## Ventura County SELPA

This form located at [www.vcselpa.org](http://www.vcselpa.org)

**RECORD OF SOCIAL/EMOTIONAL**

**AND BEHAVIORAL INTERVENTIONS**

##### This form to be completed before referral to an Intensive School-Based Therapist for assessment for Educationally Related Social Emotional Services

##### Student Name Click here to enter text. D.O.B. Click here to enter text. District Click here to enter text.

I. Describe how social/emotional or behavioral characteristics impede the student from benefiting from his/her special/education program. Include rate of occurrence and intensity of emotional/behavioral incidences:

Click here to enter text.

II. Were these issues addressed as IEP Goals/Objectives in past IEP(s)? If “yes,” attach progress reports for relevant goals. If “no”, give a brief explanation as to why they were not:

Click here to enter text.

III. Use the table below to note school counseling and guidance, psychological services, parent counseling and training, social work services, behavior interventions or other school-based interventions that have been implemented to address the goals listed above.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Service Type | Provider | Frequency | Duration | Start Date | End Date |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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IV. Rationale for district’s decision to request assessment for Educationally Related Social Emotional Services by an Intensive School-Based Therapist:

Click here to enter text.