

Lancaster Mennonite School  
Lancaster Campus

**CONFIDENTIAL**

**Assistance Core Team Referral Form**

Referral of students to the Assistance Core Team (ACT) must be based on behaviors that you have OBSERVED. A referral cannot be based on your opinion or your feelings. Please describe the behavior of concern in as much detail as you can. Remember to use descriptions. This process is confidential and protects the rights of students and their families. **If this is an emergency situation involving the health, safety and welfare of a child, please observe the school policy and contact your building administrator.**

TO: Lancaster Mennonite School ACT Program

REFERRED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

STUDENT BEING REFERRED \_\_\_\_\_ GRADE: \_\_\_\_\_

Area(s) of Concern: (Please check all that apply)

_____ Behavior	_____ Activities	_____ Family
_____ Social	_____ Academic	_____ Psychological
_____ Physical	_____ Health/Medical	_____ Other (please explain)

What observable behaviors have you seen with this student?

*Please return this form in a sealed envelope marked Assistance Core Team to the main office. Do not place in mailboxes. Thank you for sharing your observations.*

**CONFIDENTIAL INFORMATION**