

Student Assistance Prevention and Intervention Program

Referral Information Sheet

Initial Intake Date:	_____ / _____ / _____
Referral Type:	<input type="checkbox"/> Disciplinary <input type="checkbox"/> Non-disciplinary
Exit Date:	_____ / _____ / _____

STUDENT INFORMATION

Name: _____ Grade: _____ Birth date: _____ Gender: M F

EX HP OV VO

School: KA MA ACES Living situation: _____ Ethnic group: _____

Did this student participate in indicated Prevention & Intervention program services last year? Y N

<input type="checkbox"/> Quick	<input type="checkbox"/> Full
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Pre-test (required): Date completed: _____ Pretest sheet number: _____ Score: _____

Post-test (required): Date completed: _____ Posttest sheet number: _____ Score: _____

If no posttest, what was the reason? _____

Gain (required): Date completed: _____ Score: _____

SOURCE OF REFERRAL

- | | | | |
|--|---|---------------------------------|--|
| <input type="checkbox"/> Core Team | <input type="checkbox"/> Counselor | <input type="checkbox"/> Self | <input type="checkbox"/> Police or court |
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Interventionist | <input type="checkbox"/> Parent | <input type="checkbox"/> Treatment program |
| <input type="checkbox"/> Teacher | <input type="checkbox"/> Other school staff | <input type="checkbox"/> Peer | <input type="checkbox"/> Other agency |

SCHOOL SERVICES

- | | | |
|--|--|--|
| <input type="checkbox"/> Regular classroom | <input type="checkbox"/> Gifted/honors | <input type="checkbox"/> Alternative education |
| <input type="checkbox"/> Bilingual classroom | <input type="checkbox"/> Home/hospital | <input type="checkbox"/> Family support/RTL |
| <input type="checkbox"/> Title I/LAP | <input type="checkbox"/> Special education | <input type="checkbox"/> Tutor |

PRESENTING PROBLEMS (mark all that apply)

- | Possible ATOD Use | Behavior/Peer Relations | School | Home/Neighborhood | Mental Health |
|--|--|---|--|--|
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Aggression/ fighting | <input type="checkbox"/> Poor academic performance | <input type="checkbox"/> Substance abuse by others | <input type="checkbox"/> Anxious/ depressed/ withdrawn |
| <input type="checkbox"/> Tobacco | <input type="checkbox"/> Anger/lack of control | <input type="checkbox"/> Poor attendance | <input type="checkbox"/> Relations with parent/guardian | <input type="checkbox"/> Low self-esteem |
| <input type="checkbox"/> Marijuana | <input type="checkbox"/> Poor social skills | <input type="checkbox"/> Low commitment | <input type="checkbox"/> Physical/sexual/emotional abuse | <input type="checkbox"/> Other mental health need |
| <input type="checkbox"/> Other drugs | <input type="checkbox"/> Association with antisocial peers | <input type="checkbox"/> Disruptive school behavior | <input type="checkbox"/> Legal problems | |
| <input type="checkbox"/> Wants information | <input type="checkbox"/> Gang involvement | | <input type="checkbox"/> Grief/loss | |
| <input type="checkbox"/> Recovery support | <input type="checkbox"/> Inappropriate dating behavior | | <input type="checkbox"/> Basic needs | |

LIFE ISSUES

- | | | | | |
|-----------------------------------|--------------------------------------|--------------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Pregnant | <input type="checkbox"/> Teen Parent | <input type="checkbox"/> IV drug use | <input type="checkbox"/> Probation (court) | <input type="checkbox"/> Homeless |
|-----------------------------------|--------------------------------------|--------------------------------------|--|-----------------------------------|

INTERVENTION GOALS (mark the explicit goals for this student)

Strengthen skills & attitudes

- Perceived risk of drug use
- Awareness of social influences
- Refusal skills
- Self-control
- Assertiveness
- Social skills
- Communicative skills
- Decision making
- Self-esteem
- Social bonding
- School bonding
- Family bonding

Reduce or eliminate problem behavior

- Tobacco use
- Alcohol use
- Marijuana use
- Other drug use
- Aggressive behavior
- Anger, uncontrolled behavior
- Anxiety, depression
- Truancy
- Association with inappropriate peers

INTERVENTION & OTHER DIRECT SERVICES (mark all that apply)

Screening/Treatment

- AOD pre-assessment
- AOD family conference
- Assist with treatment arrangement
- Support during treatment
- Coordinate re-entry care

Family Contacts

- Provide information
- Obtain consent
- Parent conference
- Family counseling
- Education/training
- Student declined release

Other Interventions or Services

- Behavior contract
- Individual counseling
- Group counseling
- Consultation with school staff
- Peer helper/mentor

STUDENT ASSISTANCE TEAM REFERRAL (mark each stage as it occurs)

- Referral received
- Plan initiated
- Initial screening, no activity necessary
- Follow up on plan
- Initial screening, developed a plan

CASE MANAGEMENT REFERRALS (to other School/Community Resources)

	REFERRED	NOT REFERRED
AOD Assessment	<input type="checkbox"/>	<input type="checkbox"/>
AOD In-patient treatment	<input type="checkbox"/>	<input type="checkbox"/>
AOD Out-patient treatment	<input type="checkbox"/>	<input type="checkbox"/>
AOD Counseling	<input type="checkbox"/>	<input type="checkbox"/>
Community support group	<input type="checkbox"/>	<input type="checkbox"/>
Physical health care	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Care	<input type="checkbox"/>	<input type="checkbox"/>
Police/juvenile justice	<input type="checkbox"/>	<input type="checkbox"/>
CPS (Child Protective Services)	<input type="checkbox"/>	<input type="checkbox"/>
Employment/vocational	<input type="checkbox"/>	<input type="checkbox"/>
Living arrangements/housing	<input type="checkbox"/>	<input type="checkbox"/>
Medical/financial assistance	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>
School counselor/psychologist	<input type="checkbox"/>	<input type="checkbox"/>
Family worker	<input type="checkbox"/>	<input type="checkbox"/>
Other referral: _____	<input type="checkbox"/>	<input type="checkbox"/>