LCTI SAP Referral

☐ Academic Center
☐ Career Academy (CAP)
(please check the appropriate LCTI full-day program)

Name of student being referred:

________________________________________________________________________

Grade: _____________________

Referred by: ______________________

Date of Referral: ______________________

Reason for referral: (Check one or more appropriate items and provide details below)

____ Academic concerns
____ Attendance
____ Behavioral concern
____ Family concern
____ Self-harm or Self-injury
____ Social concerns
____ Suffered recent loss
____ Suicide Concerns
____ Speaks of drug or alcohol use
____ Other ____________________________________________________________

____ Pregnant/Parenting student
____ Transient living conditions
____ Violation of school policy
____ Tobacco
____ Drug/Alcohol
____ Weapons
____ Repeated violations
____ Health concerns or hygiene
____ Changes in mood or personality

Required: Describe the behavior(s) that prompted this referral: i.e., declining grades or failures, excessive tardiness/absenteeism, behavioral concerns, failure to complete or do assignments, etc.