

<input type="checkbox"/> Clinical
-----------------------------------

# Ready to Learn

## A collaboration between Central Clinic Behavioral Health and CPS

The Ready to Learn program provides school-based behavioral health services. Activities and services are designed to enhance students' strengths and reduce risk factors that are barriers to learning, allowing for social-emotional growth and academic achievement.

My child, \_\_\_\_\_, has my permission to participate in consultation and counseling services. These services may include individual or group counseling with my child, reviewing my child's school records (including Achievement Assessment results), classroom observations and/or discussions about my child's behavior and academic progress with his/her teacher(s), school-based health center, school nurse, resource coordinator, and school/district administrators which includes support services (i.e. school psychologist, school social worker, etc). This information will be used in a confidential manner to provide coordinated support, to assess the effectiveness services and to plan for future programming.

School: \_\_\_\_\_

Parent Signature	Date
------------------	------

Teacher's Name	Grade
----------------	-------

Contact Telephone Number	Child's DOB
--------------------------	-------------

Person making referral: \_\_\_\_\_

Services recommended: \_\_\_\_\_

PHQ-9 copy attached YES or NO

Reason for

Referral: \_\_\_\_\_

---



---



---



---



---