## School to Medical/Behavioral Health Provider – Communication Form

Phone #:	JNICATING WI	Name/Title of Staff completing form:	Name/Title of the best school contact, if different:		
Email:   Best way to reach:   Phone   Fax   Email:   Today's Date:	TH MEN	Phone #:	Phone #:		
Best way to reach:   Phone   Fax   Email   Today's Date:	AL HEAL	Fax #:	Fax #:		
Student Name:    DOB:   Grade:	±	Email:	Email:		
School District:    Current Educational Placement type/location:   Please check status:   General education   Special education/IEP   504 Plan     Medical/Behavioral Health Provider: (with whom information will be shared)   Provider phone/fax/email:     *Parent/Guardian release of information must be completed and attached.     Attach any IEP, 504 Plan, Behavior Plan, reevaluation packet, or other relevant documentation.     Does student have an EBA/BIP (Behavior Intervention Plan)?   No   Yes, Please attach     List school concerns pertaining to student:     Attendance: # of days absent and total days so far this year   / or   not a concern     School interventions tried to date (specify all supports and interventions tried this year, such as parent communication/meetings, individual and/or group services, accommodations offered, etc.):    Community services in place: (Specify agency, provider name and contact information)     Additional referrals made/current status: (Specify name and contact information)	HE WHOLE CHILD	Best way to reach: ☐ Phone ☐ Fax ☐ Email	Today's Date:		
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Copy to: Student or Patient Medical File	Other pertinent information?				