



**Derry Township School District Homestead**  
**Road, Hershey, PA 17033**

**STUDENT ASSISTANCE PROGRAM REFERRAL**

**CONFIDENTIAL**

TO: Dr. Dee Stalnecker, Student Assistance Program

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:**  
**Shauntae Iachini (Director of Supportive Schools), Building Principal, School  
Counselor, or any SAP Team Member**

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**Your Name:**

**\*Including your name is optional and you may submit this form anonymously.**

**Thank you**