

DODGE CITY MIDDLE SCHOOL
Student Assistance Program Referral Form

Person Referring: _____ Date: _____

Student: _____ Team: _____

Please check the characteristics appropriate to this student.

Grades:

- Achieving below potential
- Failing class
- Attitude affecting work
- Always behind in class
- Overreacts to less-than –perfect grade

Attendance:

- Frequently absent
- Frequently suspended
- Frequently tardy
- Frequently asks to see the nurse
- Cuts classes and/or has been truant from school

Behavior/Symptoms:

- Defiant/requires disciplinary attention
- Irresponsible/loses everything
- Hyperactivity/nervousness
- Cries in class
- Argumentative/defensive
- Frequently teased or “made object of fun”
- Poor hygiene/signs of neglect
- Makes inappropriate comments/jokes
- Inappropriately displays affection
- Denies problems despite evidence/lies
- Sleeps in class
- Withdrawn/loner