

Referral for Assessment

The following student is being referred for a chemical dependency assessment. This assessment is one of the terms of compliance required by Jordan School District Policy AS90 for a **repeated use violation, possession violation or any distribution violation.**

Student Last Name	Student First Name	Student Birthdate	Student Number
School		Referring School Administrator	
Parent/Guardian Last Name		Parent/Guardian First Name	

Parent/guardian may select another licensed agency; however, regardless of the agency selected, the associated fees are the responsibility of the parent/guardian.

I authorize the release of my child's information received during the assessment to Dara White, Student Support Services, Jordan School District, from the following agency (all information will remain confidential):

Referring Agency (free of charge to those who qualify)	Alternative Agency (guardian responsible for fees)
Salt Lake County Division of Youth Services 8781 South Redwood Road, Building #3 West Jordan, Utah 84088 (385) 468-4610	Name: Address: City, Zip: Phone:

Parent/Guardian: Please call the agency as soon as possible to schedule your student's assessment.

Parent/Guardian Signature

Date

Student Signature

Date