



LifeSkills, Inc.

### School Mental Health Screening Recommendation

Student Name: \_\_\_\_\_ Date of Screening: \_\_\_\_\_  
 Time in: \_\_\_\_\_ Time out: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_ DOB: \_\_\_\_\_  
 School: \_\_\_\_\_  
 Evaluator Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Parent/guardian name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Parent reached prior to screening? Yes \_\_\_\_\_ No \_\_\_\_\_ Time called: \_\_\_\_\_  
 Parent reached after screening? Yes \_\_\_\_\_ No \_\_\_\_\_ Time called: \_\_\_\_\_

Brief summary of evaluation:

**Intervention provided:**

- Verbal de-escalation
- Brief crisis management
- Assess SI/HI
- Psychoeducation
- Other \_\_\_\_\_

**Outcome/Recommendations:**

- Return to class, no follow up needed
- Refer back to ongoing clinician
- Refer for outpatient counseling
- Refer to CCSU for further assessment
- Referral to CHFS
- Referral to law enforcement
- Other \_\_\_\_\_

\_\_\_\_\_  
**Evaluator Signature**                      **Title**                      **Date**

Please note: LifeSkills employees are mandated by the Commonwealth of Kentucky to report suspected abuse or neglect to the appropriate authorities.

\* A Copy of this recommendation form will be given to referring school for their records; Copy will be kept on file with LifeSkills, Inc.\*