

Student Assistance Program Tracking Form Instructions

6/25/09

When to use this form: This form should be used when a student is involved in the program for individual or group help to address an issue of concern. If a student has just visited the SAP to get information for a school project or general questions, a form does not need to be completed.

General Information: This form follows one student through a school year. The form may be filled out at the end of the school year or when the student leaves the school or program for good. Forms may be turned in at any time during the school year but must be completed entirely before July 1 at the end of the school year.

Pointers:

- Keep a cheat sheet and mark it each time you see a student. The back of the form is a great place to record the dates the student is seen, if/when student followed up on referrals, and any brief (non clinical) notes that may make the form easier to complete at the end of the year.
- Fill out the basic demographic information at the top of the page at the beginning of the school year.
- Always keep a copy of your forms before you mail them to the address on the forms.
- Make sure to check to make sure you have the most current forms. Forms may change from year to year.
- Legibility and completeness counts. If the forms illegible your reports will be incomplete – they will say “Improperly collected.”
- Complete all questions/sections of the form. If the forms are incomplete your reports will also be incomplete – they will say “No data collected”
- Ask the data entry person to email you when your data is received so you always know that the data wasn’t lost in the mail.

Item by Item explanation

Top Section/General Demographic Information

Counselor Full Name: Please include your full first and last name, no initials.

Unique Student ID: This can be any combination of numbers and letters up to 8 digits but please no punctuation, symbols, or spaces.

PSID: This number is unique to your school and identifies the school for reporting purposes. Please refer to the PSID list on the ASAP VT website to find your PSID number.

Sex: Male or Female – use gender used in school records.

Grade at End of Year: The grade level the student has achieved at the end of the school year or at the point when the student leaves the school or SAP.

Student’s Home Zipcode: Please use the student’s actual zipcode, do not use the school zipcode. Self report is sufficient.

Student Involved in the SAP in Previous Year: Ask the student if he/she was involved in the program last year regardless of school. In other words, even if the student was as

at different school or had a different SAP counselor but was involved in the SAP the answer would be Yes.

Date Student Entered SAP: This is the first time the student came to the SAP through a referral or through a need to address an issue one on one or in a group. Do not count seeing the student in a classroom or for general prevention work.

Date Last SAP Contact: Ideally the counselor will see each student seen in the program prior to completing the Tracking Form for the year. However, it is not always possible. This date is the last time the counselor spoke to the student individually within the context of the program. Keeping track of the dates the student attends one on one or group sessions on the back of the form allows this to be completed even if the student doesn't return to the program.

Number of Times Student Saw Counselor: Count of number of times a student sees the SAP counselor one on one or in groups. Keeping track of the dates the student attends one on one or group sessions on the back of the form will make it easy to complete this section.

Date Form Finalized: The date all sections of the form are completed prior to final submission of forms to ASAP of VT.

Race/Ethnicity: This data will not appear on the school report; it is for purposes of applying for grants and reporting on a statewide or national level only. Please check one each for race and ethnicity for the student – self identification is sufficient.

Incoming Referral Source: Select the single item that best describes what brought the student to the SAP in the first place.

Issues and Actions

Mark the Five Major Issues: Please select up to five different issues that you discussed with the student as part of the SAP. For students with more than five issues, select the ones that you believe are most significant. To simplify record keeping, you may make hash marks or slashes right next to the issues discussed after meeting with a student. When finalizing the forms, please mark the most significant items and mark them with an X or checkmark in the box to the right of the item.

Mark Substances: Please mark any substances used by the student at any time while involved in the SAP. Prescription drugs being used must be allocated to the appropriate category ie OxyContin, Vicodin, codeine, etc are opiates and should be in the "Heroin/Opiates/Methadone" category rather than in "Other."

Student was screened with a validated & standardized ATOD screening tool: Examples of appropriate screening tools are The Massachusetts Youth Screening Instrument, CRAFFT, or the GAIN short screener. Students in the SAP should be screened for substance use and referred as necessary. Screenings may be done verbally or in written format.

If yes, was referral for substance abuse assessment indicated? If the student was not screened in the previous question, please select "Not screened"

Have Drug/Alcohol/Tobacco Violations Occurred Since Student Entered SAP? If the student was referred to the program for a violation, do not include this initial violation; this refers only to additional violations after the student became involved in the SAP.

In opinion of counselor, has student improved in relation to reasons for Referral to SAP? Use your professional opinion.

In opinion of student, has student improved in relation to reasons for Referral? Use "Unknown" only if this was not discussed at the most recent visit to the counselor.

Referral Section

This section is to determine the issue and outcome of referrals made throughout the school year. Recording the information on the back of the form throughout the school year may be helpful for accurate completion of the form. If a referral was made in the last portion of the school year and there was no time for the student to follow up on the referral select "Other" in the reason column. Complete the grid area **ONLY IF A STUDENT WAS REFERRED**. If a student was not referred for any services on this list, continue down to the last question on the form.

For each referral type for which a referral was made, answer the questions working left to right. For instance, student was referred for substance abuse assessment. Where was the student referred? Answer the question why by selecting most appropriate answer between 1 and 5. Did the student follow up on the referral? Answer yes or no. If the student did NOT follow up, select the best reason between A and F. If the student was referred, did he/she complete activity – for purposes of this form it means that the student went to an appointment to the referred service, it does not mean that the student completed treatment. After the assessment, did the student follow up with the counselor? If a student didn't follow up on the referral, select "N/A"

If no ATOD referrals were made, why not? If the grid section above has no data, complete this question. Please note that if a student was already receiving ATOD treatment when he or she entered the program the counselor would not be making a referral because it would be redundant so select the option **Student in SA Treatment prior to entering SAP**.