

**Glendale Unified School District  
Help Referral by an Adult**

*We recognize that you may be concerned about a student at your school. By providing us with the information below, we will be able to address your concern. Please complete this form and place it in a sealed envelope and give it to the clerk in the school office. All information given verbally or written will be kept in the strictest confidence. Thank you for caring.*

Today's Date: \_\_\_\_\_ Time of Day: \_\_\_\_\_

Reported by: \_\_\_\_\_ Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Room Number or Location: \_\_\_\_\_

**Name of Student:** \_\_\_\_\_  M  F Grade \_\_\_\_\_

Student ID # \_\_\_\_\_ Do you know a family contact person?  Yes  No

Contact Person's Name & phone \_\_\_\_\_  Work  Home

Date of Occurrence: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Statement of problem or concern:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Continue on reverse side if needed)

**Is the student an immediate danger to self or others?**  Yes  No  Unknown

Please indicate your level of concern:

Immediate Action Needed  Moderate Need  For Your Information

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For Office Use Only

Actions Taken:

**Primary Referral to:**  AP  SRO  Counselor  Other: \_\_\_\_\_

Print Name & Sign: \_\_\_\_\_ Date: \_\_\_\_\_

**Secondary Referral to:**

SRO  Verdugo Mental Health  School Psychologist  DCFS  Crisis Intervention Team

Healthy Start  School Counselor  Health Office  Other \_\_\_\_\_

Print Name & Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Feedback to Initial Referrer by \_\_\_\_\_ Date: \_\_\_\_\_

Parent Contact (If appropriate) made by \_\_\_\_\_ Date: \_\_\_\_\_