

Jamestown High School  
3751 John Tyler Hwy  
Williamsburg, VA 23185

## Confidential Referral Form

To: Student Assistance Program (SAP)

Referred by: \_\_\_\_\_ Date: \_\_\_\_\_

Student: \_\_\_\_\_ Grade \_\_\_\_\_

Reason for referral: please provide specific, descriptive, observable and factual information (a referral does not require concerns in all four areas):

Academics:

Behavior:

Health:

Attendance:

**Special note: emergencies such as suicide threat, overdose, or medical emergencies require immediate referral to the principal, school counselor, assistant principal, or school nurse**

*Please place the completed form in a confidential envelope in the SAP mailbox*