

### 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 mental health worker in the **next 24 hours**.
- I would like to talk to a mental health worker in the **next week**.
- I would **not** like to talk to a mental health worker.

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