



**community  
human services**  
hope. help. here.

## 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**