**SAP Referral Form**

**Date:** Click or tap to enter a date.

**Name (person making the SAP referral):** Click or tap here to enter text.

**Phone/Email:** Click or tap here to enter text.

**Your role:**

Administrative, non disciplinarian

School mental health professional (school counselor/social worker/psychologist)

Disciplinarian

Instructional staff

Non instructional staff

Parent/guardian/other family member

School based team(s)

Peer

Safe2Say Something

Self

Other:

**Name of student being referred**: Click or tap here to enter text.

**Grade of student being referred**: Click or tap here to enter text.

**Behavior or concern that prompted you to make this SAP referral**: Click or tap here to enter text.

Return this form to: Click or tap here to enter text.

**If you have concerns for a student that require immediate attention, please contact [staff name, contact] during school hours. If outside school hours, please contact a 24/7 service such as the 988 Suicide & Crisis Lifeline, 911, or your local emergency department.**