

# Portage Area Elementary School

84 Mountain Avenue • Portage, PA 15946 • (814) 736-9636 • E.O.E. • Fax (814) 736-4165

## Portage Elementary School Student Assistance Program Referral Form

Name \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

Source of Request	
	Administration, non-disciplinary
	Discipline Committee
	Teacher
	School Counselor
	School Nurse
	Community Agency - Specify
	Self
	Parent(s)/Guardian
	Peer
	Other

Reason for Request	
	Low academic performance, working below potential
	Drop in grades/ academic performance
	Violated school policy – non-drug & alcohol
	Violated school policy – drug & alcohol related
	Behavioral concerns – drug & alcohol related
	Behavioral concerns – mental health related
	Behavior concerns, other - specify
	Self-reported problem
	Attendance/Tardy
	Suicidal ideation, gesture(s), or attempt(s)
	Recovering/returning to school
	Pregnancy
	Other issues – please specify

Christian Serenko  
PRINCIPAL

Laura Glass  
SCHOOL NURSE

Jennifer Pisarski  
DEAN OF STUDENTS