

**KASD Elementary Schools
ESAP Referral Form**

Student Name: _____ Grade: _____ Date: _____ DOB: _____

Person Making Referral: _____ Primary Language of student _____ parent: _____

Academic Concerns

- _____ Currently has an IEP
- IEP Area: _____
- _____ Stated a disinterest in academics
- _____ Reads below grade level
- _____ Failing or near failing grade(s)
- _____ Drop in grades
- _____ Short attention span
- _____ English as a second language
- _____ Fails to complete assignments
- _____ Previous Child Study Referral
- _____ Currently in Title I
- _____ RTI Tier

Behavioral Concerns

- _____ Disruptive classroom behavior
- _____ Inappropriate sexual verbalization/behavior
- _____ Fighting/threats towards others
- _____ Self abuse (i.e. cuts arm, burns, etc.)
- _____ Openly expresses drug use
- _____ Runaway (student reports)
- _____ Sudden change in behavior/mood
- _____ Lying/stealing (circle one)
- _____ Sleeping in classroom
- _____ Wandering the hallways/leaving the classroom
- _____ Disrespectful communication w/adults or peers
- _____ Not responsive to behavior plan

Attendance Concerns

- _____ Repeated visits to the restroom, health room, or guidance
- _____ Often absent from school
- _____ Often tardy to school

Emotional Observations

- _____ Recent death of friend or family member
- _____ Writing or drawing that reflects death or revenge
- _____ Sudden outburst of anger
- _____ Often criticizes self or others (please circle)
- _____ Withdrawn
- _____ Cries easily/frequently

Physical Observations

- _____ Unsteady on feet
- _____ Unexplained physical injury
- _____ Frequent cold like symptoms
- _____ Self-abuse (i.e. cuts or burns on arms)
- _____ Frequently expresses concerns with personal health
- _____ Complains of nausea/headaches/stomachaches
- _____ Noticeable change in weight
- _____ Poor hygiene
- _____ Frequent lice infestation
- _____ Comes to school hungry
- _____ Possible hearing or vision difficulty

Types Of Intervention Used

- _____ Individual conference: date _____
- _____ Removal from school: specify _____
- _____ Student & parent conference: date _____
- _____ Teacher conference: date _____
- _____ Parent conference: date _____
- _____ Student/parent/teacher conference: date _____
- _____ Alternative placement: specify _____
- _____ Agency intervention: specify _____
- _____ Disciplinary action: specify _____
- _____ Behavior plan _____ Retention date _____
- _____ Other (explain) _____

Home/School/Family Indicators

- | | |
|---|---|
| _____ Recent divorce/separation | _____ Refuses to go home |
| _____ Job loss of family member | _____ Runaway/unaccompanied by adult |
| _____ Hangs around school for no apparent reason | _____ Living in foster care |
| _____ Displaced (homeless, living in a shelter, living with relatives or friends) | _____ Domestic violence (student reported) |
| _____ Awaiting foster care placement | _____ Recent death of family member or friend |
| _____ Living with adult other than natural parent | _____ Disabled/ill parent or sibling |
| _____ Absence of caregiver: specify _____ | _____ Too much responsibility at home |
| _____ Left at school unattended before or after school | _____ Previous report of child abuse |
| _____ Recent major illness of family member or friend | _____ Concern about appropriate childcare |
| | _____ Parent/guardian incarcerated |

Would you like to speak to a member of the SAP team? _____ Yes _____ No

Students who indicate suicidal threat/gestures, threats to others health/well-being, child abuse (physical, sexual, or emotional) or appear to be under the influence of a substance should first be reported to the building principal/nurse/and/or school counselor. Please check any observable behaviors that are relevant to this referral. Please return this form to the ESAP mailbox. Thank You!