

Referral Form – Intensive Behavioral Intervention Services (IBIS)

Referral Date:	Student Name:
Date of Birth:	Home Address:
SSID:	
SpEd Eligibility:	District + Current School + Grade:
IEP Team Members	Name, Phone, Email
<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-Based/ERMHS Counselor	
<input type="checkbox"/> Behaviorist/RBT/BCBA	
<input type="checkbox"/> Other IEP Team Member/Provider	
Reasons for Referral (Please include concerns related to student’s behaviors and/or school attendance/engagement.)	
Behavioral IEP Goal(s) (List goal # and/or area of need from IEP goal page.)	
Service Requested	
<p>Intensive Behavioral Intervention Services. Individualized behavioral counseling designed to specifically target and improve concerning behaviors at home/school that impact a student’s ability to access education. In addition to providing behavioral interventions/adaptive strategies to students, IBIS clinicians coach caregivers and collaborate with the school team/outside providers to generalize skills and promote sustained change. <i>(The IBIS model requires a minimum of 4 hours of service per week with a maximum of 25 hours weekly.)</i></p>	
Service start date as listed on IEP:	
Is the student currently receiving counseling or behavioral services at school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the student have a current Behavior Intervention Plan (BIP)? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please attach the following and indicate all that are available:

- | | |
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| <input type="checkbox"/> SEIS access | <input type="checkbox"/> Current IEP with signed consent for services listed above |
| <input type="checkbox"/> Psychoeducational/Psychological/ERMHS assessment(s) | <input type="checkbox"/> Current FBA/BIP |

Send form to: referrals@embrace-mh.org

Questions? Contact:

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