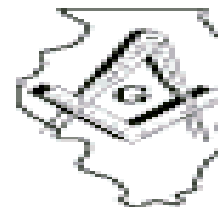


**STUDENT ASSISTANCE PROGRAM  
YEAR -END REPORT 2004**



The Illinois Association of Student Assistance Professionals and the Illinois Masonic Foundation appreciate your dedication to serving students and additional efforts in completing this form.

**Please return this form on or before May 28<sup>th</sup>, 2004 to: Laura Grenda, 1405 Silverthorne Drive, Quincy, IL 62305 or by fax at (217) 222-2173. If you have any questions regarding this form, you may call (217) 222-2113 or e-mail [grendas@adams.net](mailto:grendas@adams.net)**

**Demographics**

School Building Name: \_\_\_\_\_ School District # \_\_\_\_\_

Grades Served: \_\_\_\_\_ County \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

Person completing this form: \_\_\_\_\_

Number of years your SAP has been in place: (please check one)    \_\_\_ 0 to 2    \_\_\_ 3 to 5    \_\_\_ 6 to 9    \_\_\_ 10 or more

If your SAP implements services through the Core team model, please check here. \_\_\_\_\_

If not, please specify your implementation style \_\_\_\_\_

**Referral/Identification Data**

a. \_\_\_\_\_ What is the total number of open cases the SAP continued to serve from a previous year(s)?

b. \_\_\_\_\_ What is the total number of referrals **received** by the SAP during the 2003-2004 school year?  
Of these, how many referrals were made by:

\_\_\_\_\_ staff                  \_\_\_\_\_ parents                  \_\_\_\_\_ students

c. \_\_\_\_\_ What is the total number of referrals **accepted** by the SAP during the 2003-2004 school year?

d. \_\_\_\_\_ What is the total number of cases **served** during the 2003-2004 school year (total of "a" plus "c")

Of the total number of cases served during the 2003-2004 school year, how many were primarily identified for the following reasons?

**Of these: What age were the students at the time of onset (this does not necessarily indicate the age at the time of the referral):**

_____ Behavior reasons	_____ (0-3)	_____ (4-6)	_____ (7-11)	_____ (12-14)	_____ (15-18)	_____ (19+)
_____ Academic reasons	_____ (0-3)	_____ (4-6)	_____ (7-11)	_____ (12-14)	_____ (15-18)	_____ (19+)
_____ Health reasons	_____ (0-3)	_____ (4-6)	_____ (7-11)	_____ (12-14)	_____ (15-18)	_____ (19+)
_____ Attendance reasons	_____ (0-3)	_____ (4-6)	_____ (7-11)	_____ (12-14)	_____ (15-18)	_____ (19+)
_____ Personal relationship reasons	_____ (0-3)	_____ (4-6)	_____ (7-11)	_____ (12-14)	_____ (15-18)	_____ (19+)
_____ Alcohol or drug reasons	_____ (0-3)	_____ (4-6)	_____ (7-11)	_____ (12-14)	_____ (15-18)	_____ (19+)
_____ Grief/loss issues	_____ (0-3)	_____ (4-6)	_____ (7-11)	_____ (12-14)	_____ (15-18)	_____ (19+)

**Student Intervention Plans/Action Plans**

aa. \_\_\_\_\_ What is the total number of school based student intervention/action plans developed?

***Of these:***

\_\_\_\_\_ How many involved moving the referral to Special Education testing?

\_\_\_\_\_ How many included a mentor?

\_\_\_\_\_ How many included a referral to peer mediation?

\_\_\_\_\_ How many included some type of support group within the school?

bb. \_\_\_\_\_ What is the total number of community based student intervention/action plans developed?

***Of these:***

- \_\_\_\_\_ How many were related to alcohol and other drug use/abuse?
- \_\_\_\_\_ How many were related to mental health issues?
- \_\_\_\_\_ How many were related to aggressive and/or violent behavior?

cc. \_\_\_\_\_ Number of parents contacted by phone, letter, or in person as a result of a SAP referral?(Includes multiple contacts made to a single individual.)

**Student Outcome Data**

aaa. \_\_\_\_\_ What is the total number of students for whom a student intervention/action plan was developed that showed progress in any way?

***Of these:***

- \_\_\_\_\_ How many improved his/her behavior?
- \_\_\_\_\_ How many improved his/her attendance?
- \_\_\_\_\_ How many improved his/her health related issues?
- \_\_\_\_\_ How many improved his/her grades?

bbb. \_\_\_\_\_ What is the total number of students for whom a student intervention/action plan was developed that maintained the level at which he/she entered the program? (This does not reflect students from “aaa” or students who declined.)

ccc. \_\_\_\_\_ What is the total number of students who participated in a SAP or prevention program this year? (This number may reflect a single student participating in multiple programs or school-wide program participation.)

ddd. Yes or No (Please circle one) Our Student Assistance Program is integrated with student support systems.

***If yes, please check all that apply:***

- \_\_\_\_\_ Tutoring program, study skills
- \_\_\_\_\_ Grief and loss group
- \_\_\_\_\_ Support group (please specify) \_\_\_\_\_
- \_\_\_\_\_ Mentoring program
- \_\_\_\_\_ Mediation program
- \_\_\_\_\_ Bullying intervention program
- \_\_\_\_\_ After-school program
- \_\_\_\_\_ Other (please specify) \_\_\_\_\_

**Impact of SAP**

aaaa. As a result of our Student Assistance Program: (check all that apply)

- \_\_\_\_\_ School policies have been reviewed and/or revised
- \_\_\_\_\_ Communication has improved between staff/students/parents
- \_\_\_\_\_ Staff attitudes toward helping students improved
- \_\_\_\_\_ Increased access to community resources
- \_\_\_\_\_ Community agencies work collaboratively with our SAP’s efforts
- \_\_\_\_\_ Student Assistance Program is mentioned in the student handbook
- \_\_\_\_\_ Identify at-risk students more effectively
- \_\_\_\_\_ Implement effective intervention/action plans for students
- \_\_\_\_\_ Improve non-core team staff knowledge in identifying at-risk students
- \_\_\_\_\_ Improve non-core team staff knowledge in documenting at-risk students
- \_\_\_\_\_ Improve staff morale
- \_\_\_\_\_ Improve school climate
- \_\_\_\_\_ Increased graduation rate and positive promotion of graduation

**Success Stories**

We would like to hear from a student (no names) how they feel your school’s SAP services have impacted his/her life. (Please attach)