

# CONFIDENTIAL

## NORTH SANTA CRUZ COUNTY · SPECIAL EDUCATION LOCAL PLAN AREA PRE-REFERRAL FOR MENTAL HEALTH SERVICES

Date: \_\_\_\_\_  
Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
LEA of Attendance: \_\_\_\_\_  
LEA of Residence: \_\_\_\_\_

The LEA has determined that the educational needs of this child exceed the benefits that can be achieved through the provision of related services as defined in Section 300.244 of Title 34 of the Code of Federal Regulation, as evidenced by the following (include duration and frequency of all services provided, as appropriate):

<p><b>COUNSELING AND GUIDANCE SERVICES</b></p> <p>Initiation _____ Frequency _____ Duration _____</p>	<p>This service was <input type="checkbox"/> <i>provided</i> <input type="checkbox"/> <i>considered</i> and the IEP team has determined that the service does not meet the educational needs of this student because (cite behavioral examples):</p>
<p><b>PSYCHOLOGICAL SERVICES</b></p> <p>Initiation _____ Frequency _____ Duration _____</p>	<p>This service was <input type="checkbox"/> <i>provided</i> <input type="checkbox"/> <i>considered</i> and the IEP team has determined that the service does not meet the educational needs of this student because (cite behavioral examples):</p>
<p><b>PARENT COUNSELING &amp; TRAINING</b></p> <p>Initiation _____ Frequency _____ Duration _____</p>	<p>This service was <input type="checkbox"/> <i>provided</i> <input type="checkbox"/> <i>considered</i> and the IEP team has determined that the service does not meet the educational needs of this student because (cite behavioral examples):</p>
<p><b>REFERRAL/LINKAGE TO OTHER RESOURCES</b></p> <p>Initiation _____ Frequency _____ Duration _____</p>	<p>This service was <input type="checkbox"/> <i>provided</i> <input type="checkbox"/> <i>considered</i> and the IEP team has determined that the service does not meet the educational needs of this student because (cite behavioral examples):</p>
<p><b>BEHAVIORAL AND OR OTHER SERVICES</b></p> <p>Initiation _____ Frequency _____ Duration _____</p>	<p>This service was <input type="checkbox"/> <i>provided</i> <input type="checkbox"/> <i>considered</i> and the IEP team has determined that the service does not meet the educational needs of this student because (cite behavioral examples):</p>

Based on the information documented above, a referral to a community mental health service in accordance with Section 7576 of the Government Code is indicated. Distribute this form to Mental Health and COE upon completion whether or not a referral to Mental Health will occur at the current time. (Attach SELPA 8A - Release of Information form, signed by parent/guardian)