

Palmerton Area Junior/Senior High School  
Student Assistance Team  
Referral Form

CONFIDENTIAL

Student Name:  
Grade:  
Date:  
Referred by (Optional):

REASON FOR REFERRAL

Please check all that apply and briefly elaborate. Please make sure all comments are objective.

	Behavioral	
	Academic	
	Familial	
	Social	
	Psychological	
	Other	

Please return this form to the Guidance Office in a sealed envelope.