

CENTRAL DAUPHIN HIGH SCHOOL
STUDENT ASSISTANCE PROGRAM

CONFIDENTIAL REFERRAL FORM

Please note – **Emergency** situations should be brought to the attention of an administrator or school counselor right away.

TO: Student Assistance Team (return to L. Johnson in main office)

FROM: Click or tap here to enter text.

DATE: Click or tap to enter a date.

STUDENT: Click or tap here to enter text. Grade: Choose grade.

REASON(S) FOR CONCERN (circle or check box)

☐ Mental Health ☐ Drug/Alcohol

Reason for Concern: (please list specific behavioral observations)

Click or tap here to enter text.

*Please return this referral form in a sealed envelope to L. Johnson in the main office.

*If you have any questions, see a SAP team member. K. Eisenhower is the SAP team leader.