

**MAP**  
**Mercy Assistance Program**  
**Merion Mercy Academy**  
**Referral Form**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Referral Source: \_\_\_\_\_  
Course/Activity: \_\_\_\_\_ Date: \_\_\_\_\_

Have you contacted the parent/guardian? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Describe the nature of the contact? \_\_\_\_\_  
Date(s) of contact: \_\_\_\_\_

Reason for Referral: Must be school-based issues (attendance, academics, behavior, school health).

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**Class Attendance Information:**

Number of days absent from class: \_\_\_\_\_  
Number of days tardy: \_\_\_\_\_  
Number of cutting class: \_\_\_\_\_  
 Withdrew from class  
 Repeated requests to visit the restroom, health office, counselor

**Strengths and Resiliency Factors:**

*Please check all that you have observed about this student.*

able to work independently  
 participates in extra curricular activities  
 works well in a group  
 demonstrates desire/commitment to learn  
 displays good logic/reasoning & decision making  
 exhibits leadership skills  
 can accept re-direction/criticism  
 considerate of others  
 good communication skills  
 cooperative  
 possesses good interpersonal skills  
 displays positive values (responsibility, honesty, equality, caring)  
 recognizes and respects appropriate boundaries and expectations  
 demonstrates constructive use of time  
 helps others  
 is connected to and likes school and staff  
 strives to achieve their best

**Academic Performance Information:**

Present grade in this class: \_\_\_\_\_  
*Please check all that apply to this student's academic performance in this class.*

performing at or above ability  
 performing significantly below ability  
 decrease in participation  
 failure to complete homework (repeatedly)  
 cheating  
 drop in grades  
 failure to complete in-class assignments  
 poor test scores  
 does not take advantage of extra assistance offered/available  
 unprepared for class  
 difficulty retaining new or recent information  
 reading below grade level  
 verbalized disinterest in academic performance  
 easily frustrated  
 daydreams  
 short attention span (*explain specific behavior*)

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other \_\_\_\_\_

**Disruptive Behavior or Illicit Activities:**

*Please check all that you have observed about this student's behavior.*

- verbally abusive
- fighting
- sudden outburst of anger
- obscene language and/or gestures
- hitting, pushing others
- disturbing other students
- denying responsibility, blaming others
- easily distracted
- easily influenced by others
- repeated violation of school/classroom rules
- carrying weapon, beeper, cell phone
- involvement in theft (student reported)
- vandalism (student reported)
- carrying large amounts of money
- selling drugs (student reported)
- indicate the number of detentions assigned \_\_\_\_\_

**Physical Attributes:**

*Please check all that you have observed about this student.*

- noticeable change in weight
  - sleeping in class
  - unsteady on feet
  - complaining of nausea/stomach ache (student reported)
  - glassy/bloodshot eyes
  - unexplained physical injuries
  - poor motor skills
  - frequent cold-like symptoms
  - smelling of alcohol/marijuana
  - slurred speech
  - poor hygiene
  - frequently expressing concern with personal health
  - fatigue
  - disoriented
  - self-injury/self-harm
  - headaches
  - food issues (example: refusal to eat lunch, etc.) *(please explain)*
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**Atypical Behavior:**

*Please check all that you have observed about this student's behavior.*

- associates with younger/older social group
  - openly expresses alcohol and other drug use
  - expresses desire to punish or gain revenge via harmful or deadly means
  - wears drug/alcohol related clothing
  - inappropriate sexual verbalization
  - expresses involvement in the occult
  - expresses involvement in hate groups
  - trouble getting along with peers
  - withdrawn/loner
  - difficulty making decisions
  - expresses hopelessness, worthlessness, helplessness
  - expresses fear or anxiety about \_\_\_\_\_
  - expresses anger toward parent or other authority figure
  - lies
  - criticizes others/self
  - seeks constant reassurance
  - threatens or harasses others
  - cries
  - sleeps in class
  - ethnic intimidation
  - dramatic/sudden change in behavior *(specify)*
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- dresses inappropriately *(please specify)*
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**Home/School/Family Indicators:**

*Please check all that you are directly aware apply to this student*

- runaway/unaccompanied by adult
  - recent divorce or separation
  - job loss of family member
  - refuses to go home
  - recent death of family member or close friend
  - hangs around school for no apparent reason
  - displaced (homeless, living in shelter, living with relatives or friends)
  - living in foster care
  - awaiting foster care placement
  - living with an adult other than natural parent
  - absence of caregiver: *specify* \_\_\_\_\_
  - other stressors: *please explain* \_\_\_\_\_
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In the space below or on the back, please list the types of interventions you have previously tried with the student with regard to items checked above.

Would you like to speak directly with a member of the MAP Team?

- Yes    No