**Ventura County SELPA**

**Background Information for**

**Social/Emotional Assessment by Intensive School-Based Therapist**

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

Student Name:Click here to enter text. Age: Click here to enter text.

District:Click here to enter text. School: Click here to enter text. Grade:Click here to enter text.

Current Placement: Click here to enter text.

Parent Name: Click here to enter text.

Address: Click here to enter text.

Email:Click here to enter text. Home phone: Click here to enter text.

Cell phone: Click here to enter text. Work phone: Click here to enter text.

(indicate best way to reach parent and whether it is okay to leave voice messages.)

Click here to enter text.

Assessment Team Lead Name and Title: Click here to enter text.

Email: Click here to enter text. Phone: Click here to enter text.

Special Education Case Manager: Click here to enter text. (If not Team Lead)

Email: Click here to enter text. Phone: Click here to enter text.

School Psychologist: Click here to enter text. (If not Team Lead)

Email: Click here to enter text. Phone: Click here to enter text.

1. (Outside of School) Mental health services the student has received in the past (include names of therapists, if known) – Click here to enter text.
2. Current relevant sources of data in the child's file to be reviewed – Click here to enter text.
3. Types of social/emotional assessments school psychologist plans to conduct – Click here to enter text.
4. Please send results to me no later than: Click here to enter text.

Attachments:

Consent for Exchange of Information  Attached  To follow in hard copy

Assessment Plan  Attached  To follow in hard copy

“Record of Social/Emotional and Behavioral Interventions” form.