



Lower Merion School District

301 East Montgomery Avenue ♦ Ardmore, PA 19003-3399
Phone: 610-645-1800 ♦ Fax: 610-658-8772 ♦ 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):

Academic:

Behavior:

Health:

Attendance:

Special Note: Emergencies such as suicide threat, overdose or medical emergencies require immediate referral to a principal or designee.

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

- In a confidential envelope in Stephanie Brett's Mailbox
- In the START box located in the Nurse's Office
- In the START box located in the Library
- In the START box located in the Student Services Office

Revised: 10/2010