



**If this is an emergency, contact one of the following:**

Counselor on Call-0796114525 / Dean of Women (Emily Wiarda)-0715472542

Dean of Men (Brian Matchell)-0791444742 / Child Safety Coordinator (Bobbie Grimes)-0725068966

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 [hubcoordinator@rva.org](mailto:hubcoordinator@rva.org)