

PROJECT SUCCESS

Alcohol & Other Drugs Prevention and Intervention Services

REFERRAL FORM

Date: _____

Student's Name: _____ Grade: _____

Address _____

Phone: _____(home) _____(work) _____(cell)

Referring Persons Name: _____

Relationship to Student: _____

Is the student aware of the referral? yes No

May we disclose that you made the referral when we meet with the student?
 yes, you may disclose my name no, please keep my name confidential

REASON FOR REFERRAL: (use back if more room is needed)

suspect disclosed information to me mandatory (administration) at-risk

PREVIOUS INTERVENTIONS WITH STUDENT:

*Please place referrals in my mailbox in the front office.
Thanks for your concern for this student.
Mike Guisleman, Project SUCCESS Counselor*

