

Safe Schools/Healthy Students  
Lafayette School District

Form Title: <b>Mental Health Referral and Services</b>		School Year: <b>2007-2008</b>		Semester: <b>Fall &amp; Spring</b>		Reported By: <b>Kimberly Shattuck/Behavioral Therapist</b>		1=Yes 0=No		1=Yes 0=No		1=Yes 0=No		1=Yes 0=No		1=Yes 0=No		1=Yes 0=No																									
Prior to mental health services:												see Tab 2		Type of 1st parent contact				see Tab 3				Hours of Services Received by Student												Participation in parent									
Student Last Name	Student First Name	Student Number	School	Grade	Gender	Age	Ethnicity	Limited English Proficiency	ESE	In after school program	Referred By	Date of Referral	Reason for Referral	Parent contact?	Date of 1st Parent Contact	Phone	Letter	Parent communication system	Other	Receiving mental health services?	Date Services Initiated	Date Services Terminated	Intervention Code	3-Month Status Code	6-Month Status Code	9-Month Status Code	12-Month Status Code	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	None	One parent	Two parents	
1			LHS	11	F	17	W	0	1	0	4	8/20/2007	1	1	8/22/2007	1				1	9/7/2007	4/21/2008	1			8		1	2	2.5	3	3	3.5	4	2	2	0	0	0				
2			LHS	9	M	15	W	0	0	0	4	8/20/2007	1	1	8/28/2007	1				1	9/7/2007	1/17/2008	1	5				0	0	2	0	0	0	0	0	0	0	0	0	0			
3			LHS	10	F	16	W	0	1	0	4	8/20/2007	1	1	8/22/2007	1				1	8/30/2007	1/17/2008	1	5				2	3.25	3	0	0	0	0	0	0	0	0	0	0			
4			LHS	6	M	14	W	0	0	1	4	8/20/2007	1	1	8/31/2007	1				1	9/5/2007	5/18/2008	1		1		0	4	3	2.5	2.5	3	2	2	1.5	1	0	0					
5			LHS	10	F	16	W	0	0	0	4	8/20/2007	1	1	8/29/2007	1				1	9/6/2007		1				0	3.5	2	2.5	2	2	2.5	2	4	4.5	1	0					
6			LHS	9	M	16	B	0	0	0	4	8/20/2007	1	1	9/5/2007	1				0	9/26/2007	1/18/2008	1	3			0	1	2.5	2.5	2	0	0	0	0	0	0	0					
7			LHS	11	M	16	W	0	0	0	4	8/20/2007	1	1	9/5/2007	1				1	9/7/2007	1/17/2008	1	1			0	3.5	2	2	2	1	0	0	0	0	0	0					
8			LHS	7	M	12	W	0	0	0	2	9/18/2007	1	1	9/18/2007	1				1	9/18/2007		1				0	2	2.5	3	3.5	3.5	3	2	2.5	3	0.5	0					
9			LHS	8	M	15	W	0	1	0	4	8/20/2007	1,2,3,4,5	1	9/27/2007	1				0	10/4/2007	11/30/2007	1	4,8			0	0	1	0.5	0	0	0	0	0	0	0	0	0				
10			LES	3	F	8	W	0	0	0	2	8/28/2007	1	1	8/28/2007	1				1	8/29/2007	11/27/2007	1	1			1	2.25	2	3	0	0	0	0	0	0	0	0	0				
11			LES	3	F	9	W	0	1	0	2	8/28/2007	1	1	8/28/2007	1				1	8/29/2007	11/27/2007	1	1			0.5	2	2	2	0	0	0	0	0	0	0	0	0				
12			LHS	6	M	12	W	0	1	0	2	7/3/2007	1	1	7/2/2007	1				1	8/27/2007		1				0.5	2	2	2	3	2.5	2	2	3	3	1	0					
13			LHS	9	M	15	W	0	1	0	4	9/4/2007	1	1	9/6/2007	1				1	9/11/2007	5/2/2008	1		8		0	2	3	2	2	2.5	2.5	2.5	4.5	1.5	0	0					
14			LHS	6	F	12	W	0	0	0	4,2	8/12/2007	1	1	9/4/2007	1				1	9/6/2007		1				0	3	2	3	3.5	2	2.5	2	3	4	3	2					
15			LES	4	M	10	B	0	1	1	4	8/29/2007	1	1	8/29/2000	1				1	8/29/2007		1				0.5	2	2	2	2	2	2	1.5	2.5	3	0	0					
