

SELF-REFERRAL CARD

Please fill out the ENTIRE card, fold it in half and turn it in to your teacher.

Name _____

Classroom Teacher _____

Period _____

After hearing the presentation, I would:

- ☐ like to talk to a trusted adult in the next 24 hours.
- ☐ like to talk to a trusted adult in the next week.
- ☐ not like to talk to a trusted adult.



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