



Student Referral Form

School Name: _____ Referral Date: _____

School Contact Name/Title/Position: _____

School Contact Phone Number/E-mail: _____

I, as a school staff member, have discussed my concerns with the parents/guardian and verbal permission was given to make this referral

Referring Staff/Signature: _____

Student Name/and/or preferred Name: _____ Date of Birth: _____

Sex/Gender/Preferred Pronouns: _____

Parent/Guardian/Caregiver Name/Information: _____

Telephone Number/and E-mail information: _____

Home Address: _____

Primary Language (both student/guardian): _____

Reason for Referral:

- Truancy
- Behavioral Change
- Decline in Academic Performance
- Substance Use
- Victim of Abuse
- Other General Concerns

Please provide further explanation for any boxes checked:

For any emergency concerns regarding the immediate safety of a student or the safety of others, please contact our 24/7 Southern Arizona Crisis Line 866-495-6735 to activate mobile team response

School personnel – please send completed forms to school.referrals@hhwaz.org