

## Substance-Use Student Referral



From: \_\_\_\_\_  
Name

Date: \_\_\_\_\_

Re: \_\_\_\_\_  
Student Name/Grade

\_\_\_\_\_ School Site

The referral for the above named student is for: *(check all that apply)*

- Cessation/Intervention       Possession on Campus       e-cigs/vaping device  
 Cigarettes       Chew       Marijuana       Other: \_\_\_\_\_

**Please fax this form to Anna Hanisko at 842-8437 - or - email to [ahanisko@siskyoucoe.net](mailto:ahanisko@siskyoucoe.net)**

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### Cessation Instructor's Report (Return copy to referring party)

To: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for referring the above named student, the following actions have been taken:

- Student has been enrolled in a cessation course and completed \_\_\_\_ of \_\_\_\_ sessions.
- Student has moved and has/has not been referred for cessation follow-up.
- Student has been a no-show and/or refuses to attend mandated sessions. Follow-up is needed by school administrator.

Sincerely,

\_\_\_\_\_, Cessation Instructor

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_