**Approval for Behavioral Services**

Report to be completed by a licensed physician or psychologist endorsed as a health service provider in psychology (HSPP).

Student name: Date of birth:

Therapist:

 I certify that a qualified mid-level practitioner has conducted an initial intake/evaluation of the above named student within the past seven (7) days that the student meets the criteria for behavioral services, and that approval is given for the delivery of those services as specified in the student’s individualized education plan (IEP).

 I certify that the above named student continues to meet the criteria for behavioral services, and that is being granted within ninety (90) days of the most recent review.

Authorized signature Date

Print name and title