

**PREREFERRAL INTERVENTIONS
FOR 26.5 MENTAL HEALTH SERVICES
Ventura County SELPA IEP**

Student Name _____ D.O.B. _____ Meeting Date _____ District _____

I. Describe how emotional or behavioral characteristics impede the student from benefiting from his/her education program. Include rate of occurrence and intensity of emotional/behavioral characteristics:

II. Were these issues addressed as IEP Goals/Objectives in past IEP(s)? If "no," please give a brief explanation as to why they were not:

III. Prereferral Interventions – School counseling and guidance, psychological services, parent counseling and training, social work services and behavior interventions.

A. Use the table below to describe any of the Prereferral Interventions or other school-based interventions that have been implemented to address the goals listed above. Include the frequency, duration and dates of the services.

Service Type	Provider	Frequency	Duration	Start Date	End Date

B. Referencing the above chart, please describe the IEP team's decision to make a referral for mental health services:

C. Were any Prereferral Interventions considered and determined to be inappropriate? If yes describe and give rationale: