



HEALTH SERVICES

2577 NE Courtney Drive, Bend, Oregon 97701
Public Health (541) 322-7400, FAX (541) 322-7465
Behavioral Health (541) 322-7500, FAX (541) 322-7565
www.deschutes.org

Referral for Safe School Assessment

Student being referred: _____

Referring School & Contact Information: _____

Parent(s)/Guardian of student: _____

Contact Information: _____

Reason for Referral:

A Safe School Assessment will not be scheduled until all information below is received.

1. Completed Referral Form by school administrator including reason for referral.
2. Completed Risk Screen by school representative.
3. Signed Release of Information or Permission to Exchange Information by the Parent(s)/Guardian.
4. Contact information for Parent(s)/Guardian with up to date phone numbers.
5. Detailed summary/description of the incident(s).
6. Description of prior behavioral/disciplinary referrals with actions taken. Copies of Incident Reports or Behavioral Reports.
7. Copy of any previous Safe School Risk Assessment on file, especially if from district out of Deschutes County.
8. Grades and Attendance for past school years (1-2 years); including transcript if available.
9. Copy of IEP, 504 Plan, and Behavioral Intervention Plans if available.
10. Fax, Mail, or Hand Deliver ONLY to Deschutes County Behavioral Health Services. Contact Evaluator at (541)322-7620 to confirm documents have been received.