



Portland Public Schools MENTAL HEALTH SERVICES REQUEST 2011-2012

*For information about mental health resources for PPS students, call Monica Parmley at 503.916.2000 x71007
*Scan both sides of completed form and send to mparmley@pps.net

Two-sided form must be completed by Administrator/Designee or Counselor

SERVICES REQUESTED: For Information Only Consultation with PPS Mental Health Coordinator Mental Health Assessment
 Ongoing Mental Health Services Other: _____

(Please write legibly)

1. IDENTIFYING INFORMATION

Referral Date: _____

Student Name: _____ PPS ID#: _____

School: _____ Grade: _____ Birth date: _____ Age: _____

Student Address: _____ Zip: _____

Student Phone/Email: _____

Parent/Guardian name/s: _____

Parent/Guardian Phone/Email: _____

Has the student ever been identified for SPED services? Yes No Does the student have a current IEP or 504 Plan? Yes No

Does the student have any medical problems or disabilities? Yes No Unknown If yes, please describe: _____

Is the student taking any medication? Yes No Unknown If yes, please list: _____

Student's ethnicity: _____ Parent language: _____ Interpreter? Yes No

2. REFERRAL INFORMATION

Person who reported concern (name): _____ Phone: _____

Relationship of concerned person (circle): Administrator Counselor Teacher Parent Other: _____

Primary Concerns: _____

School staff attempts to intervene have included the following: _____

Is this referral tied to disciplinary action? Yes No If yes, describe incident: _____

3. STUDENT INFORMATION

A. Has this referral been discussed with the student? Yes No

B. **Required Information: Is the student insured?** Yes No

Type of Insurance: Kaiser Oregon Health Plan Other insurance: _____

C. Student's attendance (on average): 0-1 days/wk 2-3 days/wk 4-5 days/wk Other: _____

4. PARENT CONTACT

A. Name of parent/guardian contacted: _____ Was the parent/guardian aware of the concern? Yes No

B. What is parent/guardian level of concern on a scale of 1 (low) to 5 (high)? Please circle: 1 - 2 - 3 - 4 - 5

C. Does the parent/guardian want to pursue ongoing mental health services for the student? Yes No

5. REFERRAL INFORMATION

Approved by principal (signature): _____

Name of person completing this form: _____ Position: _____

Work phone: _____ After hours phone (if available): _____

6. ADDITIONAL COMMENTS: _____



Attachment: Must include a signed PPS Permission to Release or Exchange Information form in order to share this info with providers outside of PPS.

Original: Student Cumulative File

Scan: Send to mparmley@pps.net

Copy: Onsite Mental Health Provider (if available)

Copy: MESD School Nurse

As an alternative, you may complete & submit this form online at <http://www.pps.k12.or.us/departments/student-services/384.htm>

MH Referral Rev: 8/2011



2011-2012 PPS Mental Health Referral Procedures

Imminent Warning Signs/High-Risk Behaviors (Check all boxes that apply):

- Serious physical fighting
- Severe rage for seemingly minor reasons
- Possession and/or use of firearms and other weapons
- *Serious self-injurious behaviors or threats of suicide
- Sexual aggressiveness (perpetrator or at risk for potential perpetration)
- Severe destruction of property
- Detailed threats of lethal violence
- Fire-setting
- *Student admits to a plan or method to hurt self or others

**Counseling and mental health interventions may be more appropriate than referral to law enforcement in these cases.*



**Consider any Child Find implications associated with this referral.*

Students showing any one of the behaviors above require immediate staff response as follows:

1. Staff informs building administrator immediately.
2. Building administrator/designee or counselor contacts student's parent/guardian.
3. If needed, administrator/designee/counselor calls Multnomah County Crisis Line (503.988.4888) for consultation or to request intervention. *Note:* Intervention from Project Respond or Crisis Prevention Outreach will require parent/guardian permission.
4. Building administrator/designee/counselor may also do the following (as appropriate):
 - Notify Regional Administrator
 - Involve law enforcement and/or PPS Security Services
 - Notify SPED staff
 - Notify ELL staff

****Call Monica Parmley, PPS Mental Health Coordinator, at 503.916.2000 x71007 if you need consultation on the above process****

Early Warning Signs/Low- to Medium-Risk Behaviors: Students showing several of the following behaviors may require a referral to mental health services. Any single behavior may merit response according to professional judgment.

Consider any Child Find implications associated with this referral.

Check all boxes that apply:

Feelings/Thoughts:

- Excessive feelings of isolation and being alone
- Excessive feelings of rejection
- Feelings of being picked on and persecuted
- Uncontrolled anger
- Persistent sadness/depression
- Anxiety/Nervousness
- Rapid mood swings
- Obsessive or compulsive thoughts
- Intolerance for differences and prejudicial attitudes

Behaviors:

- Poor academic performance
- Low school interest
- Sudden changes in school attendance
- Lack of interest in things he/she used to enjoy
- Little to no affect displayed
- Easily distracted
- Hyperactive
- Stealing from others
- Frequent lying
- Running away from home
- History of discipline problems
- Expression of violence in writing and drawings
- Preoccupation with death
- Animal abuse
- Access to, possession of, and use of weapons away from school

Social Interactions:

- Social withdrawal/isolation
- Family conflict
- No friends or difficulty making/keeping friends
- Recent change in peer group
- Patterns of impulsive and chronic hitting, biting, intimidating and bullying behaviors
- History of violent and aggressive behavior
- Affiliation with gangs
- Sexual inappropriateness/lack of boundaries
- Sexual acting out or promiscuity
- Pregnancy

Physical Concerns/Symptoms:

- Frequent complaints about physical aches & pains
- Unaccounted weight loss or gain
- Disordered eating
- Sleep disturbances/nightmares
- Wetting/soiling self at school
- Lack of attention to hygiene, grooming, etc.
- Dull, watery, dilated, droopy or bloodshot eyes
- Drug use and/or alcohol use
- Sees or hears things that are not present
- Altered perception of time, space, sights, etc.

Other:

- Victim of physical, emotional, sexual abuse or neglect
- Experience of a recent loss
- Other: _____

SCAN A COPY OF BOTH SIDES OF COMPLETED FORM TO mparmley@pps.net

**** If you need consultation about crisis management, mental health referrals, or available resources:
Contact Monica Parmley, PPS Mental Health Coordinator, at 503.916.2000 x71007****

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