

2007-2008 SCHOOL YEAR
PA STUDENT ASSISTANCE PROGRAM
(PDE 4092)

For your records only!
Do not submit on this form.
Data must be submitted online at
www.sap.state.pa.us
Deadline: June 30, 2008

1. CASE STUDY

2. STUDENT AGE

3. GRADE LEVEL

4. GENDER Male Female

5. IS THIS STUDENT LEGALLY EMANCIPATED?
 YES NO

6. Special Education

YES NO

7. Gifted

YES NO

If you selected "yes" for 6, indicate the identified disability. (Mark all that apply)

- Mental Retardation
- Hearing Impairment
- Speech/Language Impairments
- Visual Impairments
- Emotional Disturbance
- Orthopedic Impairment
- Other Health Impairments
- Special Learning Disabilities
- Deaf-Blindness
- Multiple Disabilities
- Autism
- Traumatic Brain Injury
- Developmental Delay

8. RACE/ETHNICITY

- White, non-Hispanic
- Black, non-Hispanic
- Hispanic
- Asian/Pacific Islander
- Native American
- Multi-Racial
- Unknown

STUDENT NAME _____

STUDENT ID _____

REFERRAL DATE _____

9. INCOMING REFERRAL SOURCE (Select one)

- Team Member
- Teacher
- School Counselor
- Nurse
- Disciplinarian
- Administrative, Non-Disciplinarian
- School Psychologist
- Social Worker
- Transfer From Another School
- Pre-school / Head Start
- Early Intervention
- Legal System (JPO, court, police, etc.)
- Instructional Support
- Self
- Parent/Guardian
- Peer
- Community Agency
- Coach / Athletic Director
- Suicide prevention screening program
- Other

10. INCOMING REFERRAL REASON (MARK ALL THAT APPLY)

- Violated school policy, D&A related
- Violated school policy, violence/weapons
- Violated school policy, other
- Behavioral concerns

10. INCOMING REFERRAL REASON (cont.)

- Unexplained drop in grades
- Attendance
- Suspected Child Abuse/Neglect
- Continuation of case from another SAP team
- Suicide ideation, gesture or attempt
- Re-entry into school
- Academic concern
- Social concerns
- Witness to/victim of traumatic event
- Self-reported problem
- Suffered recent loss
- Homelessness
- Involvement in legal system
- Other
- Gender identity issues
- Self harm/injury
- Bullying
- Smoking/Tobacco Use – Self Referral
- Smoking/Tobacco Use – Other Referral
- Smoking/Tobacco Use – Policy Violation

10A. FROM THE STUDENT INTERVIEW CONDUCTED, DOES THE STUDENT ADMIT TO SMOKING OR USING TOBACCO?

- Yes
- No
- Student Not Interviewed

11. MONTH OF REFERRAL

- September December March June
- October January April July
- November February May August

12. IF A STUDENT WAS REFERRED TO SAP IN PREVIOUS GRADE(S), MARK ALL THAT APPLY

- Pre-K 2 5 8 11
- transitional 3 6 9 12
- 1 4 7 10

13. WAS PARENT/GUARDIAN CONTACT INITIATED?

- YES NO

14. Was written permission obtained from Parent/Guardian?

- YES NO

15. IF ASAP PROCESS DISCONTINUED, INDICATE REASON (MARK ALL THAT APPLY)

- Student refusal
- Parent refusal
- SAP process not warranted
- Other
- Student already in treatment
- Written parental permission not obtained

IF YOU INDICATED A RESPONSE TO #15, STOP HERE. DO NOT COMPLETE REMAINDER OF FORM

16. IF THE SAP PROCES WAS CONTINUED, DID THE PARENT/GUARDIAN PARTICIPATE IN THE SAP PROCESS?

17. [A] SCHOOL SERVICES RECOMMENDED BY CORE TEAM (MARK ALL THAT APPLY)

