

S.O.S.
ELCO High School
Supporting Our Students
Referral Form

****CONFIDENTIAL****

Date _____

Student being referred _____ **Grade** _____

Relationship to referred student: Teacher Parent/guardian Relative Friend Self
(Circle one)

Reason(s) for this referral: (Check all appropriate areas)

_____ Academic Performance	_____ Physical Symptoms
_____ School Attendance	_____ Illicit Activities
_____ Disruptive Behavior	_____ Home Problems
_____ Atypical Behavior	_____ Other (Please explain)

Comments: Please include any additional information you feel may be helpful to the S.O.S. Team. Thank you for your time and concern.

Please seal this paper in an envelope and return to any member of the S.O.S. Team listed below. Thank You!

Tom Eberly	Pat Weaver
Mark Evans	Jen Haas
Edward Felty	Chuck Harrison
Kerry Klinger(MH/MR)	Chris Heft
Donna Kurtz	Laurie Zimmerman
Robert Miller	

