

# **BEHAVIORAL HEALTH SERVICES REQUEST FORM**

- REGULAR SCHOOL YEAR (RSY)**       **EXTENDED-SUMMER SERVICE**

## **EVALUATIONS**

### **PSYCHO-EDUCATIONAL EVALUATION**

- Initial Evaluation (Report due/CSE date): \_\_\_\_\_  
 Comprehensive reevaluation (Report due/CSE date): \_\_\_\_\_  
 Re-evaluation, specific areas (s): provide note: \_\_\_\_\_

Bi-lingual: Yes \_\_\_\_\_

## **DIRECT SERVICES**

### **COUNSELING SERVICES**

- Individual:      Frequency \_\_\_\_\_ Period \_\_\_\_\_ Duration \_\_\_\_\_  
 Group:      Frequency \_\_\_\_\_ Period \_\_\_\_\_ Duration \_\_\_\_\_

\*\*\*Frequency should be in weeks, not months. For example, 4xmonthly/30 minutes should be written as 1x weekly/30 minutes. Location should be "therapy room". Provider should be "BOCES". Please consider adding consultation hours for team meetings/classroom consultation-see "Counseling Consultation" below.\*\*\*

### **FAMILY LIFE EDUCATION AND COUNSELING SERVICE (FLECS)** Hrs Requested: \_\_\_\_\_

Consider starting with 5 hours and the provider will then consult with school team to recommend additional hours. Attach accompanying FLECS referral-justification form.

## **CONSULTS**

- Behavior consultation (observation and recommendations)Hrs Requested \_\_\_\_\_  
 Counseling Consultation:      Frequency \_\_\_\_\_ Period \_\_\_\_\_ Duration \_\_\_\_\_

## **ASSESSMENT**

- Behavioral Assessment (Functional Behavioral Assessment-FBA)

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**Additional supporting notes:** \_\_\_\_\_

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For additional information, contact the BHS Program Coordinator at (585) 383-6641

**IF AVAILABLE, SHARE IEP WITH THIS REQUEST**

**Kristine Seely Monroe #1 BOCES Phone: (585) 383-2216**

**Contact Behavioral Health Services (585) 383-6641 regarding available services**