



KENT COUNTY HEALTH DEPARTMENT



COUNTY OF KENT

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STATE OF MARYLAND

M.S.A.P. Maryland Student Assistance Program

Please return the MARYLAND STUDENT ASSISTANCE PROGRAM/MSAP referral form to the Chair Guidance Counselor.

STUDENT: _____ GRADE _____ HOMEROOM: _____

REFERRED BY: _____ DATE: _____

REASON for REFERRAL (check all appropriate areas)

- _____ Drop in academic performance
- _____ Change in attendance pattern
- _____ Noticeable change in behavior or attitude
- _____ Change in physical appearance
- _____ Signs of possible substance abuse (alcohol/drug)
- _____ Change in peer groups
- _____ Change in extra-curricular involvement
- _____ Family problems
- _____ Depression/suicide issues
- _____ Other: _____
- _____ Other: _____

Previous actions taken with this student: _____

Additional comments:

_____, thank you for your MSAP referral dated _____. The Kent County Health Department appreciates your concern about students. It is your use of the referral process that assists Kent County professionals in doing their job to help students.

The Kent County Health Department
School-Based Adolescent Substance Abuse Program