

DOCUMENTING EDUCATIONALLY RELATED MENTAL HEALTH SERVICES (ERMHS) ON THE IEP

Outpatient Services

✓ IEP Form 4: Annual Goals

- The IEP includes at least one annual goal that is addressed by ERMHS
- If the student takes an alternate assessment (i.e., CAPA), the annual goal addressed by ERMHS includes benchmarks or short-term objectives

✓ IEP Form 5A: Special Education and Related Services

- **Service:** *Individual Counseling* (if ERMHS will include one-to-one counseling)
- **Service:** *Counseling and Guidance* (if ERMHS will include group counseling)
- **Service:** *Parent Counseling* (if ERMHS will include parent counseling)

For each service listed above, document the following:

- **Provider:** *Nonpublic agency (NPA) under contract with SELPA or district (Vista Hill)*
- **Frequency:** *Monthly or Yearly depending on particular circumstances and needs of student*
- **Duration:** *Minutes per year (e.g. 300)*
- **Start Date:** *Enter a date that is within 30 days of IEP meeting date*
- **End Date:** *Enter the date that corresponds to the next annual review*
- **Location:** *Separate classroom in public integrated facility (office on comprehensive campus)*
or
Separate school or Special Education Center or facility (REACH)
or
Continuation School (Chaparral)
or
If attending Helix or Steele Canyon: Charter School operated by an LEA/district

Day Rehab

✓ IEP Form 4: Annual Goals

- The IEP includes at least one annual goal that is addressed by ERMHS
- If the student takes an alternate assessment (i.e., CAPA), the annual goal addressed by ERMHS includes benchmarks or short-term objectives

✓ IEP Form 5A: Special Education and Related Services

- **Service 1: Day Treatment Services**
 - **Provider:** *Nonpublic agency (NPA) under contract with SELPA or district (Vista Hill)*
 - **Frequency:** *Daily*
 - **Duration:** *Total Minutes in the students school day (e.g., 375)*
 - **Start Date:** *Enter a date that is within 30 days of IEP meeting date*
 - **End Date:** *Enter the date that corresponds to the next annual review*
 - **Location:** *Separate school or Special Education Center or facility (Frontier)*
- **Service 2: Specialized Academic Instruction (SAI)**
 - **Provider:** *District of Service*
 - **Frequency:** *Daily*
 - **Duration:** *Minutes per day (e.g. 180)*
 - **Start Date:** *Enter the same date as the Start Date for Day Treatment Services*
 - **End Date:** *Enter the same date as the End Date for Day Treatment Services*
 - **Location:** *Separate school or Special Education Center or facility (Frontier)*

- **Service 3: Behavior Intervention Services**
 - **Provider:** *District of Service*
 - **Frequency:** *Daily*
 - **Duration:** *Total Minutes in the students school day (e.g., 375)*
 - **Start Date:** *Enter the same date as the Start Date for Day Treatment Services*
 - **End Date:** *Enter the same date as the End Date for Day Treatment Services*
 - **Location:** *Separate school or Special Education Center or facility (Frontier)*

- **Service 4: Individual Counseling**
 - **Provider:** *Nonpublic agency (NPA) under contract with SELPA or district (Vista Hill)*
 - **Frequency:** *Weekly*
 - **Duration:** *Minutes per week (e.g. 60)*
 - **Start Date:** *Enter the same date as the Start Date for Day Treatment Services*
 - **End Date:** *Enter the same date as the End Date for Day Treatment Services*
 - **Location:** *Separate school or Special Education Center or facility (Frontier)*

- **Service 5: Counseling and Guidance**
 - **Provider:** *Nonpublic agency (NPA) under contract with SELPA or district (Vista Hill)*
 - **Frequency:** *Weekly*
 - **Duration:** *Minutes per week (e.g. 60)*
 - **Start Date:** *Enter the same date as the Start Date for Day Treatment Services*
 - **End Date:** *Enter the same date as the End Date for Day Treatment Services*
 - **Location:** *Separate school or Special Education Center or facility (Frontier)*

