

Notre Dame Parent/Guardian Initiated SAP Referral Form

Date: _____ Name of Person Making Referral _____

I want to refer (Name of Student) _____ (Grade) _____ to the Student Assistance Program (SAP) for help.

- | | |
|---|---|
| <input type="checkbox"/> Uses drugs/alcohol | <input type="checkbox"/> Has eating problems |
| <input type="checkbox"/> Threatens to run away | <input type="checkbox"/> Seems seriously worried |
| <input type="checkbox"/> Extreme sadness | <input type="checkbox"/> Hurts self |
| <input type="checkbox"/> Threatens to hurt self or others | <input type="checkbox"/> Always angry or crying |
| <input type="checkbox"/> Cannot sleep | <input type="checkbox"/> Uses Steroids |
| <input type="checkbox"/> Drastic drop in grades | <input type="checkbox"/> Drastic change in or lack of friends |
| <input type="checkbox"/> Other (please list reason below) | |

Please scan, complete and e-mail this form to a SAP team members listed on the Notre Dame website.
All information is handled with strict confidentiality.

If this issue/concern requires immediate attention, please contact a School Counselor or Administrator.