Name: John Doe **DOB:** 6/10/12 **Date:** 8/15/2022

RECOMMENDATIONS: (Please circle all that apply)

	Please indicate why			CHECK IF APPLICABLE
1.	Individual Therapy with:		Mental health provider	X. use CBT
			Other methods of Counseling	
			Current Extrinsic Circumstances	
2.	Family Therapy for:		Family Therapy with children	
			Family therapy with parents	X
3.	Specialized learning Support		Needs additional supports in class	X
			Individualize Learning Explored	
4.			IEP, 504PLAN,	X Explore
5.	Mentor or support system		Structed support	X
			Social support	
			Therapeutic support	
			General support	
6.	Follow up with Primary Care Physician		For routine visit	X
			To determine health risk	
7.	Substance abuse treatment (what type		Assessment	
			Testing	
			Counseling	
8.	Social support group		Groups	
			Afterschool program	
9.	Explore Medication Management with a Provider		Explore	X
			Prescribed	
			Specific Medication	
10.	Group Therapy			
11.	Abuse therapy or group		Therapy	
			Group	
12.	Family therapy or support			