



# Student Assistance Concern Form

**I am concerned about:**

Name of Student: \_\_\_\_\_

Grade: \_\_\_\_\_

Reason for Concern: (Check all that apply)

- Drop in grades
- Increased absence from school
- Destructive behavior against others or self
- Negative attitudes
- Signs of possible alcohol/other drug use
- Change of friends
- Depression, anxiety, frequent mood swings
- Bullying others
- Victim of Bullying
- Display of violent behavior
- Other concerns/comments:

---

---

---

---

\_\_\_\_\_  
Signature (optional)

\_\_\_\_\_  
Date

*After completing this form, place it in an envelope marked "**CONFIDENTIAL**" and place it in a designated Student Assistance box in the Rockville High School Counseling Office, Health Room, or Library. You may also submit this form via E-Mail to:*

*Thomas\_A\_Rea@MCPSMD.org*