

Date:

To:

From: Student Assistance Program

Re:

The referral of the above student to the SAP was accepted at the _____ SAP meeting. Your concern and interest in the student is greatly appreciated. For your information, the student has been referred for the following services:

- | | | | |
|--------------------------|------------------------------|--------------------------|-----------------|
| <input type="checkbox"/> | Nursing Services | <input type="checkbox"/> | Peer Resources |
| <input type="checkbox"/> | Mental Health Counseling | <input type="checkbox"/> | Case Management |
| <input type="checkbox"/> | Substance Abuse Counseling | | |
| <input type="checkbox"/> | Tutoring | | |
| <input type="checkbox"/> | Community Based Organization | | |
| <input type="checkbox"/> | Group | | |
| <input type="checkbox"/> | Progress Reports | | |
| <input type="checkbox"/> | Mentoring | | |
| <input type="checkbox"/> | SST | | |
| <input type="checkbox"/> | Other _____ | | |

If you have any questions, please see the student's counselor.