Delone Catholic High School
TASC Referral Form
Pennsylvania State Student Assistance Program

To: Student Assistance Team

From: _____ **Date:** _____

Student Name: _____ **Grade:** _____

Please check the most appropriate general area of concern prompting this referral:

- ☐ A. Possible behavioral issues
- ☐ B. Possible academic issues
- ☐ C. Both A and B
- ☐ D. Other _____

If you are one of the student's teachers, please indicate if you:

- ☐ Have discussed your concerns with the student. Please comment on the results of this discussion:

- ☐ Have discussed your concerns with the parent(s)/caregiver(s). Please comment on the results of this discussion:

Please feel free to add any additional information you feel is important for the Student Assistance Team to know regarding the reason for this referral. *(optional)*

Please return this referral to the mail drawer of Kate Ressel. Thank you!