



Derry Township School District
Homestead Road, Hershey, PA 17033



**HERSHEY INTERVENTION & PREVENTION PROGRAM
REFERRAL**

CONFIDENTIAL

TO: Hershey Intervention and Prevention Program (HIP)

DATE: _____

STUDENT: _____

GRADE: _____

REASON FOR REFERRAL: Please list any observable behaviors or actions you have seen that are a concern to you.

PLEASE RETURN TO THE ATTENTION OF ANY OF THE FOLLOWING:
Lisa Sviben Miller (Director of Safe & Supportive Schools), Building Principal,
School Counselor, or any HIP Team Member

FROM: _____

(Please note: This is optional - you may submit this form anonymously). Thank you.