

Sample

**REFERRAL FOR MENTAL HEALTH ASSESSMENT**

**Ventura County SELPA**

**California Code of Regulations  
Section 60040**

Today's Date: April 5, 2009 Referral made as result of:  IEP  Initial assessment

Referral prepared by: Kim Warren, School Psychologist, CVUSD 497-9511 X557  
Name Title Phone Number

Contact Person: Cookie Uretsky, Mild/Moderate Education Specialist, CVUSD 492-3569 X210  
Name Title Phone Number

**Student Information:**

Student Name: JD Date of Birth: 1/12/99

School District: Conejo Valley Unified School District Grade: 4th

Type of Classroom Placement: Gen Ed 74% day, SAI 26% of day School: Park Oaks Elem

Primary Language of Student: English/Spanish Primary Language of Parent: English/Spanish

Initial IEP date: 1-27-05 (Speech/Language) Spec Ed. Eligibility: Emotional Disturbance (primary) as of 5-11-08

Special Education Service(s): RSP/SAI (90 minutes daily), Speech/Language 1x/wk. 30 min.

**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: \_\_\_\_\_

Please see Pre-referral Intervention form for list of school-based mental health providers who have provided services to JP. JP's physician, Dr. Z, MD, provides case management and medication management related to the diagnosis of ADHD. It is not clear how often Dr. Z sees JD.

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:

As noted on the Pre-Referral Intervention chart, JD has received school-based individual counseling for the past several years, first from the school counselor, then the school psychologist, then from a JFS therapist. Interventions have focused on helping JD raise his level of affective awareness, and to help him begin to formulate coping strategies for his stressors.

**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
Kari Taketa, 4 <sup>th</sup> Grade Teacher	492-3569	General Ed Classroom
Cookie Uretsky, RS Teacher	492-3569	Learning Center (RSP/SAI)
Joyce Burns, S&L Therapist	492-3569	S&L Classroom
Genevieve Lundberg, School Counselor	492-3569	Counseling Room
Kim Warren, School Psychologist	492-3569	Counseling Room

**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.

JD expresses a desire to do well, but his emotional fluctuations appear to get in the way, and he shows symptoms consistent with an anxiety or depressive disorder, as well as having a diagnosis of ADHD (Dr. Z). JD sometimes does not comply with teacher requests, and his behavior appears to be part of a pattern of internalizing his unhappiness, by withdrawing into his own world and declining to participate. His emotional fluctuations do not appear to be under his control.

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.

JD was identified as having emotional disturbance at an IEP in February, 2009, and has had weekly school counseling since then. His emotional/behavioral characteristics have unfortunately not changed significantly in the last year, and he is still failing algebra. He sometimes engages in self-comforting sensory behaviors (touching and playing with hair;; last year he was pulling his hair out) and significant avoidant behaviors. His difficulties were not precipitated by a particular event that anyone has identified, and his emotional disturbance has settled into a chronic pattern.

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: May 11, 2008, page(s) 7 and 8**

D. Additional relevant information as needed:

JD's biological father is not involved with JD's life, and his mother was very young when she had JD. She now has a younger son with a different father from (from JD's). JD's mother has asked for help for JD and for herself.

❖ **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.**