- **Service 6: Parent Counseling**
 - **Provider:** *Nonpublic agency (NPA) under contract with SELPA or district (Vista Hill)*
 - **Frequency:** *Weekly*
 - **Duration:** *Minutes per week (e.g. 60)*
 - **Start Date:** *Enter the same date as the Start Date for Day Treatment Services*
 - **End Date:** *Enter the same date as the End Date for Day Treatment Services*
 - **Location:** *Separate school or Special Education Center or facility (Frontier)*

✓ **IEP Form 5B: Educational Setting**

- **District of Service:** *GUHSD*
- **School of Attendance:** *Frontier Day Rehab*
- **School Type:** *Special education center or facility*
- **Federal Setting:** *Separate school*

Residential Treatment

✓ **IEP Form 1: Student Information**

- Select *Residential Facility* as the student's Residency and inform the SE SST so that it is changed in the GUHSD Student Information System.

✓ **IEP Form 4: Annual Goals**

- The IEP includes at least one annual goal that is addressed by ERMHS
- If the student takes an alternate assessment (i.e., CAPA), the annual goal addressed by ERMHS includes benchmarks or short-term objectives

✓ IEP Form 5A: Special Education and Related Services

- **Service 1: Residential Treatment Services**
 - **Provider:** *County Office of Education*
 - **Frequency:** *Daily*
 - **Duration:** *1440 minutes*
 - **Start Date:** *Enter a date that is within 30 days of IEP meeting date*
 - **End Date:** *Enter the date that corresponds to the next annual review*
 - **Location:** *Residential Facility*

- **Service 2: Specialized Academic Instruction (SAI)**
 - **Provider:** *Nonpublic school (NPS) under contract with SELPA or district*
 - **Frequency:** *Daily*
 - **Duration:** *Minutes per day (e.g. 180)*
 - **Start Date:** *Enter the same date as the Start Date for Residential Treatment Services*
 - **End Date:** *Enter the same date as the End Date for Residential Treatment Services*
 - **Location:** *Nonpublic residential school - in or outside of California*

- **Service 3: Behavior Intervention Services**
 - **Provider:** *Nonpublic school (NPS) under contract with SELPA or district*
 - **Frequency:** *Daily*
 - **Duration:** *Total Minutes in the students school day (e.g., 375)*
 - **Start Date:** *Enter the same date as the Start Date for Residential Treatment Services*
 - **End Date:** *Enter the same date as the End Date for Residential Treatment Services*
 - **Location:** *Nonpublic residential school - in or outside of California*

- **Service 4: Individual Counseling**
 - **Provider:** *Nonpublic agency (NPA) under contract with SELPA or district*
 - **Frequency:** *Weekly*
 - **Duration:** *Minutes per week (e.g. 60)*
 - **Start Date:** *Enter the same date as the Start Date for Residential Treatment Services*
 - **End Date:** *Enter the same date as the End Date for Residential Treatment Services*
 - **Location:** *Residential Facility*

- **Service 5: Counseling and Guidance** *(counseling provided in a group)*
 - **Provider:** *Nonpublic agency (NPA) under contract with SELPA or district*
 - **Frequency:** *Weekly*
 - **Duration:** *Minutes per week (e.g. 60)*
 - **Start Date:** *Enter the same date as the Start Date for Residential Treatment Services*
 - **End Date:** *Enter the same date as the End Date for Residential Treatment Services*
 - **Location:** *Residential Facility*

- **Service 6: Parent Counseling**
 - **Provider:** *Nonpublic agency (NPA) under contract with SELPA or district*
 - **Frequency:** *Weekly*
 - **Duration:** *Minutes per week (e.g. 60)*
 - **Start Date:** *Enter the same date as the Start Date for Residential Treatment Services*
 - **End Date:** *Enter the same date as the End Date for Residential Treatment Services*
 - **Location:** *Residential Facility*

✓ IEP Form 5B: Educational Setting

- **District of Service:** *GUHSD*
- **School of Attendance:** *(Enter the name of the nonpublic school)*
- **School Type:** *Nonpublic residential school - in or outside of California*
- **Federal Setting:** *Residential Facility*

✓ **IEP Form 7: IEP Team Meeting Comments**

“The IEP team is recommending a Residential Treatment Center which will be selected from the San Diego County Case Management Project approved list.”