

## STAFFING ACTION PLAN (SAP) SYSTEM OF CARE

### SECTION A: Referral (To Be Completed by Referring School)

Student Name (First and Last):						
Date of Scheduled Staffing:						
DOB:			School:			
Ethnicity:						
Address:						
Phone Number(s):						
Parent/Guardian (First and last):						
Please identify the parent/guardian family role: <input type="checkbox"/> Parent <input type="checkbox"/> Step-Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other:						
Parent Email:						
Insurance (Include Type if Medicaid):						
Please identify the criteria used for this referral (check all that apply):						
Criteria	<input type="checkbox"/> 5 or more discipline referrals	<input type="checkbox"/> 5 or more OSS days	<input type="checkbox"/> 5 or more unexcused absences	<input type="checkbox"/> School based Probation and FAST Panel Referrals	Trauma: <input type="checkbox"/> Abandonment <input type="checkbox"/> Bullying	<input type="checkbox"/> Loss of Parent <input type="checkbox"/> DFACS <input type="checkbox"/> Abuse
↓	↓	↓	↓	↓	↓	↓
Goals	Reduce Discipline Referrals	Reduce OSS days	Reduces Absences	Successfully Complete Probation	Assess and Address Trauma	
<i>Additional Goals and Objectives TBD and Outlined by Identified Provider (at bottom of this page) in their treatment plan.</i>						
Upon completion of this section please email form to Elise Arnold at <a href="mailto:elise.arnold@co.clayton.ga.us">elise.arnold@co.clayton.ga.us</a> and cc: Deborah Stone at <a href="mailto:deborahstone00@gmail.com">deborahstone00@gmail.com</a> <b><i>In addition please bring a copy of student's attendance, discipline, and grades to staffing.</i></b>						

### Section B: Staffing (To Be Completed by SOC Staffing Facilitator):

Date Staffing Held:					
Court Involvement:		<input type="checkbox"/> Y <input type="checkbox"/> N	Court Information:		
Identified Strengths:					
Identified Assets:					
Primary Problem:					
Identified Presenting problems as indicated during staffing (Family and Individual):					
1.					
2.					
3.					
4.					
5.					
<b>Identified Service Provider(s)</b>					
<input type="checkbox"/> GH	<input type="checkbox"/> NHBC	<input type="checkbox"/> T4T	<input type="checkbox"/> CAMD	<input type="checkbox"/> HTNH	
Begin Services 14 days Post staffing:			Select Date		
First Progress Summary Due: <i>Note: Progress Summaries are due by the last business day of each month.</i>			Select Date		
Email Asset Development Scale and Adolescent Decision Making Questionnaire to Deborah Stone 30 days post staffing:			Select Date		

Note: School Counselor, Provider(s), and SOC Administrative team will work together in determining Re-Staffing or Exit date.