

**Rangeley Lakes Regional School  
Student Assistance Team  
Referral Form**

Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Person making referral: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Referral Date: \_\_\_\_\_

**Reason for referral:** \_\_\_\_\_

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**Tier 2 ~ Interventions tried (and result):** \_\_\_\_\_

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**Are your concerns primarily:**

\_\_\_\_\_ Academic

\_\_\_\_\_ Behavioral

\_\_\_\_\_ Social

\_\_\_\_\_ Physical

**Was the parent informed of this SAT referral:** \_\_\_\_ YES \_\_\_\_ NO

(please note parent concerns, observations, or suggestions on back of this form)

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**FOR SAT USE: This referral was:**

\_\_\_\_. **Accepted (date \_\_\_\_\_)**

*Case Manager* \_\_\_\_\_.

*Meeting date to decide action plan* \_\_\_\_\_

\_\_\_\_. **Not accepted (date \_\_\_\_\_)**

*Reason:* \_\_\_\_\_

*Referred to other resource:* \_\_\_\_\_