

This Form DOSN'T Provide Immediate Assistance. If this Issue/Concern Requires Immediate Attention, please contact the Bethlehem Catholic's School Counseling Office 610-866-0791. After School Hours call 1-844-SAF2SAY. Call 911 for any emergency (e.g. immediate danger, being harmed, self harm, or harming others)

STUDENT ASSISTANCE PROGRAM (SAP) REFERRAL FORM

Date: _____

Referrals to SAP May be Anonymous

Name of Person Making Referral (optional): _____

Your Phone #: _____ Your Email Address: _____

Your Relationship to the Student:

- | | |
|--|---|
| <input type="checkbox"/> Administrator | <input type="checkbox"/> SAP Team Member |
| <input type="checkbox"/> Teacher | <input type="checkbox"/> Parent/Guardian |
| <input type="checkbox"/> School Counselor | <input type="checkbox"/> Peer/Friend |
| <input type="checkbox"/> Non-Instructional Faculty/Staff | <input type="checkbox"/> Self |
| <input type="checkbox"/> Coach | <input type="checkbox"/> Mental Health Professional |
| <input type="checkbox"/> Other: _____ | |

I want to refer (Name of Student) _____
to the Student Assistance Program (SAP) for support and assistance.

Grade level (if known) _____th

Behavior(s) or concern(s) that prompted you to make this SAP referral:

- | | |
|--|---|
| <input type="checkbox"/> Academic (e.g., drastic drop in grades) | <input type="checkbox"/> Attendance (e.g., excessive absences) |
| <input type="checkbox"/> Physical (e.g., noticeable weight change, sleeping in class, can't sleep, poor hygiene, eating concerns) | <input type="checkbox"/> Behavioral (e.g., sudden behavior change, threatens self-harm or hurting others, self-harms, substance abuse) |
| <input type="checkbox"/> Social (e.g., drastic change in friends, lack of friends, withdrawn/isolates socially from family/friends) | <input type="checkbox"/> Emotional (e.g., extreme sadness, hopelessness, overly worried, seems angry, often crying) |
| <input type="checkbox"/> Other (e.g., illness, break-up, recent death, threats to run away, etc.) | |

Explain Checked Reason(s) Below:

Please Place Referral Form in a Sealed Envelope, label it SAP and RETURN it to BECAHI Guidance Dept. via mail, email, or in person. Address: 2133 Madison Ave Bethelham, PA 18017
Email: pstaples@becahi.org or any SAP Team member listed on becahi.org SAP Team won't disclose the source of this information if the referral was submitted anonymously or without your consent