



Student Assistance Program (SAP) Referral

All teachers and students are encouraged to complete a SAP referral form if they are concerned about the well-being of a student/classmate. The information you choose to provide on this referral form is confidential. Thank you for your participation in this process.

Date: _____

Your Name (optional) _____

I would like to refer (student) _____ in (program) _____ to the SAP Team because of the following concerns:

____ Drug use/abuse/dependence

____ Alcohol use/abuse/dependence

____ Problems with friends

____ Problems with family

____ Personal problems

____ Academic struggles

____ Other _____

Please detail some reasons for your concern:

Do you feel that this situation is urgent and the student needs immediate attention?

Please circle: YES NO