

THE SCHOOL DISTRICT OF ESCAMBIA COUNTY  
J.E. Hall Education Center  
30 E. Texar Drive  
Pensacola, FL 32503

**OUTPATIENT SERVICES**  
REFERRAL FORM

**INSTRUCTIONS:** Copy distribution: (1) Student Services, (2) Cumulative Folder, (3) Parent Copy

**STUDENT SERVICES**

Last Name	First Name	Middle Name	Appendage	Grade	Verified Birthdate
Student Address	Phone	School Name	Sch #	Student number	
City	Zipcode	Race	Gender	Student's Primary Language <input type="checkbox"/> English <input type="checkbox"/> Other <input type="checkbox"/> Tier 3 <input type="checkbox"/> ESE	

**PARENT DATA**

Father's Name (Guardian)	Address	Work Phone
Mother's Name (Guardian)	Address	Work Phone

FOR PARENTS: I have reviewed the reason for the referral. Upon approval, I understand that I am to call the Lakeview Center to schedule an intake appointment I understand my participation may be necessary with outpatient services and am willing to participate with the Lakeview Center in working with my child. I give my permission for the School District of Escambia County to release information concerning my child to the Lakeview Center and to receive information from them regarding this referral. I understand services will either be provided at the school location or at one of the two Lakeview sites. Call 469-3500 for an appointment. Referral limited to seven visits.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_  Accept  Decline

**REASON FOR REFERRAL**


**REFERRAL APPROVAL**

School Counselor/Designee _____	Date _____
School Psychologist _____	Date _____
Student Services Coordinator _____	Date _____