



Tri-County Behavioral Care
172 Woodport Road, Suite E, Sparta, NJ 07871
3155 Rt. 10 East, Suite LL100, Denville, NJ 07834
973-691-3030 Ext. 1 Fax: 973-726-4545 tcbllc.org

SCHOOL DISTRICT REFERRAL FORM

Name of Student	
DOB	
Referring School	
Referring District	
School Address	
Phone	
Fax	
Name & Title of Person Making Referral	
Email and/or Fax to Send Completed Assessment:	

School Clearance Assessment

Substance Abuse Evaluation

Reason for Referral: Please include all pertinent information regarding student's substance use and any written material by student and reports by staff regarding the incident. Include date and time incident occurred:

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History & Additional Information: (including any changes in behavior, academic performance, family, dynamics, agencies involved with student/family, known mental health or substance abuse concerns in the past, past school clearance assessments needed):

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Signature of Referring Person

DATE