

CONFIDENTIAL..... CONFIDENTIAL

INDEPENDENCE MIDDLE SCHOOL
STUDENT ASSISTANCE TEAM REFERRAL

TO: Student Assistance Team

FROM: _____

DATE: _____

STUDENT: _____

GRADE/TEAM _____

HOMEROOM _____

REASON FOR REFERRAL (Observed behavior)

PREVIOUS ACTIONS TAKEN TO RESOLVE THE PROBLEM (Parent contacts, classroom adaptations, contracts, etc.)

Please return in a **sealed envelope** to the Student Assistance Team mailbox.
Please mark envelope **“CONFIDENTIAL”**.