

Student Assistance Program Referral Form

If you have a concern about a student using alcohol or other drugs or in need of other counseling services, please complete and return this form to Student Assistance Counselors, **Raymond Branca** (student's last names ending in A-M) or **Kathleen Ketofsky**(N-Z).

If you believe that the student is currently under the influence of a substance at this time, you must contact the Principal or designated Administrator immediately.

NAME OF REFERRING STAFF MEMBER: _____

NAME OF STUDENT/ID #: _____

DATE: _____

REASON/CONCERN FOR REFERRAL:

HAVE YOU HAD ANY CONTACT WITH THE PARENT? If so, please describe:

HAVE YOU TALKED WITH THE STUDENT ABOUT YOUR CONCERN? If so, please describe:

ARE YOU COMFORTABLE WITH THE STUDENT KNOWING THAT YOU REFERRED THEM?

___ YES

___ NO

Thank you for taking the time to make this referral. If you checked "No" we will protect your confidentiality. Please note that our meetings with students are confidential due to Federal Regulations.