

Referral For Assessment

Jordan School District
7387 S. Campus View Drive, West Jordan 84084-5500
OFFICE 801-567-8326 FAX 801-567-8061

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

Name _____ Student Number _____

School _____

Grade _____ Referring School Administrator _____

Parent may choose another licensed agency; however, regardless of the agency chosen, the associated fees are the responsibility of the parents. The results of the assessment must be directed to Jordan School District in care of Sharon Jensen, Consultant, Student Support Services. All information will remain confidential.

I authorize the release of my child's information received during the assessment.

Parent Signature

Date

Student Signature

Date

Salt Lake County
Division of Youth Services
8781 South Redwood Road Building #3
West Jordan, Utah 84088
(385) 468-4610

Name, agency, address, phone # for alternative agency

Please call to schedule your assessment soon as possible in order for your student return to school on time.

Our services are free of charge.
We accept Medicaid.

All other insurance can be staffed on an individual basis.