

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 or other drug use

_____ Change in friends

_____ Depression, anxiety, mood changes

Concerns:

Signature (not required)

Date

After completing this form, enclose in a sealed envelope marked "Confidential" and place it in the Student Assistance Team referral box or see the team leader at the school the child attends. The completed form may also be emailed as an attachment to Sharon Grose, Assistant Supervisor, Drug Prevention Education at **Sharon.Grose@hcps.org**