



**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:

<i>Date & Time</i>	<i>Contact/Attempt</i>

- ☐ Approved
- ☐ Disapproved

Administrator, Student Support Services Division/Date