Downingtown High School East Campus
Home of the Cougars
50 Devon Drive • Exton, Pennsylvania 19341 • Phone: 610-363-6400 • FAX 610-903-1047

STUDENT ASSISTANCE SERVICE STUDENT REFERRAL FORM

CONFIDENTIAL

Please place in the S.A.S. mailbox in the guidance office.

Date:_____

Student's Name:_____Grade level:_____

Your Name:_____

Reason for Referral: Must be for school-based issues (attendance, academics, behavior, school health)

Observed Behaviors: Must be specific and descriptive.

Have you discussed this concern with the student's parent? **Yes or No**

Have you discussed this concern with the student's counselor? **Yes or No**
(If you haven't done so already, please discuss this concern with the student's counselor.)

Do you give permission for your name to be used when speaking with the referred student? **Yes or No**

If you have any questions about this form, please consult an S.A.S. team member.