

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