

**LAKE FOREST HIGH SCHOOL  
STUDENT ASSISTANCE  
"GOLD CARD"**

**\*\*if this situation requires immediate attention (i.e. mentioned thoughts of suicide, possibly under the influence of drugs or alcohol), please immediately escort the student to a counselor, a social work or the deans' office!\*\***

**Your Name** \_\_\_\_\_

**Date** \_\_\_\_\_

**Relationship to the student**

\_\_\_\_\_ Teacher \_\_\_\_\_ Period \_\_\_\_\_

\_\_\_\_\_ Nurse \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

Periods you are free to talk if needed... please circle all that apply:

1    2    3    4    5    6    7    8

I am concerned about the student identified in these areas:  
(please check all that apply)

\_\_\_\_\_ **BEHAVIOR**

\_\_\_\_\_ **ATTENDANCE**

\_\_\_\_\_ **HEALTH**

\_\_\_\_\_ **ACADEMICS**

*Please proceed to the inside of this CONFIDENTIAL form. Check all boxes that apply. When complete, please give to Judy Crawford in Student Support Services, room 160.*

**STUDENT ATTRIBUTES/ASSETS**

1. \_\_\_\_\_ Utilizes school staff for support
2. \_\_\_\_\_ Is involved in some type of community service
3. \_\_\_\_\_ Is involved in school/community sports/activities
4. \_\_\_\_\_ Likes to help others
5. \_\_\_\_\_ Accepts and takes responsibility
6. \_\_\_\_\_ Tells the truth even when it is not easy to do so
7. \_\_\_\_\_ Acts on convictions and stands up for personal beliefs
8. \_\_\_\_\_ Knows how to plan ahead and make choices
9. \_\_\_\_\_ Has empathy, sensitivity and friendship skills
10. \_\_\_\_\_ Is optimistic about his/her personal future
11. \_\_\_\_\_ Resists negative peer influence and dangerous situations
12. \_\_\_\_\_ Seeks to resolve conflict peacefully
13. \_\_\_\_\_ Believes that his/her life has a sense of purpose

**ACTION YOU HAVE TAKEN WITH THE STUDENT/PARENT**

- \_\_\_\_\_ Conference with the student
- \_\_\_\_\_ Parent contact via phone or email
- \_\_\_\_\_ Parent Conference
- \_\_\_\_\_ Other \_\_\_\_\_

*Thank you for your care and concern about this student. We will review your comments and follow up with you and others to develop suggested intervention strategies.*

**The Lake Forest High School Student Assistance Team  
SAP Coordinator Jennifer Edgington**

Student Name \_\_\_\_\_

Student's Current Grade in your class (if applicable) \_\_\_\_\_

**BEHAVIOR**

1. \_\_\_\_\_ Disruptive in class
2. \_\_\_\_\_ Change in peer group or friends
3. \_\_\_\_\_ Student reports family problems
4. \_\_\_\_\_ Lying
5. \_\_\_\_\_ Promises to improve but behavior remains unchanged
6. \_\_\_\_\_ Denies any problems when questioned
7. \_\_\_\_\_ Avoids contact with people who expressed concern
8. \_\_\_\_\_ Withdraws/is a loner
9. \_\_\_\_\_ Drug/alcohol related language/talk
10. \_\_\_\_\_ Inappropriate sexual references/language/talk
11. \_\_\_\_\_ Verbal/written reference to suicide
12. \_\_\_\_\_ \*\*Please escort/report to counselor or social worker immediately!
13. \_\_\_\_\_ Perfectionist
14. \_\_\_\_\_ Mood/activity level changes from day to day
15. \_\_\_\_\_ Poor peer relationships/social skills
16. \_\_\_\_\_ Associated with peers known to use chemicals
16. \_\_\_\_\_ Drawing of inappropriate symbols, references (drug, gang cult, etc.)

**ATTENDANCE**

1. \_\_\_\_\_ Frequently absent
2. \_\_\_\_\_ Frequently tardy
3. \_\_\_\_\_ Unexplained gaps of time (between classes/bathroom trips)
4. \_\_\_\_\_ Frequent requests to excuse him/herself from class

**HEALTH**

1. \_\_\_\_\_ Falls asleep in class/is drowsy
2. \_\_\_\_\_ Poor personal hygiene
3. \_\_\_\_\_ Significant weight change
4. \_\_\_\_\_ Gaunt appearance
5. \_\_\_\_\_ Excessively nervous or shaky
6. \_\_\_\_\_ Frequent evidence of injuries
7. \_\_\_\_\_ Unsteady gait
8. \_\_\_\_\_ Frequent cold/flu-like symptoms
9. \_\_\_\_\_ Appears dazed, giddy or "out of it"
10. \_\_\_\_\_ Changes in facial color or degree of alertness
11. \_\_\_\_\_ Glassy/bloodshot eyes or dark circles around eyes
12. \_\_\_\_\_ Odor of alcohol/marijuana
13. \_\_\_\_\_ \*\*Please escort to the deans' office immediately!
14. \_\_\_\_\_ Odor of cigarettes/tobacco
14. \_\_\_\_\_ Frequently visits the health office

**ACADEMICS**

1. \_\_\_\_\_ Grades slipping
2. \_\_\_\_\_ Late/poorly done assignments
3. \_\_\_\_\_ Low motivation/nor working up to potential
4. \_\_\_\_\_ Perfectionist
5. \_\_\_\_\_ Does not participate in class activities
6. \_\_\_\_\_ Fails tests and/or quizzes
7. \_\_\_\_\_ Completes little/no make up assignments

(Please proceed to the back page....)