

REFERRAL FOR MENTAL HEALTH ASSESSMENT

Ventura County SELPA

**California Code of Regulations
Section 60040**

Today's Date: _____ Referral made as result of: IEP Initial assessment

Referral prepared by: _____
Name Title Phone Number

Contact Person: _____
Name Title Phone Number

Student Information:

Student Name: _____ Date of Birth: _____

School District: _____ Grade: _____

Type of Classroom Placement: _____ School: _____

Primary Language of Student: _____ Primary Language of Parent: _____

Initial IEP date: _____ Spec Ed. Eligibility: _____

Special Education Service(s): _____

Parent Information:

Parent Guardian Surrogate Foster Public Adoptive Parent - County of Adoption: _____

Name: _____

Address: _____

Home Phone: _____ Business Phone: _____

Intervention Information:

Please indicate any current and previous public and private mental health providers who are providing services for this student to address the behaviors and/or areas of concerns for which this referral is being made:

Name: _____ Phone: _____

Address: _____

When: _____

Does or has this student received services from other agencies? (e.g., Reg. Center, Social Services, Probation)

Yes No

Agency: _____

Name of Contact Person: _____

Phone: _____

When: _____

Briefly describe nature of student's or family's involvement with the above service providers or agencies:

I. Summary of Emotional or Behavioral characteristics of student:

A. What about this student's emotional status and/or behavior in school causes you to make this referral now?
 See " Prereferral Interventions/26.5 Mental Health Services" (IEP Page) – if not checked, describe:

B. Please list the qualified educational staff who have observed what you have described above and indicate the type of academic setting:

Name/Title	Phone #	Educational setting

II. Appropriateness for Mental Health services

A. Describe why you believe these emotional/behavioral characteristics are the result of a treatable mental disorder and not solely social maladjustment as demonstrated by deliberate noncompliance with accepted social rules and ability to control unacceptable behavior.

B. Describe why these emotional/behavioral characteristics are not likely associated with a condition that could be described as a temporary adjustment problem that could be resolved with interventions that are less restrictive.

C. In order to make a 26.5 referral, this student's functioning, including cognitive, must be at a level sufficient to enable the student to benefit from mental health services which will include psychotherapy (group, individual). Please provide an explanation of the student's cognitive ability to benefit and/or indicate where in the educational assessments the cognitive ability is documented.

See attached Psycho-Educational Assessment dated: _____ page(s): _____
See _____ Assessment dated: _____ page(s): _____

D. Additional relevant information as needed:

❖ **Referrals should include a copy of a Prereferral Interventions/26.5 Mental Health Services IEP page, unless the referral is a result of Initial Assessment Plan.**