

Referral for ERMHS Assessment through Resolution and Education Support Team

STUDENT INFORMATION

Date: Click or tap to enter a date.	Referral Submitted by:		, Choose an item.	
Referring District: Choose an item.	School of	Attendance:		
Student's Name:	Student ID:		Student's DOB: Click or tap to enter a date.	
Student's Case Carrier:		Case Carrier Email:		
Student Address: , CA				
Student resides with: Parent Other:				
Educational Rights Holder: Parent	□Student	\Box Other:		

IEP INFORMATION

Current IEP Dated: Click or tap to enter a date.

Primary Disability:	Secondary Disability:			
Goals in:	\Box Academics	\Box Communication	\Box Behavior	\Box Social Emotional
	□ Specialized Academic Instruction		Language a	nd Speech Services
	minutes/Choose an item.		minutes/Choose an item.	
Current Services:	\Box Occupational Therapy		School Base	ed ERMHS Counseling
(if checked, indicate current	minutes/Choose an item.		minutes/Choose an item.	
service minutes	\Box Behavior Intervention Services		□ Social Work Services	
and frequency)	minutes/Choose an item.		minutes	/Choose an item.
	\Box Intensive Individual Services (1:1)		□ DIS Counseling	
	minutes/Choose an item.		minutes	/Choose an item.
Current Placement:	GenEd Classro	oom 🛛 Special Day Cla	ass 🗆 Nonpubli	c (NPS)
Other Agency Involvement:	Regional Cent	er Department of Rehabilitation	□ Other:	

PREVIOUS INTERVENTIONS

Intervention/Support	Date Initiated	Date Completed	Outcome
	Click or tap to	Click or tap to	
	enter a date.	enter a date.	
		□Current	
	Click or tap to	Click or tap to	
	enter a date.	enter a date.	
		□Current	
	Click or tap to	Click or tap to	
	enter a date.	enter a date.	
		□Current	
	Click or tap to	Click or tap to	
	enter a date.	enter a date.	
		□Current	
	Click or tap to	Click or tap to	
	enter a date.	enter a date.	
		□Current	
	Click or tap to	Click or tap to	
	enter a date.	enter a date.	
		□Current	
	Click or tap to	Click or tap to	
	enter a date.	enter a date.	
		□Current	

CURRENT OBSERVATIONS RELEVANT TO REFERRAL

What behaviors are of primary concern?

Describe the student's relationships with peers.

Concerns pertaining to mental health.

DOCUMENTS ATTACHED

Most recent Annual IEP	□ Most recent assessments
□ Subsequent Amendments	Psychoeducational (Required)
Most recent Triennial IEP	District ERMHS (Required)
Behavior Intervention Plan (if applicable)	Speech and Language (If applicable)
Discipline records	Occupational Therapy (If applicable)

□ Grades	Functional Behavior Assessment (If applicable)
Transcript (HS only)	
□ Attendance (current year and SART/SARB	
history)	
□ State test scores (most recent)	
Enrollment information (dates of	
enrollment at each school/district)	