

**Northern Lehigh Middle School  
Student Assistance Program**

**REFERRAL FORM**

Student's Name: \_\_\_\_\_

Teacher/Grade: \_\_\_\_\_

Date: \_\_\_\_\_

Referred by: \_\_\_\_\_

Reason(s) for referral:

\_\_\_\_\_ Suspected child abuse/neglect      \_\_\_\_\_ Gender Identify Issues

\_\_\_\_\_ Witness to (or victim of) traumatic event

\_\_\_\_\_ Behavior      \_\_\_\_\_ Drugs/Alcohol

\_\_\_\_\_ Physical Appearance      \_\_\_\_\_ Attendance

\_\_\_\_\_ Poor/Inappropriate Peer Relationships

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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