

# GETTYSBURG AREA HIGH SCHOOL

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Main Office Fax (717) 337-4443 - Guidance Office Fax (717) 337-4439

**Be Here, Be Involved, Be Committed - The Warrior Way**

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## Student Assistance Program (SAP) - Referral Form

The Student Assistance Program (SAP) is mandated by the state and is a systematic process to identify and refer students who are experiencing barriers to learning. SAP is an intervention program, not a treatment program.

A student can/should be referred for reasons that may include: Drug and/or alcohol use, anxiety and/or depression, threatens to hurt self or others, suicidal ideations, eating problems, emotional concerns, and other issues or stressors.

Please complete the bottom of this form and return it to a member of the SAP team. You may also return referral forms to one of the SAP drop boxes, located in the counseling center, nurse's office, and library. The person who makes the referral may remain anonymous. Parents may also contact a school counselor or administrator to make a referral.

\*EMERGENCY concerns (suicidal thoughts/threats, threats to harm self or others, etc) should be immediately reported to a counselor and/or administrator.

**Student being referred:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Primary Referral Reason** (select one):

- ☐ Academic Concerns
- ☐ Attendance Issues
- ☐ Behavioral Concerns
- ☐ Gender Identity Issues

- ☐ Homelessness
- ☐ Re-entry into School
- ☐ Self-Harm/Injury
- ☐ Self-Reported Problem
- ☐ Social Concerns
- ☐ Recent Loss

- ☐ Suicide Ideation
- ☐ Suspected Child Abuse/Neglect
- ☐ Suspected Drug, Alcohol, and/or Tobacco Use
- ☐ Other: \_\_\_\_\_

**Additional Referral Reasons**

(select as many as you like):

- ☐ Academic Concerns
- ☐ Attendance Issues
- ☐ Behavioral Concerns
- ☐ Gender Identity Issues

- ☐ Homelessness
- ☐ Re-entry into School
- ☐ Self-Harm/Injury
- ☐ Self-Reported Problem
- ☐ Social Concerns
- ☐ Recent Loss

- ☐ Suicide Ideation
- ☐ Suspected Child Abuse/Neglect
- ☐ Suspected Drug, Alcohol, and/or Tobacco Use
- ☐ Other: \_\_\_\_\_

**Additional Comments/Explanation:** Include any extra information necessary to further clarify your reason(s) for making this referral.

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