano	<a href="mailto:brenda.caromano@uasdraiders.org">brenda.caromano@uasdraiders.org</a>
	Mrs. Kezmarsky	<a href="mailto:cortney.kezmarsky@uasdraiders.org">cortney.kezmarsky@uasdraiders.org</a>