**Student Assistance Program**

**Secondary Student Behavior Checklist**

**School Staff**

**Please customize this checklist as needed.**

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| ***Please complete and return this form to*** Click or tap here to enter text. ***no later than*** Click or tap to enter a date. |

A referral for the following student Click or tap here to enter text., has been brought to the attention of the Student Assistance Program Team. We are gathering information regarding this referral and are asking for your assistance. Please contact a member of the SAP team if you have any questions. Thank you for your assistance.

Staff member name: Click or tap here to enter text. Date: Click or tap here to enter text.

Subject: Click or tap here to enter text. Period/Time of Day: Click or tap here to enter text.

Present grade in this class: Click or tap here to enter text.

Have you had contact with parent/guardian?  Yes  No

Describe nature of contact: Click or tap here to enter text.

Date(s) of contact: Click or tap here to enter text.

Check appropriate response pertaining to observable behaviors:

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| **Strengths and Resiliency Factors:**  works well independently  participates in extracurricular activities  works well in a group  demonstrates desire/commitment to learn/strives to achieve their best  displays good logic/reasoning & decision-making  exhibits leadership skills  can accept re-direction/adult feedback  considerate of others/helps others  good communication skills  cooperative  displays positive values (responsibility, honesty, equality, caring)  recognizes and respects appropriate class rules and expectations  demonstrates constructive use of time in class  is connected to and likes school  is connected to and likes staff  Other: Click or tap here to enter text. | **Class Attendance Information:** Number of days absent from class: Click or tap here to enter text.  Number of days tardy: Click or tap here to enter text.  Repeated requests to visit the restroom, health office, counselor |
| **Academic Performance Information:**  performing at or above grade level  performing significantly below grade level  decrease or lack of participation in class  does not complete in-class assignments or homework (repeatedly)  cheating on schoolwork or tests  drop in grades  does not take advantage of extra assistance offered/available  unprepared for class  verbalized disinterest in academic performance  easily frustrated by academics  short attention span *(explain specific behavior)*  Click or tap here to enter text.  other learning concerns (explain): Click or tap here to enter text. |

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| **Physical Attributes:**  noticeable change in weight  sleeping in class  often fatigued/tired  glassy/bloodshot eyes  unexplained physical injuries/self-injury/self-harm  dresses inappropriately, explain: Click or tap here to enter text.  poor hygiene  disoriented/confused  other:  Click or tap here to enter text. | **Other Observable Behavior:**  talks about substance use or has been observed using substances or carrying vape/other substance  difficulty making decisions  shares concerning subject matter through written or artistic expression  withdrawn/socially isolates  trouble getting along with others  cries easily  expresses hopelessness, worthlessness, helplessness  expresses fear or anxiety about Click or tap here to enter text.  lies  criticizes others/self  bullies others  is bullied by others  dramatic/sudden change in behavior *(specify)* Click or tap here to enter text. |

Have you observed or has student expressed any concerns to you that weren’t addressed above?

Click or tap here to enter text.

List the types of interventions you have tried with the student regarding the above concerns.

Click or tap here to enter text.

How effective have these interventions been?

Click or tap here to enter text.

Would you like to speak directly with a member of the SAP Team?  Yes  No