



# PLAINEDGE PUBLIC SCHOOLS

*Department of Special Education*

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## **PLAINEDGE PARENT REFERRAL FORM FOR NORTHWELL SCHOOL BASED MENTAL HEALTH SERVICES**

**\*\* Please return completed form to district psychologist Rebecca Lefkowitz\*\***

Email: [rebecca.lefkowitz@plainedgeschools.org](mailto:rebecca.lefkowitz@plainedgeschools.org)

### **PARENT/GUARDIAN INFORMATION**

**Parent/Guardian Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

### **STUDENT INFORMATION**

**Student Name:** \_\_\_\_\_ **Building:** \_\_\_\_\_

**Student Gender:** \_\_\_\_\_ **Student Age:** \_\_\_\_\_

**Student Date of Birth:** \_\_\_\_\_ **Student Grade:** \_\_\_\_\_

## **CURRENT/PREVIOUS HISTORY**

**Does student have current IEP/504 plan:**

**Current/Past Mental Health Interventions and/or Psychiatric Treatment:**

**Any Prior Psychiatric Hospitalizations:**

**Current Medical Issues:**

**Current Medications:**

**Does the student have a history of the following?**

**Suicidal Thoughts/Plan/Intent?: Yes      No      Unknown**

**Homicidal Thoughts/Plan/Intent?: Yes      No      Unknown**

**Audio/Visual Hallucinations?: Yes      No      Unknown**

**Substance abuse (specify what substances if known – ex. marijuana, alcohol, vaping/juuling): Yes      No      Unknown**

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**Traumatic Events (i.e. experienced physical/emotional neglect/abuse, sexual abuse, exposed to domestic violence in the home, community violence, any other scary or upsetting event the student has experienced): Yes      No      Unknown**

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**Brief description of presenting problem (provide a brief, but detailed description of why the student requires mental health services at this time):**

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