



# Lower Merion School District

301 East Montgomery Avenue + Ardmore, PA 19003-3399

Phone: 610-645-1800 + Fax: 610-658-8772 + [www.lmsd.org](http://www.lmsd.org)

## CONFIDENTIAL REFERRAL FORM

To: START (Student Assistance Referral Team)

From:

Date:

Student:

Grade:

Reason for Referral: Please provide specific, observable, and factual information. (A START 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 you School Counselor.

---

Please complete this form and place it in one of the following locations:

- In a confidential envelope in the Mental Health and Wellness Counselors' Mailbox
- In the START box located in the Nurse's Office
- In the START box located in the Student Services Office