

REFERRAL / SOLICITUD

MENTAL HEALTH FORMS

PARENT / GUARDIAN REFERRAL STUDENT SELF-REFERRING CONSENT FORMS

If you are seeking mental health services for a student enrolled in PSUSD, please complete the referral form in its entirety. Thank you.

Si busca servicios de salud mental para un estudiante inscrito en PSUSD, por favor complete el formulario de derivacion en su totalidad.
Gracias.

Click on the link: [Parent / Guardian Request Mental Health Services](#)

(<https://docs.google.com/forms/d/e/1FAIpQLSf2WLfcgZwOlsgYpn26RhKPStmeqjemMd1V1hd9za4IUvdfw/viewform?usp=sharing&ouid=116947138916085184299>)



× **Ask the PSUSD chatbot!**