

Intervention Specialist Referral Form

Steps for referrals:

- 1) Complete this form
- 2) Fold this form in half
- 3) Bring completed form to:
 - a. Sara Lasker's mailbox—along the lower left wall
 - b. Sara Lasker's office—room 131
 - c. Debbie Mehaffey —to place in a confidential folder
- 4) Please do not email student referrals/information
- 5) For additional questions:
 - a. Call x6013 to leave a confidential voicemail
 - b. Stop by office 131

Staff Name (or Employee ID number): _____

Student Name: _____

Reason for Referral:

Does the student know about the referral? YES___ NO___

Did a parent request the referral? YES___ NO___

May your name be used? YES___ NO___

Do you suspect drug/alcohol use by this student? YES___ NO___

If yes, briefly list indicators (eyes, odors, mood swings, talk, or additional information):

Do you suspect drug/alcohol abuse in the home? YES___ NO___

Due to federal laws, HIPAA and FERPA regulations, most matters regarding students cannot be discussed.