

PRIORITY: ___ Low (schedule when available) ___ High (schedule as soon as possible) ___ Urgent (see now)

Concerns Referral Form

Person of Concern: _____ Date: _____

Grade: _____ Dorm _____

Name of person making referral: _____

___ Teacher

___ Parent

___ Dorm Parent

___ Student Health

___ Student/Friend

___ Other: _____

Briefly describe your reason(s) for referring this person (please include as many details as possible - dates, frequency, location, and description of event):

Is there any additional information you feel would be helpful to communicate?

Thanks for letting us know about this need.

Kindly email this form to the following email you think is appropriate:

Counseling: counselor@rva.org

Child Safety: childsafety@rva.org

Dorm Concerns/Discipline: deanmen@rva.org or deanwomen@rva.org

Academic Concerns/Discipline: principalhs@rva.org

Titchie Concerns: principalelem@rva.org

If this is an emergency, contact

Counseling: 0796 114 525

Dean of Men: 0733 333 733

Dean of Women: 0733 633 083