

SBAR COMMUNICATION

Health Services Department
Lincoln Public Schools

Student Name: _____ Date: _____

School: _____ Grade: _____ ID#: _____

Parent/Guardian Name: _____ Parent/Guardian Phone: _____

Form Completed By: _____ Phone: _____

Situation:

S

Background:

B

Assessment:

A

Recommendation:

R

☐ **High Priority/Urgent** (ASAP; Respond by the end of the day): _____

☐ **Non-Urgent** (Respond within 24-48 hours): _____

☐ **Low Priority** (Respond within a week): _____

Please reply to this email with any follow-up action.