

**MORRIS KNOLLS STUDENT ASSISTANCE PROGRAM
REQUEST FOR INFORMATION**

Please return to Danielle Van Der Veken, SAC.

Date: _____

Student Name: _____ Grade: _____ Teacher: _____

The above student has been referred to the **Student Assistance Program**. Please indicate **confidentially** any behavior you might have noticed within the past 3 months or concerns you have about the student. This information will help us determine how the program might assist the student. This information will not be part of the student's permanent record.

PLEASE CHECK RELEVANT ITEMS			
ACADEMIC PERFORMANCE		OTHER BEHAVIOR	
<input type="checkbox"/>	Decline in quality of work	<input type="checkbox"/>	Erratic day-to-day behavior
<input type="checkbox"/>	Decline in grade earned	<input type="checkbox"/>	Change in friends and/or peer group
<input type="checkbox"/>	Incomplete work	<input type="checkbox"/>	Sudden, unexplained popularity
<input type="checkbox"/>	Work not handed in	<input type="checkbox"/>	Mood swings
<input type="checkbox"/>	Failing in this subject	<input type="checkbox"/>	Seeks constant adult contact
CLASSROOM CONDUCT		<input type="checkbox"/>	Time disorientation
<input type="checkbox"/>	Disruptive in class	<input type="checkbox"/>	Depression, low affect
<input type="checkbox"/>	Inattentive	<input type="checkbox"/>	Defensiveness
<input type="checkbox"/>	Lack of motivation	<input type="checkbox"/>	Withdrawal, a loner
<input type="checkbox"/>	Sleeping in class	<input type="checkbox"/>	Friends express concern about student
<input type="checkbox"/>	Extreme negativism	<input type="checkbox"/>	Fantasizing, daydreaming
<input type="checkbox"/>	In-school absenteeism	<input type="checkbox"/>	Compulsive overachievement
<input type="checkbox"/>	Tardiness to class	<input type="checkbox"/>	Perfectionist
<input type="checkbox"/>	Defiance, breaking rules	<input type="checkbox"/>	Difficult in accepting mistakes
<input type="checkbox"/>	Needs discipline often	<input type="checkbox"/>	Rigid obedience
<input type="checkbox"/>	Cheating	<input type="checkbox"/>	Talks freely or brags about drug use
<input type="checkbox"/>	Fighting	<input type="checkbox"/>	Associates with known drug users
<input type="checkbox"/>	Defiance of authority	<input type="checkbox"/>	Apparent changes in personal values
<input type="checkbox"/>	Verbally abusive		
<input type="checkbox"/>	Obscene language or gestures		
<input type="checkbox"/>	Sudden temper outbursts		
<input type="checkbox"/>	Frequent trips to lavatory		
<input type="checkbox"/>	Hyperactive, nervous		

COMMENTS
LIST KNOWN FRIENDS