

# How to print a copy of referral submitted CVESD ONLY



Family Resource Center  
CVESD/SUHSD School Referral Form  
540 G Street, Chula Vista, CA 91910 | www.chulavistaacc.org | 619.427.2119

\* Required

1. Referral Date \*

Please input date (MM/DD/YYYY)

2. Is this a mental health urgency? \*

No

Yes (If Yes, as required per district protocol for risk assessment, contact your school's psychologist and/or a trained staff member for assistance with active risk). CVESD is NOT able to accept referrals in which a student is actively at risk.)

3. Indicate recommended time frame to contact family to set up an appointment \*

Within 1 week (routine)

Within 2-4 days (urgent)

Within 24 hours/1 work day (emergency)

4. Was verbal consent for services given by the parent(s)/legal guardian(s)? \*

Yes

No - If no, contact family to get verbal consent OR explain special circumstance for not getting verbal consent.

Next

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## Go to referral link

Type in the information requested for FES to contact the family.  
CLICK NEXT



## Referring Party Info:

Complete all of your information, CLICK NEXT.

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\* Required

School Referring Party Information  
(IRC staff to contact and to provide case status updates)

5. Staff Name \*

Enter your answer

6. Staff Title \*

Enter your answer

7. Email \*

Enter your answer

8. School \*

Enter your answer

9. Phone \*

Enter your answer

Back Next

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## Family and Student information:

Make sure that all of the student as well as the family's information is completed. You can print a copy of your referral submitted. CLICK SUBMIT. You will receive an automatic confirmation of your submission.

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\* Required

Family Information

10. Student Name \*

Enter your answer

11. Date of Birth \*

Please input date (MM/DD/YYYY)

12. Grade \*

Enter your answer

13. Insurance Provider \*

Enter your answer

14. Parent(s) Name \*

Enter your answer

15. Home Address \*

Enter your answer

15. Home Phone \*

Enter your answer

16. Cell/Alternate Phone \*

Enter your answer

17. Email \*

Enter your answer

18. Preferred Language \*

Enter your answer

19. Home Address \*

Enter your answer

20. Best time to contact family? \*

Morning

Mid-Day

Afternoon

Evening

21. Please indicate if there is anyone we are NOT to talk to (contact) \*

Enter your answer

22. Please provide detailed reason for sending referral? \*

Enter your answer

23. Please state what actions/steps have already been taken by parent or school? \*

Enter your answer

You will print a copy of your answer after you submit.

Back Submit

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## Need a copy of Referral:

Don't forget to print a copy of the referral submitted if needed.

Print or get PDF of answers

Family Resource Center  
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Thanks!

Your response was submitted.

Print or get PDF of answers

Submit another response

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## Contact:

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