

**STUDENT ASSISTANCE FOLLOW UP FORM**

**INFORMATION TO BE COLLECTED AT THE END OF THE SCHOOL YEAR**

SAP Counselor Name: \_\_\_\_\_ UNIQUE Student ID: \_\_\_\_\_ PSID \_\_\_\_\_

Sex: M F Grade (K-12): \_\_\_\_\_ Student's Home Zipcode: \_\_\_\_\_ Date Form Completed: \_\_\_\_\_

***If a student met with counselor only once for general information only, do not complete the form for the student. Complete the grades and suspension/absence/detentions for Each Grading (Quarterly for most schools) Period through the year.*** To calculate average grades, look at the grades for each class. If your school uses something other than a standard grading format, develop a system to consistently estimate grades if they were given on an A through F system. Assign a number value (4 to 0) for each grade. Add up the values and divide the total by the number of classes. For example, for 6 classes with grades of 2 A's, 3 B's, 1 C = 4+4+3+3+3+2 = 19 divided by 6 classes = a grade point average of 3.17 (round to nearest hundredth). For Absences, Suspensions and Detentions use only whole numbers so 1 ½ days absent rounds to 2 days. **Fill out all questions or data reports will be incomplete.**

**Grade Values for Calculations: A = 4 Points B = 3 Points C = 2 Points D = 1 Point F = 0 Points**

Category	Does School Track this Item?	1 <sup>st</sup> Quarter/Period	2 <sup>nd</sup> Quarter/Period	3 <sup>rd</sup> Quarter/Period	4 <sup>th</sup> Quarter/Period
Grade Point Average For the Period	Yes No				
School Days Absent In the Period	Yes No				
School Days Suspended In Period	Yes No				
School Days Detention in the Period	Yes No				

Grading Period in which you <b><i>first</i></b> had contact with this student (Circle):	1	2	3	4
Grading Period in which you <b><i>last</i></b> (non Follow Up) contacted with this student (Circle):	1	2	3	4

**For Final Contacts (End of School Year, Student Leaving SAP Program, etc):**

Have Drug/Alcohol/Tobacco Violations Occurred Since Student Entered SAP?	Yes	No	Unknown
In opinion of counselor, has student improved in relation to reasons for Referral?	Improved	Declined	Same
In opinion of student, has student improved in relation to reasons for Referral?	Improved	Declined	Same
In opinion of counselor, are further intervention services necessary?	Yes	No	
Did Student enter treatment?	Yes	No	Unknown

Type of Contact	Check One	Reason for Exiting the SAP – Check one only	Check One	Tobacco Usage during SAP Process – Check All That Apply	Check
Phone Contact		Services were not necessary		Student never used tobacco products	
In-Person Contact		Student feels process is complete		Student quit using tobacco products	
Family Contact		Parents forbid student participation		Student continued to use tobacco products	
Other (Specify)		Counselor feels process is complete		Student began using tobacco products	
<b>Treatment Status/Reason For Not Attending Treatment</b>	<b>Check One</b>	End of School Year		Student attended school-based tobacco cessation program	
Student Attends/ed Treatment		Student Never Returned		Student attended out-of-school tobacco cessation program	
Referral not made		Transferred to a SA Treatment Program		Student denies use of tobacco products	
No access to outside counselor		Transferred to Mental Health Program		Student reduced use of tobacco products	
Student Refused		Student Transferred to Other School			
No transportation to counseling		Student Dropped Out of School			
Family won't cooperate		Group Ended			
On Waiting List		Other (specify)		Parent(s)/Guardian(s) smoke (circle)	Y N Unk
Other (Explain in Comments)					

Comments (Please do not include SOAP notes on forms provided to ASAP/ADAP):

ASAP 6/21/05 **Note: Forms must be submitted monthly and received by the 21<sup>st</sup> of the following month or SAP funding may be withheld.**