

**CONFIDENTIAL
PATIENT
INFORMATION:
See California
Welfare and
Institutions Code
Section 5328.**

San Mateo County Health System
Behavioral Health and Recovery Services



ASSESSMENT PLAN

Permission for Chapter 26.5 Mental Health Assessment

Your child, _____, has been referred by his/her school for a mental health assessment for Chapter 26.5. The purpose of this assessment would be to determine whether or not mental health services are needed in order for him/her to benefit from his/her special education program. If it is determined that mental health services are needed to help the school meet your child's needs, the assessment will include recommendations for these Mental Health Programs/Services. Both the mental health assessment and any services that might be delivered as a result of the assessment would be provided at no cost to you.

Your permission for a Chapter 26.5 mental health assessment is requested so that we can proceed with the referral. The assessment would include:

1. Review of student records (cumulative folder and confidential special education file)
2. Interview/s with the teacher/s and other school staff as needed
3. Observation of the student, preferably in the classroom
4. Consultation with previous psychotherapist if applicable
5. Interview/s with parent/s
6. Contact with other agencies involved, if applicable
7. Interview with student

In addition, mental health assessment procedure may include:

8. One to three diagnostic therapy sessions
9. Diagnostic psychological testing
10. Psychiatric/medication consultation
11. Review of appropriate medical records

Please check one of the following and sign:

_____ I hereby give my informed consent for the assessment, described above, to be conducted. I understand that the result will be kept confidential and that I will be invited to attend the Individualized Education Program team meeting to discuss the result. It is also my understanding that no educational placement/service will result from this assessment without my written permission.

_____ I hereby deny consent to conduct the assessment described above.

Student Name

SS# or Date of Birth

Signature of Parent/Guardian/Person acting as Parent

Date