



# Student Assistance Counselor Referral Form

## Burlington County Special Services School District Substance Awareness/Student Assistance Counselor (SAC) Program

### CONFIDENTIAL

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Please indicate reason for referral by placing a check next to the applicable observable behavior(s).

#### ACADEMIC PERFORMANCE

- |   |   |
|---|---|
| <input type="checkbox"/> Decrease in class participation  | <input type="checkbox"/> Poor to deteriorating reading skills |
| <input type="checkbox"/> Drop in grades                   | <input type="checkbox"/> Poor to deteriorating writing skills |
| <input type="checkbox"/> Does not follow directions       | <input type="checkbox"/> Poor short-term memory (day to day)  |
| <input type="checkbox"/> Easily distracted or preoccupied | <input type="checkbox"/> Poor test scores                     |
| <input type="checkbox"/> Failure to complete assignments  | <input type="checkbox"/> Short attention span                 |

#### CLASS ATTENDANCE DURING PAST MONTH

- |   |  |
|---|--|
| <input type="checkbox"/> Absenteeism                                  | <input type="checkbox"/> Frequent visits to nurse        |
| <input type="checkbox"/> Cutting Class                                | <input type="checkbox"/> On absentee list, but in school |
| <input type="checkbox"/> Frequent visitor to counselor                | <input type="checkbox"/> Tardiness                       |
| <input type="checkbox"/> Pattern of absences noted: Day of Week _____ | Test Days _____ (Y/N)                                    |

#### PHYSICAL OBSERVATIONS

- |  |   |
|--|---|
| <input type="checkbox"/> Deteriorating personal appearance                               | <input type="checkbox"/> Slurred or slowed speech                   |
| <input type="checkbox"/> Frequent cold-like symptoms<br>(runny nose, watery eyes, cough) | <input type="checkbox"/> Smelling of marijuana, alcohol, or tobacco |
| <input type="checkbox"/> Glassy, bloodshot eyes  | <input type="checkbox"/> Unexplained, frequent injuries             |

#### DISRUPTIVE BEHAVIORS

- |   |   |
|---|---|
| <input type="checkbox"/> Attention-seeking behavior | <input type="checkbox"/> Irresponsibility, blaming, denying |
| <input type="checkbox"/> Cheating                   | <input type="checkbox"/> Lying                              |
| <input type="checkbox"/> Crying                     | <input type="checkbox"/> Obscene language, gestures         |
| <input type="checkbox"/> Defiance of rules          | <input type="checkbox"/> Sudden outbursts of anger          |
| <input type="checkbox"/> Fighting                   | <input type="checkbox"/> Verbally abusive to others         |
| <input type="checkbox"/> Hyperactivity, nervousness | <input type="checkbox"/> Other _____                        |

#### ATYPICAL BEHAVIORS

- |  |   |
|--|---|
| <input type="checkbox"/> Change in friends                               | <input type="checkbox"/> Sexual behavior in public                |
| <input type="checkbox"/> Defensive (feels picked upon)                   | <input type="checkbox"/> Significantly older/younger friends      |
| <input type="checkbox"/> Depression                                      | <input type="checkbox"/> Sudden popularity                        |
| <input type="checkbox"/> Inappropriate responses                         | <input type="checkbox"/> Talks freely about drug use              |
| <input type="checkbox"/> Obvious mood swings                             | <input type="checkbox"/> Withdrawn, difficulty relating to others |
| <input type="checkbox"/> Seeking adult advice without a specific problem |   |
| <input type="checkbox"/> Overeating/Refusal to eat                       |   |

**COMMENTS** (Please remember to report observable behavior, not opinion):

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Would you like to speak with SAC Mr. BouChamoun? \_\_\_\_ Yes \_\_\_\_ No Phone \_\_\_\_\_

Person making referral: (Kept confidential) \_\_\_\_\_

Please check: \_\_\_\_ Parent \_\_\_\_ Peer \_\_\_\_ Self referral \_\_\_\_ Staff member

#### SUBMIT TO:

Elias BouChamoun  
Substance Awareness/Student Assistance Counselor  
Burlington County Special Services School District  
Phone: (609) 261-5600  
Email: [ebouchamoun@burlcoschools.org](mailto:ebouchamoun@burlcoschools.org)  
[www.bcsssd.k12.nj.us](http://www.bcsssd.k12.nj.us)