Embrace
mental health

3478 Buskirk Ave, Ste 260
Pleasant Hill, CA 94523
embrace-mh.org
925.943.1794

Referral Form – ERMHS Assessment

Referral Date:	Student Name:
Date of Birth:	Primary Phone #:
SpEd Eligibility:	Home Address:
District:	Current School/Grade:
IEP Team Members	**Name, Phone, Email**
☐ Parent/Guardian/Caregiver	
☐ Parent/Guardian/Caregiver	
☐ District Contact	
☐ Case Manager	
☐ School Psychologist	
☐ ERMHS Counselor	
☐ General Education Teacher	
☐ Point Person for Records	
Reasons for Referral	
Service Requested	
Educationally Related Mental Health Services (ERMHS) Assessment. 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.	
Assessment Plan signed: ☐ Yes, date: _____ ☐ No	

Please attach the following and indicate all that are available:

☐ Signed Assessment Plan

☐ Current IEP

☐ Current class schedule

☐ Attendance records

☐ Standardized test scores

☐ SEIS access

☐ Psychoeducational and/or other evaluation(s)

☐ Current grades

☐ Disciplinary records

☐ Other:

Send To:
Megan Pattie, LCSW Director of School-Related Services m.pattie@embrace-mh.org 925.360.7611