**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