

**Northern Lehigh High 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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