

## Confirmation of Drug and Alcohol Assessment

(To be filled out by Agency)

Name & Address of Agency

**To Jordan School District:**

I have conducted an assessment of the chemical dependence of this student in my office today. (Jordan School District does not require the actual assessment. We need this form only to verify the assessment was completed.)

**Student Name** \_\_\_\_\_

**Date** \_\_\_\_\_

**Doctor/Therapist Signature** \_\_\_\_\_

Please fax to: Sharon Jensen or Dara White, Jordan School District at 801-567-8061

-or-

Email to: [sharon.jensen@jordandistrict.org](mailto:sharon.jensen@jordandistrict.org) or [dara.white@jordandistrict.org](mailto:dara.white@jordandistrict.org)

-or-

Mail directly to: Dara White, Student Support Services

Jordan School District  
7387 S. Campus View Drive  
West Jordan, UT 84084