

**Harwood Unified Union School District
Referral Form for Purchased Professional Services**

Behavioral Consultant: Green Mountain Consultation, LLC

*Please complete form and submit to the HUUSD Director of Student Support Services.
Incomplete forms will be returned, unprocessed.*

Date of Referral:	Case Manager Making Request:
Referring School:	Type of Service Requested:
Date Service Needed (indicate your timeline):	

Student Name:	Grade:	Date of Birth:	Age:
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Parent/Guardian Name(s):	Phone Number:
Home Address:	
Date Parent/Guardian attended meeting and/or was made aware of request:	

Reason for Referral/Request (presenting situation):

Is the Student on a Support Plan? <input type="checkbox"/> YES <input type="checkbox"/> NO	Type of Support Plan: <input type="checkbox"/> IEP <input type="checkbox"/> 504 <input type="checkbox"/> EST
Is Student Involved with any Outside Agencies? <input type="checkbox"/> YES <input type="checkbox"/> NO	Agency:
Who has Conducted a Behavioral Observation? *Attach Write-up	
Is there a Behavior Plan in Place? *Attach plan	
Is the Student/Family in Need of Access to a Coordinated Services Plan (under Act 264)? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If DCF Custody, list DCF Case Worker:	Is Student Medicaid Eligible? <input type="checkbox"/> YES <input type="checkbox"/> NO
Additional Supports Student Receives in School and Outside of School:	

Principal's Signature:	Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied Director of Student Support Services:	Date: