

CONFIDENTIAL



Student
Assistance
Team
Uniting
Susquenita

Susquenita High School
309 Schoolhouse Rd.
Duncannon, PA 17020-9540
(717)957-6000 option #3

**SUSQUENITA HIGH SCHOOL
REFERRAL FORM**

TO: STUDENT ASSISTANCE TEAM

DATE: _____

STUDENT: _____ GRADE: _____

REASONS FOR CONCERN:

Please return to the Student Assistance Team, Main Office, Guidance Office (Via Sealed or interoffice envelope, or Library & Faculty Room - in the boxes).

Please return in an envelope to ensure confidentiality.



DATE: _____

Thank you for the referral to the Susquenita High School Student Assistance Team (StATUS). We will take your concerns to the case management forum to informally round out the profile of this student's behavior. The intervention process will then begin. We then may ask for your input by filling out a behavioral data form.

Although all information is confidential, the team appreciates your effort to make a difference in the lives of our students.

Thank you for your participation in this process.

Student Assistance Team

**Emergencies require crisis intervention procedures to be followed – Emergency Handbook, Pages 2.15, 4.16, and 4.17.

Relationship to student: Please circle:

- | | | | |
|----------------|-----------------------|----------------|-------|
| Administration | Teacher | Counselor | Nurse |
| Parent/Family | Friend | Outside Agency | Self |
| Anonymous | Other School Employee | | |

SAP REFERRAL PROCESS FLOW CHART

