

Student Assistance Program

Student Information/Behavior Observation Form

School Staff

Concern for the following student has been brought to the attention of the Student Assistance Team. We are attempting to gather additional information regarding this referral and are asking for your help. Please note your observations on this form. It will be a part of his or her student assistance file and as such will be open to review by the parent/guardian. It will be used to help the student and his or her family to clarify the concern and determine an appropriate action. Please contact a member of the SAP team if you have any questions. Thank you for your assistance.

Student Name: _____

Date: _____

Teacher Name: _____

Course: _____

Period/Time of Day: _____

Have you had contact with parent/guardian? ☐ Yes ☐ No

Describe nature of contact: _____

Date(s) of contact: _____

Class Attendance Information:

Number of days absent from class: _____

Number of days tardy: _____

Number of cutting class: _____

☐ Withdrew from class

☐ Repeated requests to visit the restroom, health office, counselor

Strengths and Resiliency Factors:

Please check all that you have observed about this student.

☐ able to work independently

☐ participates in extra curricular activities

☐ works well in a group

☐ demonstrates desire/commitment to learn

☐ displays good logic/reasoning & decision making

☐ exhibits leadership skills

☐ can accept re-direction/criticism

☐ considerate of others

☐ good communication skills

☐ cooperative

☐ possesses good interpersonal skills

☐ displays positive values (responsibility, honesty, equality, caring)

☐ recognizes and respects appropriate boundaries and expectations

☐ demonstrates constructive use of time

☐ helps others

☐ is connected to and likes school and staff

☐ strives to achieve their best

Academic Performance Information:

Present grade in this class: _____

Please check all that apply to this student's academic performance in this class.

☐ performing at or above ability

☐ performing significantly below ability

☐ decrease in participation

☐ failure to complete homework (repeatedly)

☐ cheating

☐ drop in grades

☐ failure to complete in-class assignments

☐ poor test scores

☐ does not take advantage of extra assistance offered/available

☐ unprepared for class

☐ difficulty retaining new or recent information

☐ reading below grade level

☐ verbalized disinterest in academic performance

☐ easily frustrated

☐ daydreams

☐ short attention span (*explain specific behavior*)

☐ other _____

Disruptive Behavior or Illicit Activities:

Please check all that you have observed about this student's behavior.

- ☐ verbally abusive
- ☐ fighting
- ☐ sudden outburst of anger
- ☐ obscene language and/or gestures
- ☐ hitting, pushing others
- ☐ disturbing other students
- ☐ denying responsibility, blaming others
- ☐ easily distracted
- ☐ easily influenced by others
- ☐ repeated violation of school/classroom rules
- ☐ carrying weapon, beeper, cell phone
- ☐ involvement in theft (student reported)
- ☐ vandalism (student reported)
- ☐ carrying large amounts of money
- ☐ selling drugs (student reported)
- ☐ indicate the number of detentions assigned _____

Physical Attributes:

Please check all that you have observed about this student.

- ☐ noticeable change in weight
- ☐ sleeping in class
- ☐ unsteady on feet
- ☐ complaining of nausea/stomach ache (student reported)
- ☐ glassy/bloodshot eyes
- ☐ unexplained physical injuries
- ☐ poor motor skills
- ☐ frequent cold-like symptoms
- ☐ smelling of alcohol/marijuana
- ☐ slurred speech
- ☐ poor hygiene
- ☐ frequently expressing concern with personal health
- ☐ fatigue
- ☐ disoriented
- ☐ self-injury/self-harm
- ☐ headaches
- ☐ food issues (example: refusal to eat lunch, etc.) (please explain)

Atypical Behavior:

Please check all that you have observed about this student's behavior.

- ☐ associates with younger/older social group
 - ☐ openly expresses alcohol and other drug use
 - ☐ expresses desire to punish or gain revenge via harmful or deadly means
 - ☐ wears drug/alcohol related clothing
 - ☐ inappropriate sexual verbalization
 - ☐ expresses involvement in the occult
 - ☐ expresses involvement in hate groups
 - ☐ trouble getting along with peers
 - ☐ withdrawn/loner
 - ☐ difficulty making decisions
 - ☐ expresses hopelessness, worthlessness, helplessness
 - ☐ expresses fear or anxiety about _____
 - ☐ expresses anger toward parent or other authority figure
 - ☐ lies
 - ☐ criticizes others/self
 - ☐ seeks constant reassurance
 - ☐ threatens or harasses others
 - ☐ cries
 - ☐ sleeps in class
 - ☐ ethnic intimidation
 - ☐ dramatic/sudden change in behavior (specify)
-
- ☐ dresses inappropriately (please specify)
-

Home/School/Family Indicators:

Please check all that you are aware apply to this student.

- ☐ runaway/unaccompanied youth
 - ☐ recent divorce or separation
 - ☐ absence of caregiver
 - ☐ job loss of family member
 - ☐ refusal to go home
 - ☐ recent death of family member or close friend
 - ☐ hangs around school for no apparent reason
 - ☐ displaced (homeless, living in shelter, living with relatives or friends)
 - ☐ living in foster care
 - ☐ awaiting foster care placement
 - ☐ living with an adult other than natural parent
 - ☐ other stressors (please explain)
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In the space below or on the back, please list the types of interventions you have previously tried with the student with regard to items checked above.

Would you like to speak directly with a member of the SAP Team?

☐ Yes ☐ No