- One-to-one counseling with guidance counselor, school psychologist, etc.
- One-to-one follow-up with team member or other school personnel
- Multidisciplinary Team Evaluation (MDE)
- Academic supports
- Services by/from school social workers
- Teen parenting/pregnancy program
- Mental health special issues group (divorce, grief & loss, etc.)
- Drop-out prevention program
- Mentoring
- Behavioral health aftercare/support group
- Conflict Resolution
- Drug/Alcohol education/prevention group
- Other
- Drug/Alcohol aftercare/support group
- In school tobacco awareness group/cessation program
- Other in-school group
- School-based juvenile probation
- Team Intervention
- Crisis Intervention
- Alternative school placement

17. [B] WERE RECOMMENDED SCHOOL SERVICES ACCESSED? (Use notes section for each answer in 17 [A])

YES NO

IF NO, INDICATE WHY (MARK ALL THAT APPLY)

- Services unavailable
- Pending or incomplete
- Transportation problems
- School scheduling
- Student refused
- Other
- Parent/guardian refused
- Don't know
- Waiting list

18. [A] COMMUNITY/AGENCY SERVICES RECOMMENDED BY CORE TEAM (MARK ALL THAT APPLY)

- Children & Youth
- Continuing existing mental health services
- Screening/Assessment by drug and alcohol provider
- Continuing existing drug and alcohol services
- Screening/Assessment by mental health provider
- Screening/Assessment by behavior specialist (e.g. combined D&A, MH, violence, etc.)
- Other social services agencies (e.g. CYF)
- Juvenile probation
- Faith-based organization
- Rape/action
- Domestic violence center
- Other
- Community-based tobacco awareness group/cessation program
- No Services Recommended

18. [B] WERE RECOMMENDED COMMUNITY/AGENCY SERVICES ACCESSED? (Use notes section for each answer in 18 [A].)

YES NO

IF NO, INDICATE WHY (MARK ALL THAT APPLY)

- Services unavailable
- Student refused
- Transportation problems
- Parent/guardian refused
- Cost prohibitive
- Waiting list
- No insurance
- Pending or incomplete
- Insurer refused to approve level of care recommended
- Other
- Don't know

18. [C] RECOMMENDATIONS FROM SCREENING/ASSESSMENT (MARK ALL THAT APPLY)

- Drug/Alcohol treatment – Outpatient
- Drug/Alcohol treatment - Inpatient
- Mental Health treatment - Outpatient
- Mental Health treatment - Inpatient
- Mental Health treatment - Partial
- Mental Health treatment – Behavioral Health Rehabilitation Services
- Referral to in-school support/aftercare services (mobile therapy, behavior specialist, therapeutic staff support)
- Aftercare services
- Academic support/intervention
- Community services
- No treatment or community services recommended
- Juvenile probation

19. IF STUDENT IS NOT ATTENDING SCHOOL, INDICATE WHY (MARK ALL THAT APPLY)

- Student receiving homebound instruction
- Student dropped out
- Student transferred to public Local Education Agency (district, alternative education program, or charter school)
- Student absent – other
- Student deceased - suicide
- Student deceased - other
- Inpatient treatment
- Juvenile detention facility
- Student Transferred to non-public school

**IF YOU INDICATED A RESPONSE TO #19, STOP HERE.
DO NOT COMPLETE THE FOLLOWING PERFORMANCE MEASURES**

PERFORMANCE MEASURES

20. THIS STUDENT'S ATTENDANCE HAS ...
IF ATTENDANCE was marked as a referral reason, this question must be answered.

- Improved
- Remained the same
- Declined

21. THIS STUDENT'S GRADE POINT AVERAGE (GPA) HAS ...
If UNEXPLAINED DROP IN GRADES was marked as a referral reason, this question must be answered

- Improved
- Remained the same
- Declined

22. THIS STUDENT WAS SUSPENDED SINCE CURRENT REFERRAL.

- Yes
- No

If Yes, mark either or both

- In school suspension
- Out of school suspension

23. THIS STUDENT VIOLATED D&A POLICY SINCE CURRENT REFERRAL.

- Yes
- No

24. THIS STUDENT WAS (MARK ONLY ONE)

- Promoted to next
- Retained
- Graduated High School
- Other

Notes: