



Request to Screen a Family for Community Mental Health Services

Jordan District's Clinical Support team of school therapists will screen/assess every student and family for services and resources available to them in the community. If you have questions or issues related to this form please contact Kevin Mossel, kevin.mossel@jordandistrict.org, 385-249-7932.

Referring School: _____ Date of Referral: _____

Name of Person Submitting Request: _____ Title: _____

Student Name: _____ Grade: _____

Parent(s)/Guardian(s) Name: _____

Parent(s)/Guardian(s) Relationship to Student: _____

Best Phone Number(s) to Reach Parent(s)/Guardian(s): _____

Eligibility for Screening Checklist

- First, this request for screening has been staffed in a school MTSS meeting and/or with the school administrative team.
- Second, the parent/guardian AND student are willing and motivated to meet with a school therapist and discuss their home/school situation to determine what resources and services are available to them in the community.
- Third, the parent/guardian is aware that services would be recommended but not mandatory to participate in. If the parent/guardian agrees to services, signed documents may be needed to access services.
- Finally, the parent/guardian is aware that communication will take place between the school therapist doing the screening and the referring school in regards to recommendations for services and resources for that student.

Describe the reason for requesting a screening for community mental health services for this student (i.e. does the student struggle with depression, anxiety, bullying, suicidal ideation, self-harm, trauma, etc.).

Describe the obstacles the student/family face, from your understanding, in accessing resources and services in the community (i.e. long wait list, no insurance, high deductible, lack of transportation, etc.).

Describe any additional information that would assist in understanding the situation and/or needs of the student (i.e. family speaks another language, on IEP or 504, family has DCFS involvement, student has been suspended/cited, etc.).

**Please work with your assigned School Based Clinical Support Specialist (secondary level) OR
Contact Kevin Mossel, LCSW (elementary level) 385-249-7932**