

## Behavioral Health Request For Assistance

Please complete this form for the identified student and return to info@lakeviewvalley.com

Student Name: \_\_\_\_\_

Referral Made By: \_\_\_\_\_

Grade: \_\_\_\_\_

Date: \_\_\_\_\_

Language Preference:

Unique Circumstance (if applicable): Is student receiving any special services or have IEP/504 Plan?  Yes  No

If Yes provide Details:

**Reason(s) for referral:** Rank (1, 2, 3, etc.) the primary concerns impacting student's engagement at this time:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Absences                         | <input type="checkbox"/> Exposure to Death/Trauma | <input type="checkbox"/> Personal Hygiene               |
| <input type="checkbox"/> Academic Issues                  | <input type="checkbox"/> Failure to Complete Work | <input type="checkbox"/> Poor Relationships with peers  |
| <input type="checkbox"/> Bullying (target or perpetrator) | <input type="checkbox"/> Family Issues            | <input type="checkbox"/> Poor Relationships with adults |
| <input type="checkbox"/> Defiance towards school staff    | <input type="checkbox"/> Fighting                 | <input type="checkbox"/> Self Inflicted Injuries        |
| <input type="checkbox"/> Sad Mood, Lack of Interest       | <input type="checkbox"/> Excessive Worries, Fears | <input type="checkbox"/> Other _____                    |
| <input type="checkbox"/> Destruction Theft of Property    | <input type="checkbox"/> Hyperactive              | _____   |
| <input type="checkbox"/> Drugs Alcohol                    | <input type="checkbox"/> Lack of Motivation       |   |

**Provide a Specific and Observable Description of the Problem** (what, when, where, with whom, duration, etc.):

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**Student Strengths:** Check [X] all that apply

- |  |  |
|--|--|
| <input type="checkbox"/> Positive Paren/Family support               | <input type="checkbox"/> Record of academic success                |
| <input type="checkbox"/> Athletic or Artistic interest/talents       | <input type="checkbox"/> Engagement with extra curricular programs |
| <input type="checkbox"/> Connection to adults in school or community | <input type="checkbox"/> Other _____                               |

**Current intervention(s) used to address area of concern:** Check [x] all that apply

**TIER1**

- PEIS
  - Classroom Point System
  - Second Step
  - DSC/Foundations
  - Other Class Centered
- 

**TIER2**

- Check In/Check Out
  - Small Group Activity
  - Goal Setting Contract
  - Other Student Centered
- 

**TIER3**

- Peer Jury
  - Behavior Intervention Plan
  - Functional Behavioral Analysis
  - Individual Discussions
  - Other Student Centered
- 

**Action Taken Summary** (to be completed by clinician or behavioral health team)

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

**Type of service recommended:** (check appropriate tier, add strategy and implementation details if applicable)

- Tier1 \_\_\_\_\_  Tier 2 \_\_\_\_\_  Tier 3 \_\_\_\_\_

Details:

**Person named above will communicate recommendation to referring party.**