



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

Name/Title of Staff completing form:	Name/Title of the best school contact, if different:
Phone #:	Phone #:
Fax #:	Fax #:
Email:	Email:
Today's Date:	

<b>Student Name:</b>	DOB:	Grade:
School District:	Current Educational Placement type/location:	
Please check status: <input type="checkbox"/> General education <input type="checkbox"/> Special education/IEP <input type="checkbox"/> 504 Plan		
Medical/Behavioral Health Provider: (with whom information will be shared)	Provider phone/fax/email:	
*Parentally signed consent form must be completed. Please attach. Attach any IEP, 504 Plan, Behavior Plan, reevaluation packet, or other relevant documentation		
Does student have an FBA/BIP (Behavior Intervention Plan)? <input type="checkbox"/> No <input type="checkbox"/> Yes, Please attach		
List school concerns pertaining to student:		
Attendance: # of days absent and total days so far this year ____/____ or <input type="checkbox"/> 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)		
Family systems concerns/barriers:		
Parent perspective:		
Other pertinent information?		
Copy to: Student or Patient Medical File		