

# CONFIDENTIAL

## WEST SIDE CAREER AND TECHNOLOGY CENTER

### SAP REFERRAL

STUDENT: \_\_\_\_\_ GRADE: \_\_\_\_\_

FROM: \_\_\_\_\_

DATE: \_\_\_\_\_

OBSERVED BEHAVIORS (EMERGENCIES REQUIRE CRISIS INTERVENTION PROCEDURES TO BE FOLLOWED): \_\_\_\_\_

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#### Please check what actions have been taken before you referred the student

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|--------------------------|-----------------------------|------------|------------|
| <input type="checkbox"/> | STUDENT CONTACT             | DATE _____ | TIME _____ |
| <input type="checkbox"/> | PARENT CONTACT              | DATE _____ | TIME _____ |
| <input type="checkbox"/> | GUIDANCE                    | DATE _____ | TIME _____ |
| <input type="checkbox"/> | ADMINISTRATION              | DATE _____ | TIME _____ |
| <input type="checkbox"/> | OTHER PLEASE EXPLAIN: _____ |            |            |

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\*\*\*AT LEAST TWO CONTACTS LISTED ABOVE MUST BE COMPLETED BEFORE REFERRAL WILL BE PROCESSED (UNLESS IMMINENT THREAT TO SELVES/ OTHERS)\*\*\*

\*\*\*PLEASE RETURN TO THE MAILBOX OF MR. OGURKIS\*\*\*