



# School Based Therapy (SBT) Referral Form

Date \_\_\_\_\_

Child's Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

D.O.B. \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ SS # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_

Legal Guardian(s) Name(s) and Relationship: \_\_\_\_\_

Best Time(s) to reach family \_\_\_\_\_

Suggested Times to Schedule Student for Weekly Sessions: \_\_\_\_\_

**\*\*Medicaid: (For example: Molina, Healthcare USA, Harmony, etc...)** Yes \_\_\_\_\_ No \_\_\_\_\_

### Current Placement:

\_\_\_\_\_ Parent(s) \_\_\_\_\_ Residential \_\_\_\_\_ Detention \_\_\_\_\_ Other (please specify) \_\_\_\_\_

\_\_\_\_\_ Relative \_\_\_\_\_ Group Home \_\_\_\_\_ Psych. Hosp.

\_\_\_\_\_ Foster Care

Foster Parents Name: \_\_\_\_\_

Foster Parents Number: \_\_\_\_\_

### Referral Source:

Contact Person: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_

I, \_\_\_\_\_, spoke with \_\_\_\_\_ on this date \_\_\_/\_\_\_/\_\_\_ and

received permission for the Compass Health SBT to call him/her at this number: (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_.

School staff signature: \_\_\_\_\_

**School:** \_\_\_\_\_ **District:** \_\_\_\_\_

Current Grade Level \_\_\_\_\_

Is child receiving Special Ed. Services? Yes (IEP or 504 Plan) or No If yes, for how long? \_\_\_\_\_

Educational Diagnosis: \_\_\_\_\_

IEP Case Manager: \_\_\_\_\_

Mental Health Diagnosis (if available): \_\_\_\_\_ Diagnosed by: \_\_\_\_\_

### Community Agency and/or Service Involvement: (Psychiatrist, Therapist, Children's Division, Juvenile Court, Hospitalizations, etc...)

Current services involved:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional needed services/supports:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### In what ways could Compass Health Network's School Based services be most helpful?:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## School-Based Referral Behavior Checklist

### School Concerns

- Major changes in behavior
- Skipping class
- Drop in grades
- Out of school suspension
- In school suspension
- After/Before school suspension
- Discipline referrals
- Referral to Counselor/ESC
- Removal from class
- Truant/Attendance problems

### Classroom Concerns

- Does not follow rules
- Difficulty maintaining focusing
- Difficulty remaining on task
- Difficulty handling transitions
- Difficulty deviating from routine
- Power struggles with Teacher

### Peer Concerns

- Recent change in friends
- Easily influenced by peers
- Withdrawn from friends

### Social Concerns

- Lacking basic social skills
- Difficulty empathizing with others
- Concerns with social perception

### Family Concerns

- Withdrawn from family members
- Major changes in behavior at home
- Family frequently moves
- Previous hotline reports
- Power struggles with Parent/Caregiver
- Other Parent Concerns

### Emotional Concerns

- Suicidal ideations/thoughts/intent
- Poor self-esteem
- Poor decision making
- Poor impulse control
- Uncontrolled anger
- Lack of motivation
- Chronic Irritability
- Chronic anxiety
- Poor coping skills
- Sad
- Change in weight
- Change in eating habits
- Mood swings
- Loss due to divorce/separation
- Loss due to death
- Cutting/burning self
- Easily frustrated

### Community Concerns

- Regularly lies
- Regularly steals
- Carrying a weapon
- Verbal fights
- Verbal aggression
- Physical fights
- Physical aggression
- Concerns of neglect
- Concerns of physical abuse
- Concerns of emotional abuse
- Concerns of sexual abuse
- Referral to Juvenile Court/Legal involvement
- Police involvement
- Suspected drug use

Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



Dear Guardian/Caregiver,

Compass Health Network is proud to be partnering with your school district. Our school-based therapists provide individual, group, and family therapy directly in your child's school, allowing students and families to have access to comprehensive behavioral health services.

Caregivers (YOU!) are a vital part of developing a plan to meet their child's needs. Caregivers know their child best and can provide valuable information that will help in developing effective interventions. We ask that you be an active part of your child's behavioral health care. A partnership between school, home, and the treatment team assures that planned interventions will be both meaningful and consistent.

Before we begin working with your child, you will be receiving a phone call from Rosa Stone and/or Toya Morgan, a customer relations specialist from Compass Health, who will collect basic demographic information in order to open a medical chart for your child. Additionally, Rosa Stone and/or Toya Morgan will be reviewing your rights as a Compass Health client, seeking permission for members of Compass Health to provide therapeutic services for your child, and discussing how Compass Health protects your child's personal health information. Your child's school-based therapist will also be contacting you to complete an initial assessment of your child's therapeutic needs and to determine how best to work with your family. We encourage you to ask questions and stay involved in your child's progress throughout this process.

Due to COVID-19, our school-based therapists will be required to follow specific precautions of both Compass Health and your child's school. The specifics of these precautions may change throughout the school year, based on current recommendations of medical professionals, and may include: social distancing of 6 feet, mask requirement for therapist, mask requirement for students, limited number of individuals in a group or even virtual services. Please reach out to your school or designated school-based therapist if you have a concern about these requirements.

If you have any questions, please do not hesitate to contact your school-based therapist, Tina Kirchner M. Ed LPC, LPN and they will be happy to assist you.

Sincerely,

Tina Kirchner M. Ed LPC, LPN  
School Based Therapist  
Compass Health Network  
1905 Stadium Blvd  
Jefferson City, Mo. 65109  
573-634-3000