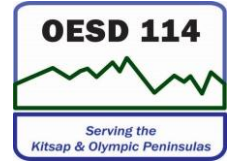




Olympic Educational Service District 114
105 National Avenue North, Bremerton, Washington 98312
(360) 478-6887 • 1-800-201-1300 • FAX (360) 405-5808



MENTAL HEALTH REFERRAL

Site: _____ Date: _____

Person Making Referral: _____ Phone: _____

Classroom Observation Requested In-Home Observation Requested

Child: _____ DOB: _____

Parent(s): _____ Phone: _____

Address: _____

Parent Signature

Date

Notes on family history, current services, other (screening results, PBSP, IFSP, IEP, etc.—attach copies) _____

Date of Completed Visit: _____ Staff Present: _____
Notes, Outcome/Follow Up, Recommendations: _____

