School Name School Based Mental Health Services

COUNSELOR PROTOCOL CHECKLIST

Referral

□ Contact therapist regarding referral AND/OR Contact the Parent to notify of referral and get consent.

Develop a SBMH file for student with any appropriate information.

□ Follow up on student as needed.

Upon discharge from short-term facility, follow post-treatment procedure before student returns to class.

IF YOU HAVE ANY QUESTIONS, DO NOT HESITATE TO CALL XXXXXXX AT XXXXXXX.