



Behavioral Health Intervention Services (BHIS)

Name of child: _____ School: _____

Teacher: _____ Grade: _____

Based on recommendations of the mental health treatment team, BHIS services should be delivered during school hours for the above named child with the following criteria:

1. Services should not interfere with school instruction if at all possible
2. Coordination of the clinical treatment plan with identified school staff is required
3. BHIS should not be delivered in non-therapeutic settings, i.e. school hallways, stairwells

Documented reasons indicating that BHIS during school hours would be clinically more beneficial than providing the services after school hours:

Access to services

Medicinal support in tact

Minimize disruption of school attendance

Transference of skills

Reduce school refusal behavior

Modeling boundaries

Reduction of distractions

Transportation barriers

Developmental reasons i.e. fatigue, irritable after school hours

Other:

**Signed form is valid through the current academic school year.*

Parent/ guardian signature: _____ Date: _____

School Representative signature: _____ Date: _____

GCMAC Representative signature: _____ Date: _____