

SUBSTANCE USE LIAISON (SUL) PROGRAM REFERRAL FORM

**Please complete the following and email to SUL@surreyschools.ca

Alternatively, referrals can be electronically submitted directly via The Hub: [SUL Referral Form](#)

Referral Date:

Your Name:

Position:

School:

Student's Name:

School:

Grade:

Reason for Referral:

What is the best way to reach out to the student:

General overview of student's connection to school (ie. Do they attend regularly? Are they passing classes? Any concerns with behaviour? Do they have any specific needs or challenges?)

Is the student aware that you are making this referral? Yes No

Is the parent/guardian aware that you are making this referral? Yes No

Is the student connected to anyone at school? Or in the community? (Please list name and program/position):

Is there any additional information you would like the SUL to know?

Thank you for your referral. An SUL will be in touch with you soon.