

**WEBER SCHOOL DISTRICT SUBSTANCE ABUSE SCREENING REFERRAL  
AGENCY: WEBER HUMAN SERVICES**

Mail or fax the completed form to Weber Human Services (in care of: Specialized Family Services Team). To make an appointment, call 801-625-3738.

237 26th Street  
Ogden UT 84401  
Fax 801-778-6817

Today's Date: \_\_\_\_\_  
Appointment Date: \_\_\_\_\_  
Appointment Time: \_\_\_\_\_

\_\_\_\_\_(has been referred) / (voluntarily agreed) to obtain a drug/alcohol assessment and, if deemed appropriate, services.

Reason for referral: \_\_\_\_\_  
\_\_\_\_\_

**School Administrator's Information:**

Name: (Please Print) \_\_\_\_\_ School: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Signature: \_\_\_\_\_

**CONSENT TO RELEASE INFORMATION**

I, \_\_\_\_\_, having been informed concerning the current Federal Confidentiality Regulations, hereby consent to the release of the screening information to: Weber School District Officials

I, voluntarily allow Weber Human Services to disclose the following recommendations. No threat or other coercive measures have induced me to sign this consent. I understand that this information will not be forwarded to anyone other than those persons with whom I am working in the school and/or the district Student Services Office without my written permission.

I may revoke this Consent to Release Information at any time, with written notice. If I do not revoke it earlier, this document will be null and void on: \_\_\_\_\_

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

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Member/Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTIFICATION OF FINDINGS AND RECOMMENDATIONS:**

**SCREENING SUMMARY:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RECOMMENDATIONS:**

Parent Teen Alternative School \_\_\_\_\_

Drug and Alcohol Counseling \_\_\_\_\_

Other (Specify) \_\_\_\_\_

Date services will begin: \_\_\_\_\_

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

**DISTRIBUTION** - Weber Human Services will provide a copy of this completed form to the following: the referring school official, the student, the parents, and district Student Services.

\*Weber School District will pay for the Parent Teen Alternative School Educational Program. Any counseling services would be at the family's discretion and their financial responsibility

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