16			LHS	6	M	12	B	0	1	0	4	8/29/2007	1	1	8/29/2000	1				1	9/11/2007		1				0.5	2	2	2.5	5	2.5	2	1.5	4.5	4	1	0					
17			LHS	13	M	6	W	0	1	0	2	9/26/2007	1,4	1	9/26/2007	1				0	9/26/2007		1				0	1	5	1	4.5	3	2.5	1.5	4	3.5	4	3					
18			LHS	17	M	9	W	0	1	0	4	9/11/2007	1,2,4	1	9/11/2007	1				0	9/11/2007	1/15/2008	1	8			0	1	1	0	0	0	0	0	0	0	0	0	0				
19			LES	K	M	6	W	0	0	0	2	11/7/2007	1	1	11/7/2007	1				0	11/14/2007		1				0	0	0	2	2	1.5	2	2.5	2	2	0	0					
20			LHS	6	F	12	W	0	0	0	2	10/10/2007	2	1	10/10/2007	1				0	10/18/2007	1/16/2008	1	1			0	0	1.5	2	2	1.5	0	0	0	0	0	0	2				
21			LES	11	M	4	B	0	0	1	4	9/26/2007	1,2,3	1	10/16/2007	1				0	10/16/2007		1				0	0	1.5	2	2.5	2	2	2	3	3	1	1					
22			LES	1	M	6	W	0	0	0	2	11/5/2007	1,2	1	11/5/2007	1				0	11/8/2007	1/9/2008	1	1			0	0	0	2	2	0.5	0	0	0	0	0	0					
23			LHS	8	M	16	B	0	1	0	2	11/16/2007	1,2,3,4	1	11/16/2007	1				1	11/27/2007	2/8/2008	1	5			0	0	0	4	5	5.5	2	0	0	0	0	0					
24			LES	1	M	9	W	0	0	0	4	11/16/2007	2,3,4	1	11/16/2007	1				0	11/16/2007	1/11/2008	1	7			0	0	0	5	2.5	0.5	0	0	0	0	0	0					
25			LES	K	M	7	W	0	0	0	4	11/16/2007	1,2,3,4	1	11/16/2007	1				0	11/16/2007	1/11/2008	1	7			0	0	0	5	2.5	0.5	0	0	0	0	0	0					
Referral Source Code		Reason for Referral Code										Mental Health Counseling Intervention Codes:										Mental Health Counseling Status Codes:																					
1 Outside Agency(law enforcement, community ASP, etc.)		1 Behavioral Problems										1 Intervention with student										1 Intervention Successfully Completed; terminated from services																					
2 Parent		2 Emotional Problems										2 Intervention with parent/family										2 Intervention Completed, Goals Not Met Completely or Effectively; terminated from serv																					
3 Physician		3 Problems with Thought Process										3 Intervention with teacher										3 Student Did Not Complete Intervention; dropped out of services																					
4 School		4 Adjustment or Stress and Trauma										4 Student Refuses to Participate in Intervention										4 Student Refused to Participate in Intervention																					
		5 Substance Abuse										5 Student Referred to Outside Agency										5 Referred for services but refused by family																					
																						6 Student Referred and Receiving Services From Outside Agency																					
																						7 Student Referred But Not Receiving Services From Outside Agency																					
																						8 Student withdrew from school																					

Form Title:	<b>Mental Health</b>	
School Year:	<b>2007-2008</b>	
Semester:	Fall & Spring	
Reported By:	Kimberly Shatt	
Student Last Name	Student First Name	
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<b>Referral Source Code</b>		
1	Outside Agency(law enforceme	
2	Parent	es
3	Physician	
4	School	