



ST. MARTIN PARISH SCHOOL BOARD (SMPSB)

PARENTAL REQUEST/ACKNOWLEDGMENTS/CONSENT
OUTSIDE BEHAVIORAL HEALTH PROVIDER SERVICES
DURING THE SCHOOL DAY

Date: \_\_\_\_\_

Delivered via: \_\_\_ U.S. Mail \_\_\_ In Person To: \_\_\_\_\_
Other: \_\_\_\_\_
Parent/Guardian/Educational Rights Holder: \_\_\_\_\_
Address: \_\_\_\_\_
Home/Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_
School: \_\_\_\_\_ Grade: \_\_\_\_\_

This is a formal request, pursuant to La. R.S. 17:173 and 3996(B)(45) for (Print full name and address of individual behavioral health provider or provider agency \_\_\_\_\_

to provide behavioral health services to my child while at school during the school day. In making this request:

- I understand that: (1) this request; (2) a signed Consent to Release Information form; and (3) a copy of a valid behavioral health evaluation completed by a qualified behavioral health provider (BHP) must be submitted to Adrienne Huval, representative of the St. Martin Parish School Board (SMPSB), at P.O. Box 1344, Breaux Bridge, LA 70517 or at adrienne\_huval@saintmartinschools.org.
I understand that the qualified BHP I have selected must meet additional requirements required by law and SMPSB policies and procedures in order to access my child for behavioral health services during the school day.
I understand that the SMPSB staff will review my request and make a final determination about whether my chosen BHP has met necessary requirements established by law and SMPSB policies and procedures, including appropriate licensing and insurance.
I understand that incomplete applications for the requested BHP services will not be considered for approval by the SMPSB.
I understand that I am responsible for any and all costs associated with the behavioral health services I have unilaterally selected for my child pursuant to this request.
I understand that State law requires each student in grades 1-12 to receive a minimum of 360 minutes of educational instruction, per day, for a minimum total equivalent of 167 days per school year. (Instructional time consists of scheduled time during the school day devoted to

teaching core educational content and educational courses and experiences outlined in a program of studies approved by the Louisiana Department of Education (LDE)).

- ❖ I understand that the SMPSB provides its students with the required minimum of 360 minutes of educational instruction per day in accordance with State law and LDE requirements.
- ❖ I understand that while on a school campus, the behavioral health provider is required by law to comply with, and abide by, the terms of any Individualized Education Program, Individualized Accommodation Plan, Section 504 Plan, Behavior Management Plan, or Individualized Health Plan applicable to a student who is my patient/client.
- ❖ As a result of my request for non-educational behavioral health services, I hereby acknowledge and understand that my child **will not** receive the daily educational instruction time to which he is entitled by law and considered by the Louisiana Legislature and LDE to be necessary to facilitate student progress.
- ❖ I acknowledge and understand that my child's educational performance may decline due to repeated absences from class and/or occasions of tardiness during the school day as a result of my decision to allow non-educational behavioral health services to interrupt my child's instructional day.
- ❖ I understand that, separate from this request, the SMPSB offers and makes available certain behavioral health services to identified students who demonstrate an educational need for such supportive services during the school day.
- ❖ I understand that the BHP's access and services to my child on SMPSB premises is a privilege, not a right, and must conform to parameters established by the Superintendent and St. Martin Parish School Board. Violations are subject to termination and sanctions for a period of two years.

**REQUEST AND CONSENT FOR BEHAVIORAL HEALTH TREATMENT OF MINOR**

**I CERTIFY THAT I UNDERSTAND THE REQUIREMENTS FOR OBTAINING OUTSIDE NON-EDUCATIONAL BEHAVIORAL HEALTH SERVICES FOR MY CHILD WHILE AT SCHOOL DURING THE SCHOOL DAY AND FURTHER UNDERSTAND THAT I AM GIVING UP MY CHILD'S EDUCATIONAL RIGHTS BY VOLUNTARILY AUTHORIZING SUCH NON-EDUCATIONAL BEHAVIORAL HEALTH SERVICES DURING THE SCHOOL DAY. RECOGNIZING THE POTENTIAL NEGATIVE IMPACT ON MY CHILD'S EDUCATIONAL PERFORMANCE, I HEREBY REQUEST AND AUTHORIZE THE ABOVE-REFERENCED BEHAVIORAL HEALTH PROVIDER/AGENCY TO PROVIDE NON-EDUCATIONAL BEHAVIORAL HEALTH SERVICES TO MY CHILD, \_\_\_\_\_, WHILE AT SCHOOL DURING THE SCHOOL DAY.**

\_\_\_\_\_  
**Parent/Guardian/Authorized Representative (PRINTED)**

\_\_\_\_\_  
**Parent/Guardian/Authorized Representative (SIGNATURE)**

\_\_\_\_\_  
**Date**