

Solutions Counseling In-School Mental Health Referral Form

For more information on the in-school mental health program, visit STMA's In-School Mental Health page at Solutions Counseling (stma.HelpWithSolutions.com).

Staff Referring

Your Name _____ Phone _____ Email _____

School Referral Location (circle one): HS / MSE / MSW / Fieldstone / STME / Big Woods / Primary

Checklist

- ☐ Call parent and review the following:
 - o Reason for referral. Review checklist of "When to Refer a Child..." Use this to help frame a conversation with the parent/guardian.
 - o STMA has a contract with Solutions Counseling to provide in-school mental health services. They do not work for the school but provide services in the school. More about Solutions at HelpWithSolutions.com.
 - o Program is like traditional outpatient mental health services except, because it is held in the school, it eliminates the need for transportation and time off from work to get the child to services. It also allows important and ongoing care coordination with involved school personnel (if appropriate).
 - o Goal of the program is to help improve child's ability to function at their best in school, at home, and with friends.
 - o 1st meeting requires a parent/guardian to be present. These meetings can be held outside of the school day if needed. Solutions can help you with finding a time that works best. Solutions works with the school to avoid pulling the child out of core classes whenever possible.
 - o Program utilizes students insurance. If there are financial challenges preventing the use of services, Solutions has options to help. They can go over those options at the initial call with them.
 - o Can STMA have verbal permission to release the name of the student to Solutions Counseling for the purposes of setting an appointment?
- ☐ Referring party complete page 1 of this form. Fax to 763-497-0552. No cover sheet needed. Solutions will follow up with the parent and let them know they have received a referral for in-school mental health services from you. Solutions will make up to three attempts to contact the parent (typically one contact per 1-2 business days). If the parent does not respond, Solutions will contact the referring party and alert them to the problem.
- ☐ **IF ABLE TO GET RELEASE SIGNED:** Complete page 1 and 2. Attach signed release of information to have clinician coordinate care with school personnel. STMA School Release made out to "Solutions Counseling" or Solutions pre-completed STMA release may be used for this.

Student Information

Student name _____ Sex _____ Grade _____ Age _____

Parent/Guardian Information

1. Briefly, is there any information about the parent/guardian(s) that is important to know before Solutions calls? For example, high conflict, divorce issues, criminal issues? YES / NO / UNSURE
2. Does parent/guardian want more information about financial assistance? YES / NO / UNSURE

Parent/Guardian name(s) _____ Phone(s) _____

Relationship to Child _____ Email _____

Do they know we will be calling? YES/NO ☐ This is the best parent/guardian to contact in order to expedite the start of services

Parent/Guardian name(s) _____ Phone(s) _____

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IS A RELEASE SIGNED? NO: STOP & FAX PAGE 1 TO SOLUTIONS AT 763-497-0552 (NO COVER REQUIRED)
YES: CONTINUE TO PAGE TWO

COMPLETE THIS PAGE ONLY IF RELEASE OF INFORMATION IS SIGNED

Current Services

What services/assistance does the child presently receive?

☐ School Counseling ☐ School Nurse ☐ School Social Work ☐ IEP ☐ 504 ☐ Outside Therapist ☐ County Involvement
☐ Other _____ ☐ Other _____

Reason for the referral

What made you decide to refer this student? What problems are they dealing with on a day-to-day basis that are affecting them? What is the student's perception of their situation? What is the parent's perception?

Impact on school

Briefly explain how the student's problems are impacting their schooling in one or more of the following:

☐ Grades: _____ ☐ Behavior _____ ☐ Attendance: _____

Measuring progress

How would you know if therapy was helping the student? _____

Anything else we should be aware of?

FAX: SIGNED RELEASE INFORMATION AND

PAGES 1& 2

TO SOLUTIONS AT 763-497-0552 (NO COVER REQUIRED)