Student Assistance Counselor Referral Form

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

C O N F I D E N T I A L

Date:_____/_____/_____ Student:_____ Grade:_____

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

ACADEMIC PERFORMANCE

_____Decrease in class participation
_____Drop in grades
_____Does not follow directions
_____Easily distracted or preoccupied
_____Failure to complete assignments
_____Poor to deteriorating reading skills
_____Poor to deteriorating writing skills
_____Poor short-term memory (day to day)
_____Poor test scores
_____Short attention span

CLASS ATTENDANCE DURING PAST MONTH

_____Absenteeism
_____Cutting Class
_____Frequent visitor to counselor
_____Pattern of absences noted: Day of Week_____ Test Days _____(Y/N)
_____Frequent visits to nurse
_____On absentee list, but in school
_____Tardiness

PHYSICAL OBSERVATIONS

_____Deteriorating personal appearance
_____Frequent cold-like symptoms
(runny nose, watery eyes, cough)
_____Glassy, bloodshot eyes
_____Slurred or slowed speech
_____Smelling of marijuana, alcohol, or tobacco
_____Unexplained, frequent injuries

DISRUPTIVE BEHAVIORS

_____Attention-seeking behavior
_____Cheating
_____Crying
_____Defiance of rules
_____Fighting
_____Hyperactivity, nervousness
_____Irresponsibility, blaming, denying
_____Lying
_____Obscene language, gestures
_____Sudden outbursts of anger
_____Verbally abusive to others
_____Other _____

ATYPICAL BEHAVIORS

_____Change in friends
_____Defensive (feels picked upon)
_____Depression
_____Inappropriate responses
_____Obvious mood swings
_____Seeking adult advice without a specific problem
_____Overeating/Refusal to eat
_____Sexual behavior in public
_____Significantly older/younger friends
_____Sudden popularity
_____Talks freely about drug use
_____Withdrawn, difficulty relating to others

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

_____
_____
_____
_____

Would you like to speak with SAC Ms. Fertel ? ____Yes ____No Phone _____
Person making referral: (Kept confidential)_____
Please check: _____*Parent* _____*Peer* _____*Self referral* _____*Staff member*

SUBMIT TO:

Holly Fertel
Substance Awareness/Student Assistance Counselor
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