

**Annual Plan**

Date: ­­­­­­­­\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SchooLink Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_

School Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Attendees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Liaisons:**

1. School Liaisons- *The* ***primary liaison*** *is responsible for answering referral questions from staff and parents, and reinforcing the referral process. The* ***secondary liaison*** *serves as backup if the primary liaison is unavailable.*

Primary school liaison (name/title): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary school liaison (name/title): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. SchooLink Provider

Onsite Provider (name/title): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider’s Supervisor (name/title): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School Access and Space:**

1. What are the school access procedures?

Parking: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sign in/out: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

After school hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_

1. Where will the SchooLink provider meet with students?

 Primary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Backup: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 School breaks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Referral Process:**

1. Who at the school can make referrals (i.e. complete and submit the referral form)?

❑ Counselors ❑ School psychologist(s) ❑ Nurse(s)

❑ Teachers ❑ Other(s): \_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do all referrals need to be funneled through the primary liaison? ❑ Yes ❑ No
2. How does the school log referrals? (Write “N/A” if not applicable.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. How will school referral forms be given to the SchooLink provider?

❑ In person to secure location (insert location): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❑ By secure fax to (insert fax number): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❑ Encrypted email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❑ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How should the SchooLink provider handle urgent situations? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Referral Process:**

|  |  |  |
| --- | --- | --- |
| Initial Contact | Steps | Person Responsible |
| *Example**Teacher, case manager, or parent will contact school counselor* *(A-L ⇨ Garcia; M-Z ⇨Johnson)* | 1. *School counselor will get permission from parent and fill out referral form.*
2. *School counselor will fax referral to XXAGENCYXX office. Fax (619) XXX-XXXX*
3. *Primary liaison will put referral in binder in principal’s office after faxing the documents.*
 | *School Counselor* |
|  |  |  |

**Monthly Communication Log:**

1. SchooLink provider will forward the monthly communication log by the \_\_\_\_\_\_ (date) of the month.
2. To whom should the monthly communication log from the SchooLink agency be forwarded?

❑ Primary liaison ❑ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How should these reports be delivered?

❑ In person to secure location (where?): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❑ By secure fax to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❑ Encrypted email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❑ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How will the recipient share information with other referrers or school personnel?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. SchooLink Threshold Goals: Consistently open/active clients: \_\_\_\_\_\_\_\_\_\_\_ Total annual clients: \_\_\_\_\_\_\_\_\_\_\_

**Outreach Plan:**

1. List the dates and times of **key school personnel meetings** that the SchooLink provider should plan to attend to increase awareness about SchooLink services (i.e. All-Staff Meetings, Student Study Team/Instructional Study Team (SST/IST) Student Meetings, or assemblies).

Date(s)/Time(s) Meeting

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. List the dates and times of **parent meetings** that the SchooLink provider should plan to attend for purposes of outreach (i.e. Open House, Back-to-School Night, Teacher/Parent night, PTA meetings, open houses, community fairs, and other district/school/family/community events.)

Date(s)/Time(s) Meeting

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Approved SchooLink Staff Schedules and Services:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name/Title | Role | Days/Hours/Contact | Eligibility (Insurance) | Services Provided | Caseload |
| *Example**Mary Garcia, LCSW intern**“Mrs. Garcia”* | ❑ Clinician ❑ SUD Counselor❑ Paraprofessional ❑ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | *M/W/F 10:00-2:00**619/XXX-XXXX**email: \_\_\_\_\_\_\_\_* | *Medi-Cal* | *Individual, group, family* | *Current caseload: \_\_\_; can see up to \_\_\_ students* |
|  | ❑ Clinician ❑ SUD Counselor❑ Paraprofessional ❑ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
|  | ❑ Clinician ❑ SUD Counselor❑ Paraprofessional ❑ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |

Key School Support (counselor, psychologist, paraprofessional, etc.)

|  |  |  |
| --- | --- | --- |
| Title  | Days/Hours | Contact |
| *Example*Laura Smith, MSWSchool Counselor  | M/W 9:00am-2:00pm | 619/XXX-XXXXEmail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |

NOTE: If schedule change, please notify partners accordingly.

Give a copy of this worksheet to:

* 1. School Principal or designee
	2. SchooLink provider
	3. Other meeting attendees as applicable

*Updated July 2019*