

**STUDENT ASSISTANCE TRACKING FORM**

**INFORMATION TO BE COLLECTED AT THE END OF EACH MONTH**

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

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

Date Student Entered SAP: \_\_\_\_\_ For Month (Circle): Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul

Number of times student saw the SAP Counselor (include groups) during the month: \_\_\_\_\_

Total **units** (1 unit = 15 minutes) of **CLINICAL INTERVENTION** service provided to Student in Month: \_\_\_\_\_

Note: Clinical intervention is an interaction with a student to forward a treatment or intervention goal in relation to an identified problem

Student Information	
Student seeing outside counselor?	Y N Unk
Special Ed?	Y N

Race	Ethnicity
White	
Black/African American	Hispanic/Latino
American Indian/Native Alaskan/Aleut	Non-Hispanic
Asian	
Native Hawaiian/Pacific Islander	No Answer
Other	

**Counselor's View of Issue at Contact**

Incoming Referral Source Mark Initial Referral with "I", up to 2 secondary with "S"	Issue at Contact – Mark up to 5 of the major issues focused on for the month	Action Taken Mark any action taken during the month and if referred, did the student follow up in this period?	SAP Coun- selor Action	Student Follow Up on Referral?
Self	Substance Abuse	Referred for Assessment by CADC/LADC		Y N Unkn
N/A (return visit)	Concern w/Friends SU/SA	Referred for Assessment by Certified/Licensed Mental Health Counselor/ Social Worker		Y N Unkn
Peer	Concern w/ Family SU/SA			
Disciplinary	Relationships/Peers	Consulted with criminal justice system		
Teacher	Academic/Grades	Referred to community self-help group		Y N Unkn
Student Support Team	Anger Management	Referred to family counseling		Y N Unkn
Instructional Support	Behavior in School	Talked with parents/guardian about presenting issue		
Administrative, Non-Disciplinary	Body Image/Eating Disorders			
Nurse	Depression	Referred to school activity		Y N Unkn
Guidance Counselor	Family Conflicts/Divorce	Referred to school disciplinary action		Y N Unkn
Community Agency	Information	Consulted with Agency/Provider		
Parents/Guardians	Loss/Death	Reported to SRS		
Court/Court Diversion	Medical Concerns	Referred to Special Education		Y N Unkn
Coach	Peer Pressure	Referred to In-School Resource (specify)		Y N Unkn
Police	Physical Abuse/Violence	Referred to In-School Group (specify)		Y N Unkn
Special Education	Recovery/Relapse Prevention	Information Given to Student (All types)		
SRS	Self-esteem Issues	Referred to physician		Y N Unkn
Sibling	Sexual Identity/Issues	Consulted with Guidance		
SAP Initiated	Stress	Consulted with School Admin/Teacher/etc.		
Policy Violation	Suicide	No Action Necessary		
Treatment Provider	Verbal Harassment	Referred to Tobacco Cessation Program		Y N Unkn
Other (Specify)	Other (Specify)	Other (describe)		

**Mark any substances used by student within this Month**

Substance	
None	
Denies Use	
Alcohol	
Tobacco	
Marijuana/hashish	
Prescription Meds (Specify)	
LSD	
Mushrooms (Psilocybin)	
Inhalants	

Substance	
Ecstasy	
Cocaine	
Crack	
Steroids	
Heroin	
Non-prescribed Methadone	
Other Opiates/Synthetics	
PCP	
Other Hallucinogens	

Substance	
Methamphetamines	
Other Amphetamines	
Other Stimulants	
Benzodiazepines	
Other Tranquilizers	
Barbiturates	
Other Sedatives/hypnotics	
Over-the-counter Drugs	
Other (Specify)	

**COMMENTS:**

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.**