



PLAINEDGE PUBLIC SCHOOLS

Department of Special Education

241 Wyngate Drive

Massapequa, NY 11758

516-992-7480 (fax) 992-7448

Edward A. Salina, Jr., Ed.D.
Superintendent of Schools

Bridget Murphy
Director of Special Education

Nicole Duffy
Assistant Director

PLAINEDGE STAFF REFERRAL FORM FOR NORTHWELL SCHOOL BASED MENTAL HEALTH SERVICES

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

Email: rebecca.lefkowitz@plainedgeschools.org

STAFF CONTACT INFORMATION

Staff Name: _____ **Building:** _____

Date: _____ **Phone Number:** _____

Email Address: _____

STUDENT INFORMATION

Student Name: _____ **Building:** _____

Student Gender: _____ **Student Age:** _____

Student Date of Birth: _____ **Student Grade:** _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: _____ **Relationship:** _____

Email Address: _____ **Phone Number:** _____

Is parent aware referral form was submitted on behalf of child? Yes No

CURRENT/PREVIOUS HISTORY

Does student have current IEP/504 plan:

Has anything been done in the classroom/school setting to support the student?:

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

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

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