



Student Assistance Referral Form

Please complete this form and place it in an envelope marked "CONFIDENTIAL." Drop off to a member of the school's Student Services team.

Name of Student: _____
Student's School: _____
Student's Grade: _____ Date: _____
Referring Person: _____ <i>Your name will be kept confidential.</i>

Reason for Concern (Check all that apply. Please share detailed information.)

- Academic performance
- Attendance
- Destructive behaviors**
- Negative attitudes
- Signs/Symptoms of alcohol and other drug use
- Possible eating disorder
- Difficulty with peers and/or social interactions
- Depressed; anxious; isolated; frequent mood swings (circle)
- Change in physical appearance
- Family/living situation
- Health Concerns Specify: _____
- Other concerns: _____

*** Destructive behaviors can include bullying/intimidating, written or spoken expressions of violence, violent or aggressive actions, or other violence problems.*

Please describe the current problem, including your concerns:

Please place it in an envelope marked "CONFIDENTIAL." Label for your school SST or IIT team and give to your school counselor, school psychologist, school nurse, or administrator.