

Minnewaska Area Schools

Mental Health Services Referral Form

Minnewaska Area Schools is offering mental health services to general education students K-12.

If you are interested in services, individual therapy, or an appointment for your child, please complete the form below and email it to: kberglan@isd2149.org

Date of Referral: _____

Individual(s) Making Referral: _____

Student Name: _____ Grade: _____

Parent(s)/Guardian(s) Name: _____

Address: _____

Phone Number(s): _____

Email: _____

Current Symptoms and Concerns:

Previous Outpatient Therapy? Yes No

Provider/Agency Name: _____

