Rangeley Lakes Regional School
Student Assistance Team
Referral Form

Student: _______________________________________________ Grade: ________

Person making referral: ________________________________________________

Relationship to student: ______________________________________________

Referral Date: ______________________________________________

Reason for referral: ______________________________________________

________________________________________________________________________
________________________________________________________________________

Tier 2 ~ Interventions tried (and result): ________________________________

________________________________________________________________________
________________________________________________________________________

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:____________________________________

REVIEWED: 9.18.2023