

INTERNAL REFERRAL FORM (IRF)-- MENTAL HEALTH

Date:		
Referral From:		
Staff Name	Title	
Child's Name:	Do	ate of Birth:
Classroom:		
I have notified parent/guardian about this referral: [] In person [] By phone [] Operation	Other	[] Not notified
I am currently talking with the Classroom Coach & M	entor about how to support this	s child/family: [] Yes [] No
Concerns: (Check all that apply)		
[] Behavior / mental health concern - child	[] Expressed by parent	[] Mild
[] Family concern (e.g. CPS case, family illness or death, other traumatic event, etc.)	[] Expressed by staff	[] Moderate
	[] Expressed by other:	[] Severe
Detailed Reason for Referral:		

Other Agencies Currently Involved:

Plan of Action: (Check all that apply)

[] Nothing for now. I will implement the strategies listed below and keep the Classroom Coach & Mentor updated on the progress of the concern.

[] Request Classroom Coach & Mentor to come observe/meet; implement eDECA strategies

[] Request Early Childhood Mental Health Consultant referral

[] Request Multi-Disciplinary Team Meeting support (Please complete as many Behavior Incident Reports over the next two weeks in preparation for the meeting)



FOR CHILD CONCERNS: Please check the strategies you will use with the child to address area(s) of concern

<u>Area to</u>	What Teachers will Implement in Classroom	
Strengthen	(Check all that apply)	
<u>Relationship</u>	 [] Notice the child during the behavior you are looking for [] Use positive language – tell child what TO DO [] Examine own beliefs/perceptions about child's behavior [] Take 1 on 1 time to build positive bond with child [] Adults need to model for this child [] Adults need to consistently use composure skills [] Avoid judging the child when they are exhibiting this behavior and instead provide positive intent. (Use the words "You wanted" Or "You were hoping") [] Hand over hand assistance through activities [] Reflect on child's perspective, experience, and needs 	
<u>Environment</u>	 [] Use interactive Visual Schedule throughout the day [] Post and review Classroom rules/expectations daily [] Rearrange classroom to reduce high-conflict areas [] Use space markers for circle-time, meals, lining up, etc. [] Give the child a specific job to do [] Add sensory breaks; add sensory or movement to activity [] Limit wait time/make wait time active/let child go first Other: 	
<u>Social-Emotional</u> <u>Skills</u>	 [] Teach child to "pause and think" [] Two positive choices [] Use first and then language [] Teach about emotions (books, track own feelings) [] Provide an "I Love You Ritual" during a specific part of the daily routine [] Teach child new skill with social story [] Practice calm breathing [] Teach friendship skills [] Use visual aids/signs to communicate needs, show child sequence of activities/routines [] Use tools to help reduce conflict (timer, sign-up sheet) 	
Staff signature:	Date:	
-	Date:	
-		
CCM signature:	Date:	

DSC signature : _____

Parent/guardian signature [if in person]: ______ Date: _____

Date: _____