Student Substance-Use Referral
TUPE Program

| Student Name: | Grade: | Date: |
|---|---|---|
| School: | Referred By: | |
| The referral for the above-named student is for: (Check all that apply)<br><br>__ Vaping Devices __ Cigarettes __Chewing Tobacco<br><br>__ Cannabis __ Possession on Campus __ Other: | | |

Please Fax or email form to: Elizabeth Riggall, Coordinator of TUPE
530-842-8437
eriggall@siskiyoucoe.net

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## Cessation Instructor's Report
(Copy returned to referring party)

| To: | Date: |
|---|---|
| Thank you for referring the above-named student. The following actions have been taken:<br><br>○ Student was enrolled in a cessation/intervention course and completed ___ of ___ sessions.<br>○ Student has moved and has not completed sessions.<br>○ Student has been a no-show and/or refused to attend sessions. | |
| Notes (if any): | |
| Cessation Instructor: | Phone: |