

**Student & Family Assistance Program (SFAP)
Administrative Referral**

Please complete and fax this form to Aurora SFAP at 414-760-5418 OR call in the information to your Account Executive at 800-511-4804, M-F, 8am-5pm.

Date: _____ School District/School _____

Student Name: _____ Student DOB: _____ Grade: _____

Parent Name(s): _____

Staff Person (name, title & contact info) making referral: _____

Reason for Referral: _____

Academic Problems? Describe: _____

Behavior Problems? Describe: _____

School Interventions / Discipline: _____

Consequences if problem continues: _____

What is the school looking for in terms of Outcome &/or Follow Up? _____