



**ST. MARTIN PARISH SCHOOL BOARD
PRINCIPAL NOTIFICATION/CHECKLIST**
(Act 745 Medically Necessary Behavioral Health Services)

Date: _____

MEMORANDUM TO: _____, Principal

_____, School

FROM: _____, Superintendent (OR DESIGNEE)

RE: **Behavioral Health Provider Request/Approval**

The following individual/agency has

G _____ **requested** to provide medically necessary behavioral health services at your school during the school day. You will be notified once the individual/agency has met necessary requirements to deliver medically necessary behavioral health services at your school during the school day. **NO behavioral health services may be provided at your school until approval is granted by this office.**

Please notify this office immediately if your school is currently unable to accommodate the request due to space limitations.

G _____ **met requirements** to provide medically necessary behavioral health services at your school during the school day. In keeping with school board policies and procedures, the individual must collaborate with you to determine space availability and a schedule for delivery of services to the student. You should also establish the protocol that you expect to be followed for sign-in and sign-out, summoning the student from class, and other such administrative requirements. The services provided by the BHP to any given student not exceed 45 minutes per day or a single class period, or more than 2 x/days per week.

G _____ **NOT met requirements** to provide behavioral health services at your school during the school day. The individual/agency is **NOT authorized** to access the student for services during the school day. Please direct the individual to this office.

Name of Student: _____

Name of Behavioral Health Provider/Agency: _____

Name of Specific Provider (if different from above): _____

Date BHP is Authorized to Begin Services: _____

Complete attached checklist to ensure that __PSB procedures are being followed. Immediately report any violations of procedures to this office.

Requirement	Date	Due Date	Comments/Description
BHP reports to school office upon entering campus			
BHP presents picture ID and completes sign-in/sign-out visitor sheet (for each visit)			
Meeting with Principal (initial and any follow-up meetings requested)			
Service Times Determined via Collaboration			
Principal Assigns Designated Service Area			
Principal Designates Method of Summoning Student			
Mutually Determined Collaboration Schedule			
Mutually Determined Progress Reporting Requirements		5 days prior to each reporting period	
BHP Advised of __PSB's Emergency Protocol/Reporting Requirements for Threats of Violence and Threats of Terrorism			
BHP's Service/Activity Schedule Submitted to Principal			
Other:			