



**PARENTAL REQUEST/ACKNOWLEDGMENTS/CONSENT
MEDICALLY NECESSARY BEHAVIORAL HEALTH PROVIDER SERVICES
DURING THE SCHOOL DAY**

Date: _____

Delivered via: <input type="checkbox"/> U.S. Mail <input type="checkbox"/> 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 medically necessary behavioral health services to my child while **at school during the school day**. In making this request:

- G I understand that: (1) this request; (2) a signed Consent to Release Information form; and (3) a copy of a valid behavioral health evaluation and treatment plan completed by a qualified behavioral health provider (BHP) **must be submitted to Mike Hill, representative of the Calcasieu Parish School Board CPSB, at mike.hill@cpsb.org.**
- G I understand that the qualified BHP I have selected must meet additional requirements required by law and CPSB policies and procedures in order to access my child for medically necessary behavioral health services during the school day.
- G I understand that the CPSB staff will review my request and make a final determination about whether my chosen BHP has met necessary requirements established by law and CPSB policies and procedures, including appropriate licensing, insurance, and background check.
- G I understand that incomplete applications for the requested BHP services will not be considered for approval by the CPSB.
- G I understand that I am responsible for any and all costs associated with the medically necessary behavioral health services I have unilaterally selected for my child pursuant to this request.
- G 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 177 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).

- G I understand that the CPSB provides its students with the opportunity to receive the required minimum of 360 minutes of educational instruction per day in accordance with State law and LDE requirements.
- G 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.
- G As a result of my request for medically necessary behavioral health services, I hereby acknowledge and understand that my child **may not** receive the daily educational instruction time to which he is entitled by law and LDE to be necessary to facilitate student progress.
- G I acknowledge and understand that my child’s educational performance may decline or fail to progress due to repeated absences from educational services during the school day as a result of my decision to allow medically necessary behavioral health services during my child’s instructional day.
- G I understand that, separate from this request, the CPSB offers and makes available certain behavioral health services to identified students who demonstrate an educational need for such supportive services during the school day.
- G I hereby decline educationally related behavioral health services which may have been made available by the CPSB in favor of the parentally selected behavioral health services provided by a parentally selected behavioral health service provider paid at my own expense.
- G I understand that the BHP’s access and services to my child on CPSB premises must conform to parameters established by the Superintendent and Calcasieu 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 MEDICALLY NECESSARY BEHAVIORAL HEALTH SERVICES FOR MY CHILD WHILE AT SCHOOL 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 MEDICALLY NECESSARY BEHAVIORAL HEALTH SERVICES TO MY CHILD, , WHILE AT SCHOOL DURING THE SCHOOL DAY.

Parent/Guardian/Authorized Representative (PRINTED)

Parent/Guardian/Authorized Representative (SIGNATURE)

Date