

# ERMHS Assessments Program Overview

## Service Description and Desired Outcome

EMBRACE conducts legally defensible ERMHS assessments to help school districts determine mental health services and placement options that best meet the educational and social-emotional needs of students in special education. All assessors are licensed mental health professionals (LCSW/LMFT/LPCC) with specific training and experience in understanding the intersection of students' mental health needs and their access to education. Currently, EMBRACE does not provide psychoeducational evaluations or cognitive testing.

Utilizing current and historical information gathered through standardized and non-standardized testing, clinical interviews, and record review, assessors provide clinical recommendations for the student's IEP team to consider. EMBRACE assessors complete their evaluations within a 60-day timeline and they collaborate with the IEP team to schedule the IEP. The purpose of this assessment is to identify the least restrictive environment/services needed to support students in managing their mental health symptoms so that they can better access and benefit from their education.

## Initiating Services

To begin the assessment process, EMBRACE must receive a referral form from the school district and a signed Assessment Plan (AP).

## What does an assessor do within the 60-day assessment period?

- Reviews student records and cumulative file to gather extensive current and historical information.
- Conducts clinical interviews with student, caregiver(s), school team, and relevant outside providers.
- Completes classroom observations (ideally two observations at different times of day).
- Assesses the student's mental health through standardized and non-standardized testing with the student, caregiver(s), and school team.
- Develops report with data that informs clinical recommendations.
- Attends IEP and presents assessment results/clinical recommendations.

## Referral Form – ERMHS Assessment

Referral Date:	Student Name:
Date of Birth:	Home Address:
SpEd Eligibility:	District + Current School + Grade:
<b>IEP Team Members</b>	<b>Name, Phone, Email</b>
<input type="checkbox"/> Parent/Guardian/Caregiver	
<input type="checkbox"/> Parent/Guardian/Caregiver	
<input type="checkbox"/> District Contact	
<input type="checkbox"/> Case Manager	
<input type="checkbox"/> School Psychologist	
<input type="checkbox"/> ERMHS Counselor	
<input type="checkbox"/> General Education Teacher	
<input type="checkbox"/> Point Person for Records	
<b>Reasons for Referral</b>	
<b>Service Requested</b>	
<p><b>Educationally Related Mental Health Services (ERMHS) Assessment.</b> Each assessment concludes with a determination of how students' mental health symptoms impact their access to and benefit from education. Based on the findings, EMBRACE assessors offer clinical recommendations to the IEP team.</p>	
Assessment Plan signed: <input type="checkbox"/> Yes, date: _____ <input type="checkbox"/> No	

**Please attach the following and indicate all that are available:**

- |  |  |
|--|--|
| <input type="checkbox"/> Signed Assessment Plan<br><input type="checkbox"/> Current IEP<br><input type="checkbox"/> Current class schedule<br><input type="checkbox"/> Attendance records<br><input type="checkbox"/> Standardized test scores | <input type="checkbox"/> SEIS access<br><input type="checkbox"/> Psychoeducational and/or other evaluation(s)<br><input type="checkbox"/> Current grades<br><input type="checkbox"/> Disciplinary records<br><input type="checkbox"/> Other: |
|--|--|

Send form to: [referrals@embrace-mh.org](mailto:referrals@embrace-mh.org)

**Questions? Contact:**

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