



## Referral for School-Based Therapy

*Note: This form is for referral purposes only. An in-person intake and assessment must be completed with the therapist by the legal parent/guardian in order to establish services. It is ultimately the responsibility of the parent/guardian to schedule an appointment with the school-based therapist.*

Date of Referral: \_\_\_\_\_ Referred by: \_\_\_\_\_

Referral discussed with and accepted by parent/guardian: Y N

Student Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Student Name: \_\_\_\_\_

Legal Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Permission to: Call Text Email (Circle all that apply)

Insurance provider for student: \_\_\_\_\_

Is the child currently receiving other services at this time? Y N

If yes, please explain: \_\_\_\_\_

Reason for referral:

---

---

---

*Please complete this form and return it to Pam Freeman, LISW  
School-based therapist for Pleasant Hill Elementary (Mailbox located in front office)  
Contact information:  
New Beginnings Counseling Service, 6200 Aurora Ave., Suite 103E, Urbandale, Iowa 50322  
Email: [pfreeman@nbcsiowa.com](mailto:pfreeman@nbcsiowa.com) Office: 515-401-6886 Cell: 515-981-2044*