



# ESAP

## Referral Form

Please return to ESAP mailbox

\*\*\*\*\*CONFIDENTIAL\*\*\*\*\*

To: ESAP team

From: (optional) \_\_\_\_\_

Date: \_\_\_\_\_

Student: \_\_\_\_\_

Grade: \_\_\_\_\_

**Reason for concern** (check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Poor attendance                                     | <input type="checkbox"/> Sudden drop in grades               |
| <input type="checkbox"/> Inability to concentrate on schoolwork              | <input type="checkbox"/> Crying (with unknown causes)        |
| <input type="checkbox"/> Suspected drug or alcohol abuse (student or family) | <input type="checkbox"/> Mood swings (extreme highs or lows) |
| <input type="checkbox"/> Withdrawal from friends                             | <input type="checkbox"/> Health concerns                     |
| <input type="checkbox"/> Drastic change in appearance                        | <input type="checkbox"/> Other: _____                        |

**Observations:**

Dear \_\_\_\_\_,

Thank you for the referral of \_\_\_\_\_ to the ESAP team. The team will discuss your concerns. We may then ask for you to fill out a behavior data form before the intervention process can begin.

Although the information is confidential, the team appreciates your effort to make a difference in the lives of our students.

Thank you for participating in this process.

The ESAP team