South Central Community School Corporation
9808 South 600 West | Union Mills, IN 46382
Phone: 219-767-2263 | Fax: 219-767-2260 | www.scentral.k12.in.us
Home of the Satellites!

Mental Health Professional/Physician Form

Patient/Student Full Name: _____

Date Seen: _____

Important Information Regarding the Visit:

Safety Plan Items:
Please include any accommodations or items that should be included in this student's return to school safety plan. Please understand the school cannot guarantee all items are able to be implemented. ***The school is NOT able to provide full-time one-on-one supervision to any students.***

☐ (Please check if applicable) The patient/student has completed a Risk Assessment and has been determined to be able to be released back to school.

Counselor/Mental Health Professional/Physician Printed Name:

_____

Counselor/Mental Health Professional/Physician Signature:

_____

Date: _____