



DEPARTMENT OF EDUCATION STUDENT SUPPORT SERVICES DIVISION

501 Mariner Avenue
Barrigada, Guam 96913
Telephone: (671) 300-1623/1624



Form B – Section I: Behavioral Health Services Initial Disposition Notification

Student Name:	
Date of Birth:	
Student ID #:	
School Name:	
Date of Referral:	

Documents Reviewed:

- Referral (Form A: Student Referral For Behavioral Health Services & Consultation)
- Behavioral Health Services Referral Checklist
- Child Study Team (Date Completed: _____)
- Functional Behavioral Assessment
- Behavior Intervention Plan
- Mental Health Screener:

DISPOSITION RECOMMENDATION:

- Behavioral Health Service**
 - Student Observation
 - Psychological Assessment
 - Consultation
 - School-Based Behavioral Health
 - Referral to SPED
 - Referral to Guam Behavioral Health & Wellness Center (I'Famagu'on-ta, Project LINC, etc.)
 - Referral to other services: _____
- No Behavioral Health Service**
 - Referral Incomplete
 - Additional Information Needed:

Additional Comments:

SBBH Provider Name & Signature: _____



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Form B – Section II: Behavioral Health Services Status Update

Student Name:	
Date of Birth:	
Student ID #:	
School Name:	
Date Services Rendered:	

Behavior Health Service

- Intake Assessment
- Treatment Planning
- Diagnosis
- Substance Use Assessment/Treatment
- Consultation
- Individual Therapy
- Group Therapy
- Family Therapy
- Critical Incident Stress Debriefing

Status Update:

SBBH Provider Name:	
Signature:	
Date:	

Administrative Closure Approval by SSSD Administrator

SBBH Provider attempt to make contact with student and parent:

Date & Time	Contact/Attempt

- Approved
- Disapproved

Administrator, Student Support Services Division/Date