

**Glendale Unified School District
Help A Friend**

Dear Student:

We recognize that you may be concerned about a fellow classmate. 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 a trusted adult or a clerk in your school office. All information given verbally or written will be kept in the strictest confidence. Thank you for caring.

Please print.

Today's Date: _____ Time of Day: _____

I am concerned about (print the person's name) _____

Male Female

Grade: 9 10 11 12

I am concerned about this person because:

(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

Name or Student ID Number of person making this referral: _____

(Name is optional, but recommended)

The school will not reveal your name to the referred student, but we would like to be able to contact you if we have questions.

Relationship to person: _____

(For example: close friend, acquaintance, classmate, teammate, neighbor)

Please take this form in the sealed envelope to a trusted adult or a clerk in your school office.

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: _____