



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 Magruder High School Main Office, or Health Room . You may also submit this form via E-Mail .*