

FRANKLIN COUNTY ELEMENTARY STUDENT ASSISTANCE PROGRAM STUDENT REFERRAL FORM

CONFIDENTIAL

Date: _____

Name of student being referred: _____ Grade: _____

Name of school the student attends: _____

Please note, ***emergency situations*** should be IMMEDIATELY brought to the attention of a ESAP Team Member, School Administrator, OR School Counselor (if in school). Otherwise, contact 911 or Crisis Intervention (toll-free at 866-918-2555) for emergency situations.

Please check areas of primary concern:

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Behavior | <input type="checkbox"/> Academic | <input type="checkbox"/> Discipline |
| <input type="checkbox"/> Social/Relational | <input type="checkbox"/> Psychological | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Physical | <input type="checkbox"/> Health/Medical | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Activities | <input type="checkbox"/> Family | _____ |

Reasons for concern: _____

Name of person making this referral: _____

Your phone number(s): Home: (____) _____; Cell: (____) _____

Your email address: _____

**** Please return this form in a SEALED envelope directly to a School Administrator, School Counselor, School ESAP Team Member, or to the HCP office (232 Lincoln Way East, Suite B, Chambersburg, PA 17201).**