

LONGVIEW SCHOOL

"Turning Walls Into Doors"

Student Support Team Referral Form

Student's Name: _____

Teacher's Name: _____ Period: _____ Date: _____

Need to speak to counselor: (Mark all that apply.)

- Attendance
- Academics (scheduling issues, graduation plans, transcripts review, etc.)
- Individual Counseling
- Physical/ Sexual Abuse
- Grief
- Health and Wellness Issues
- Meeting (teacher/student, Parent/Student/Teacher, Student/Student
- Bullying
- Being Bullied
- Other _____

Description of observed behavior:

location, time, and date.

- J. Britt -MS Counselor
- G. Miranda – Dean of Students/HS Counselor
- S. Harrell - School Social Worker
- T. Cannady- School Psychologist

Please allow a 24 hour period for status report.

****If student has made a threat to harm himself or others, please seek immediate assistance from a Student Support Team Member.****