Substance Use Prevention Program

Referral Form

Date Referred: __________________________

Student Name: ___________________________________________ ID #: __________________________

Parent/Guardian Name: __________________________ Phone #: __________________________

Has the parent/guardian been contacted? ☐ Yes ☐ No

Referred by: __________________________________________ Phone #: __________________________

Reason for referral: __________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

All students will be assessed and placed in the appropriate program, regardless of suggested placement. If a student
requires more in-depth or different services/support offered by the SUPP program, the student will be referred out to the
appropriate service.

☐ Socio-Emotional Support

☐ Substance Use/Abuse Services (7 Challenges/Brief Challenges)

Athlete: ☐ Yes ☐ No

If suspended, return date is: __________________________

*If applicable, attach suspension notice

☐ Anger Management and Support (Youth Alternatives to Violence Program)

If suspended, return date is: __________________________

*If applicable, attach suspension notice