

MAP
Mercy Assistance Program
Merion Mercy Academy
Referral Form

Student Name: _____ Grade: _____
Date of Birth: _____
Referral Source: _____
Course/Activity: _____ Date: _____

Have you contacted the parent/guardian? _____ Yes _____ No
Describe the nature of the contact? _____
Date(s) of contact: _____

Reason for Referral: Must be school-based issues (attendance, academics, behavior, school health).

Class Attendance Information:

Number of days absent from class: _____
Number of days tardy: _____
Number of cutting class: _____
 Withdrew from class
 Repeated requests to visit the restroom, health office, counselor

Strengths and Resiliency Factors:

Please check all that you have observed about this student.

able to work independently
 participates in extra curricular activities
 works well in a group
 demonstrates desire/commitment to learn
 displays good logic/reasoning & decision making
 exhibits leadership skills
 can accept re-direction/criticism
 considerate of others
 good communication skills
 cooperative
 possesses good interpersonal skills
 displays positive values (responsibility, honesty, equality, caring)
 recognizes and respects appropriate boundaries and expectations
 demonstrates constructive use of time
 helps others
 is connected to and likes school and staff
 strives to achieve their best

Academic Performance Information:

Present grade in this class: _____
Please check all that apply to this student's academic performance in this class.

performing at or above ability
 performing significantly below ability
 decrease in participation
 failure to complete homework (repeatedly)
 cheating
 drop in grades
 failure to complete in-class assignments
 poor test scores
 does not take advantage of extra assistance offered/available
 unprepared for class
 difficulty retaining new or recent information
 reading below grade level
 verbalized disinterest in academic performance
 easily frustrated
 daydreams
 short attention span (*explain specific behavior*)

other _____

Disruptive Behavior or Illicit Activities:

Please check all that you have observed about this student's behavior.

- verbally abusive
- fighting
- sudden outburst of anger
- obscene language and/or gestures
- hitting, pushing others
- disturbing other students
- denying responsibility, blaming others
- easily distracted
- easily influenced by others
- repeated violation of school/classroom rules
- carrying weapon, beeper, cell phone
- involvement in theft (student reported)
- vandalism (student reported)
- carrying large amounts of money
- selling drugs (student reported)
- indicate the number of detentions assigned _____

Physical Attributes:

Please check all that you have observed about this student.

- noticeable change in weight
 - sleeping in class
 - unsteady on feet
 - complaining of nausea/stomach ache (student reported)
 - glassy/bloodshot eyes
 - unexplained physical injuries
 - poor motor skills
 - frequent cold-like symptoms
 - smelling of alcohol/marijuana
 - slurred speech
 - poor hygiene
 - frequently expressing concern with personal health
 - fatigue
 - disoriented
 - self-injury/self-harm
 - headaches
 - food issues (example: refusal to eat lunch, etc.) *(please explain)*
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Atypical Behavior:

Please check all that you have observed about this student's behavior.

- associates with younger/older social group
 - openly expresses alcohol and other drug use
 - expresses desire to punish or gain revenge via harmful or deadly means
 - wears drug/alcohol related clothing
 - inappropriate sexual verbalization
 - expresses involvement in the occult
 - expresses involvement in hate groups
 - trouble getting along with peers
 - withdrawn/loner
 - difficulty making decisions
 - expresses hopelessness, worthlessness, helplessness
 - expresses fear or anxiety about _____
 - expresses anger toward parent or other authority figure
 - lies
 - criticizes others/self
 - seeks constant reassurance
 - threatens or harasses others
 - cries
 - sleeps in class
 - ethnic intimidation
 - dramatic/sudden change in behavior *(specify)*
-
- dresses inappropriately *(please specify)*
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Home/School/Family Indicators:

Please check all that you are directly aware apply to this student

- runaway/unaccompanied by adult
 - recent divorce or separation
 - job loss of family member
 - refuses to go home
 - recent death of family member or close friend
 - hangs around school for no apparent reason
 - displaced (homeless, living in shelter, living with relatives or friends)
 - living in foster care
 - awaiting foster care placement
 - living with an adult other than natural parent
 - absence of caregiver: *specify* _____
 - other stressors: *please explain* _____
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In the space below or on the back, please list the types of interventions you have previously tried with the student with regard to items checked above.

Would you like to speak directly with a member of the MAP Team?

- Yes No