



535 James Hance Court
Exton, PA 19341
610-903-1300
610-903-1317
www.collegiumcharter.com

Student Assistance Program Referral Form
(Parent)

Child's Name:
Name of person referring:
Relationship to student:
Grade of student: 4 5 6 7 8 9 10 11 12
Date of Referral:
Date received by SAP:
Initials of SAP team member:

What is your reason for making a referral to the SAP team?

Three horizontal lines for writing the reason for referral.

Have you spoken with a Collegium staff member about your concerns? Who?

Two horizontal lines for writing the name of the staff member.

Does your family currently have any outside services related to this concern? If yes, please describe.

Two horizontal lines for describing outside services.

Below, please check any behaviors that you have observed from this student:

Please note that behaviors should be changes from the typical behavior you observe from your child

A.) Academics:

- Decline in quality of work
Decline in grades
Incomplete work
Work not handed in
Loss of interest in school
Sudden outbursts of temper
Vandalism

B.) Behavior:

- Defiance
Fighting
Throwing objects
Verbally abusive
Obscene language or gestures

C.) Attendance:

- Frequently missing school or asking to stay home from school

D.) Affect:

- Inattentiveness
Lack of concentration
Lack of motivation
Extreme negativism
Hyperactivity/ nervousness
Erratic behavior
Change in friends/ peer relationships
Mood swings
Disoriented with time
Withdrawal

Parent Signature: Date:

Please return this form to the School Counselor in your child's building.
School Counselor, please submit form to a SAP team member.