**Ventura County SELPA**

**REFERRAL FOR SOCIAL/EMOTIONAL SPECIALIST SERVICES**

*(prior to referral to ERSES)*

**CONTACT PERSON**

| Name: |  
| Title: |  
| District: | School: |
| Phone: | E-Mail: |

**STUDENT**

| Name: |  
| Phone: (home) | (work) | (cell) |
| Grade: | Age: |
| District: | School: |
| Disability: |  
| Parents/Guardian Names: |  
| Current special education programs and services: |  

Please describe the social/emotional and/or behavior issues that cause you to make this referral, and how long this has been occurring. Please briefly address the support and interventions that have been implemented so far. Include social/emotional or behavioral goals included in the IEP.

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

**Anticipated Needs:**

- [ ] Counseling
- [ ] Social Work Services
- [ ] Parent Counseling
- [ ] Functional Behavioral Assessment
- [ ] Behavior Intervention Plan
- [ ] Other

**Release attached:**  
- [ ] Yes  
- [ ] No

**IEP attached:**  
- [ ] Yes  
- [ ] No

**Psychological Report:**  
- [ ] Yes  
- [ ] No

(SELPA use only)

**Date received:**  

**Staff assigned to follow-up:**  

**Follow-up contact made:**