

Student Support Services  
Referral Form

Priority Level
Low (meeting within 2 weeks)
Moderate (meeting within 1 week)
High (meeting within 24 hours)

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Referred by: \_\_\_\_\_ Date: \_\_\_\_\_

Parent /Guardian Notified: \_\_\_\_\_

Parent contact #: \_\_\_\_\_

Address: \_\_\_\_\_

Reason for Referral:

- |                                                                       |                                |
|-----------------------------------------------------------------------|--------------------------------|
| _____ Academic Problems                                               | _____ Anger Management         |
| _____ Behavioral Problems                                             | _____ Poor Peer Relationships  |
| _____ Unexplained Frequent Absences                                   | _____ Physical/Health concerns |
| _____ Mental Health Concerns (sudden changes in mood, attitude, etc.) |                                |
| _____ Family Changes (death, divorce, etc.)                           |                                |
| _____ Other- Please explain:                                          |                                |

\_\_\_\_\_

\_\_Please submit to the appropriate Student Support Services Committee Member: (Fetcho,  
Lueke, Storey)