

School Based Therapy

School-based therapy is a unique and holistic form of counseling. It can reach many children and increase success in therapy by incorporating key areas of a child's life including: home, school, and social aspects. Our therapists work closely with the schools and guardians/parents to help meet your children's mental health needs. It can be especially helpful for families because we primarily see children at school. It also provides a support to those who are having challenges within the school setting. We have found school based counseling to be effective and beneficial to many children and families.

There are however limits to school-based services. Due to a high volume of referrals, school events, testing, and other scheduling conflicts we cannot see each child weekly. Additionally, our sessions are usually around 30 minutes. We assess each child and try to meet their level of need with weekly, bi-weekly, or monthly sessions. If you feel your child needs more consistent and/or frequent sessions our agency provides outpatient sessions which are more in depth and can meet a greater level of need. Additionally if your child's level of need increases once services are in place we will reach out to you to discuss additional referrals or changes in level of care.

While during the school year we primary see the children in the schools, there will be times when we strongly encourage families to participate in treatment planning and counseling sessions. This helps provide comprehensive and integrated care and best serves your child. It is also important that the services being provided to your family continue over the summer to ensure therapeutic growth and to assist with any issues that may arise outside of the structured school environment. We know summer is a busy time, so we can work with your schedule to continue to meet your child's mental health needs. If you are unable to participate in summer sessions, due to the length of time without your child being seen, we will close out your child's case and can reassess at the beginning of the school year if needed.

It is important that you provide information on your insurance provider and copies of your child's insurance card before our initial appointment. This can assist us in assigning a therapist who can bill for your services and allow us to verify coverage and any cost prior to starting services.

We look forward to working together to provide the best level of care for you and your child.

Please feel free to reach out to our agency if you have any questions about school based or other counseling services with A Caring Alternative: 828 437-3000 .

Client Name:

DOB:

Ins ID#:

Record#:



Referral date

Referral source:

SCHOOL BASED THERAPY INTAKE & REFERRAL FORM

Client Name: _____
 LAST NAME **FIRST NAME** **MI** **ADOPTIVE NAME**

DOB: _____ **Social Security #:** _____

Current Address: _____
 STREET ADDRESS CITY STATE ZIP CODE

Client Home Phone #: _____ **Alternate Number(s):** _____

Gender: _____ Male _____ Female **Race:** _____

INSURANCE INFORMATION

MEDICAID/NC HEALTH CHOICE: _____
If Medicaid recipient, please indicate the county of origin: _____ County of residence: _____
PRIVATE INSURANCE: _____ POLICY #: _____

GUARDIAN INFORMATION

☐ NA ☐ FULL GUARDIANSHIP ☐ LIMITED GUARDIANSHIP ☐ KINSHIP ☐ TEMPORARY

Guardian/Emergency Contact Information (If applicable):

Name of Guardian or Guardianship Agency *Relationship to Individual*

EDUCATION

SCHOOL OF ENROLLMENT: _____ GRADE/HOMEROOM TEACHER: _____

REFERRAL INFORMATION

Please inform us of presenting need for services (Include IEP/504, mental health service history, and any needed accommodations for services).

GUARDIAN AGREEMENT FOR SERVICES:

Signature **Date**