



*Lancaster County Career & Technology Center
Brownstown Campus
Mount Joy Campus
Willow Street Campus*

REFERRAL FORM

Referrals to the Student Assistance Team can be made by faculty, parents, friends, or by students themselves. The person's name making the referral will be kept confidential; however, follow-up information may need to be made. If you feel that the student you are referring is in crisis, please contact the school nurse or one of the guidance counselors immediately.

After filling out the referral form, please return it to the school nurse or one of the counselors. This form may be folded and stapled, taped shut or placed in a sealed envelope to ensure privacy. If a student is filling out this form, please fold it and give it to one of the office secretaries to place in the mailbox of either the nurse or counselors.

Please refer to the SAP brochure for more information or talk to an SAP TEAM member.

TO: STUDENT ASSISTANCE TEAM

REFERRED BY: _____

DATE: _____

STUDENT'S NAME: _____

GRADE/PROGRAM: _____

REASON FOR REFERRAL: _____

Thank you for your referral to the Student Assistance Team. We will discuss your concerns at a Student Assistance Team meeting as soon as possible. If formal data collection is necessary, we will contact you for your input and ask you to fill out an observation form. Thank you for your cooperation and participation in this process.