

LSS of MN Mental Health Services Referral Form

Staff Referring:	Date:
Student Name:	Grade:
Parent contacted:	CPS report?
Reason for referral:	

Please return this form to Becky Aaland by email at becky.aaland@lssmn.org (secure email). We will follow up with you if we need additional information or to let you know the outcome of the referral. Thank you!