

## ***Lakeland CTSS Referral Form***

Enclosed within this packet you will find Lakeland Mental Health's school-based CTSS referral form. It is has been developed to ensure communication between district staff, Lake Agassiz staff, and Lakeland employees. Please remember that this is a service offered by Lakeland Mental Health. Whether a student qualifies for services is to a certain extent outside of the school's control. When describing the service to parents, please ensure that they understand this is not a service provided by the school. Rather, a Lakeland Mental Health service provided in the school setting.

**\*\*\* Ensure that the school has a signed release of information with Lakeland Mental Health\*\*\***

Once the referral is completed, please send to Scott Masten - [smasten@lagassiz.com](mailto:smasten@lagassiz.com)

# Lakeland CTSS Referral Form

Student Name:  
Birthdate:  
Grade:  
Parent/Guardian:

Date:  
School:  
IEP Case Manager:

Reason for Referral: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Services to Address the Reason for Referral: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Previously Attempted Interventions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IEP Goals & Objectives to be Addressed (Please attach entire IEP): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are the parents aware of the referral? \_\_\_\_\_ Lakeland Release Signed? \_\_\_\_\_

If the student is working with a Lake Agassiz Social Worker, please have them sign below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School staff can expect the diagnostic assessment and treatment plan will be completed within two weeks from the date of referral. If a delay is beyond two weeks, Lakeland staff will contact the case manager.

**CTSS Provider:** Please provide the IEP Case Manager and Lake Agassiz Social Worker with a copy of the Diagnostic Assessment/Treatment Plan when CTSS services begin.