

Pathways Behavioral Health Services
School Based Liaison – At Risk Youth Services

CONSULTATION REQUEST FORM (CRF)

Date of Request: _____

Requesting Teacher: _____

Student's Name: _____ Grade: _____

School (check one): Crockett Middle School
 Crockett High School
 Crockett Alternative School

Student currently identified as:

- Yes No Special Education
 Yes No Emotionally Disturbed (ED)
 Yes No Substance Use/Abuse Disorder (SUAD)?

Reason for Request: (Check all that apply)

- Poor Academic Performance
 Disruptive Behavior in classroom
 Emotional Disturbance
 Increase in Environmental Stressors
 Discharge from psychiatric hospital or residential treatment facility

Planning Period/Best Time to Discuss: _____

REQUESTING TEACHER SIGNATURE

Please do not write below this line

Date of consultation _____

Identified Need _____

Plan of Action _____

- Additional Scales and/or rating measures given to teacher?
 Parental permission form discussed and given to teacher?

LIAISON SIGNATURE

Important Numbers:

Youth Villages Crisis (18 and under) – 1-866-791-9227

Pathways Crisis (18 and older) – 1-800-372-0693

Pathways Behavioral Health- 1-800-587-3854 or 731-541-8200

Child Abuse Hotline- 1-877-237-0004

W.R.A.P Crockett County- 1-800-273-8712 or 1-800-787-3224
(TTY)

Quinco Mental Health- 731-664-2083



YOUTHrecovery
PATHWAYS BEHAVIORAL HEALTH SERVICES
An affiliate of West Tennessee Healthcare

