

Dear Director of Special Education,

I hope you had a wonderful summer. We are looking forward to continuing to provide Educationally Related Mental Health Assessments for your district this year. I am excited to announce that Dr. Cai Baker, Licensed Psychologist, will be providing the Miri Center Assessments.

To make a referral please send the following information to **assessments@miricenter.com** or fax to **(866) 516-6925**:

- 1) Completed SELPA Mental Health Assessment Referral Form (attached)
- 2) Copy of Student's IEP with the Psychoeducational Assessment Report
- 3) Signed Miri Center "Consent for Mental Health Assessment" Form (attached)
- 4) Signed School District Assessment Plan for Mental Health Assessment

As the Director of The Miri Center School Based Services, I am always available to answer questions, address concerns, or meet to discuss the services we are providing. Please do not hesitate to contact me directly at (310) 600-8277 or jenniferholmberg@miricenter.com. Dr. Cai Baker can be reached at caibaker@miricenter.com to discuss assessments.

Looking forward to continuing to work with you, and wishing you a wonderful 2013-14 school year!

Regards,

Jennifer Holmberg, LCSW
Director of School Based Services
The Miri Center
1165 Lincoln Ave. #220
San Jose, CA 95125
(408) 247-4123
www.miricenter.com

MENTAL HEALTH ASSESSMENT REFERRAL

APPROVED BY:

DIRECTOR SPECIAL EDUCATION

Name		Date of IEP	
Parents		Date of Birth	
Address		Age	
City		District	
ZIP		School	
Phone		Grade	
Home Language		Referred by Contact #	
Dominant Language		Report Completed by	

Referral Date: _____

Reason for Referral:

Student has been referred for a mental health assessment due to concerns in the following areas:

Check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Family problems | <input type="checkbox"/> School problems |
| <input type="checkbox"/> Peer conflicts | <input type="checkbox"/> Self-injurious |
| <input type="checkbox"/> Declining/failing grades | <input type="checkbox"/> Disruptive behavior |
| <input type="checkbox"/> Defiant/argumentative | <input type="checkbox"/> Social withdrawal |
| <input type="checkbox"/> Mood swings | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Nervousness/fearfulness | <input type="checkbox"/> Irritability |
| <input type="checkbox"/> Suicidal ideation | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Relationships | |
| <input type="checkbox"/> Pregnancy | |
| <input type="checkbox"/> Poor attendance | |
| <input type="checkbox"/> Sleeping in class | |
| <input type="checkbox"/> Depression | |
| <input type="checkbox"/> Anger | |

Comments:

Previous and Current Services: (Please include school and outside services*)

Student has a current IEP and currently receives services through the _____
_____ Program (agency name, if appropriate).

Student has received DIS-Psychologist Services and has a current goal in the Social-Emotional Domain attached to his/her IEP dated _____. The goal was developed to assist student in

(Please explain goal on line above)

Additionally, student has received the following social-emotional support prior to this referral:

Prior counseling and/or guidance provided to the student which has not met student's needs, BSP, PBIB (attach copy of BSP and PBIP with this report):

(Please attach copy of IEP and PSYCHOEDUCATIONAL ASSESMENT REPORT with this referral packet)

***If this information is provided in the attached IEP or BSP report, please state "see attached"**

Consent for Mental Health Assessment

With your consent a Licensed Psychologist from The Miri Center will be providing a Mental Health Assessment for your child.

MENTAL HEALTH ASSESSMENT

The goal of the Mental Health Assessment is to determine if the student has a mental health condition that affects his ability to benefit from his/her education and to determine if Educationally Related Mental Health Services are necessary to receive educational benefit. The Mental Health Assessment may include a clinical interview with the student, parent, and/or teacher, standardized tests measuring emotional functioning and/or impairment, projective measures, standardized screenings, and/or record reviews.

CONFIDENTIALITY

In general, the information discussed during the Mental Health Assessment is confidential and the clinician can only release information about what is discussed during the assessment with your written permission. But there are a few exceptions:

We reserve the right to share information with other Miri Center staff and staff members that work at your child's school, school district, or SELPA department. In a school setting, collaborating with other professionals is often beneficial and necessary, but when considering what information to share, the clinician always considers what is in the best interest of the student.

We will provide a copy of the Mental Health Assessment report to the contact person at your child's school or school district. You can request a copy of the Miri Center Mental Health Assessment report from your child's school district.

In most legal proceedings, you have the right to prevent the clinician from providing any information about your child's treatment. In some proceedings involving child custody and those in which your child's emotional condition is an important issue, a judge may order that a testimony is made.

There are some situations in which the clinician may be legally obligated to take action to protect others from harm, even if s/he has to reveal some information about a student's treatment. For example, if it is believed that a child, elderly person, or disabled person is being abused, a report will be filed with the appropriate agency.

If it is believed that a student is threatening serious bodily harm to another, the clinician will take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the student. If the student threatens to harm himself/herself, the clinician may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.

Electronic forms of communication (e.g., fax, e-mail, cell phone) have risks that may compromise confidentiality. Even with appropriate security, use of computers also entails some risk. We are not a covered entity under the Health Insurance Portability and Accountability Act (HIPPA) because we do not bill insurance companies for any services nor do we do any electronic billing.

Your signature below indicates that you have read the information in this document and agree to abide by its terms. By signing this document you are giving consent for a Miri Center Licensed Psychologist to provide a Mental Health Assessment for your child.

Student's name:

Student Signature (not mandatory) _____ Date: _____

Parent/Guardian signature _____