

Behavioral Health Intervention Services (BHIS)

Name of child:	School:
Teacher:	Grade:
Based on recommendations of the mental health tre during school hours for the above named child with	
 Services should not interfere with school i Coordination of the clinical treatment plan BHIS should not be delivered in non-thera 	-
Documented reasons indicating that BHIS during seproviding the services after school hours:	chool hours would be clinically more beneficial than
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:
I understand that checking this box constitute acknowledge and agree to the above Terms	
School Representative signature:	Date:
I understand that checking this box constitut acknowledge and agree to the above Terms	
GCMAC Representative signature:	Date:
I understand that checking this box constituted acknowledge and agree to the above Terms	