

# Student Assistance Program

## Confidential Referral Form

Student Name \_\_\_\_\_ Grade: \_\_\_\_\_

Reason for Concern: (Check all that apply)

\_\_\_\_\_ Drop in academic performance

\_\_\_\_\_ Increased absence from school

\_\_\_\_\_ Destructive behavior against others or self

\_\_\_\_\_ Signs of alcohol and other drug use

\_\_\_\_\_ Change in friends

\_\_\_\_\_ Depression, anxiety, mood changes

Concerns:

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\_\_\_\_\_  
Signature (not required)

\_\_\_\_\_  
Date

After completing this form, enclose in a sealed envelop marked "Confidential" and place it in the Student Assistance Team leader at the school the child attends. Please [click here](#) to see list of school team leaders.