

**Monroe City School District**  
2009 Auburn Avenue  
Monroe, LA 71201  
Phone: (318)-325-0601 Fax: (318) 387-1365

**AGREEMENT FOR OUTSIDE MENTAL HEALTH AGENCY PROVIDERS**  
**(INCLUDING COUNSELORS/MENTAL HEALTH PROFESSIONALS)**

Outside Agencies that are requesting access to Monroe City Schools' students during school hours. The following procedures have been established. These procedures will allow Monroe City Schools to monitor **who** our students are with, **how long** they are with them, **when** they are with them, and **where** they are with them on our campuses. We also want to ensure that classroom instruction is not disturbed.

This policy, **with the exception of Department of Child and Family Services (DCFS) workers**, is to be followed when allowing an outside agency access to students on Monroe City School campuses.

**Step 1** Before entering a Monroe City School to provide services to any student, all workers must obtain an annually **Monroe City School District "State Background Check"**. (OPSO \$53.00 cash or money order only) You will need to bring Picture Id and social security card. Results will be submitted to Monroe City School Board prior to providing services at any Monroe City School site. (see Debi Fandal in our human resource dept.)

**Step 2** Director or Supervisor of outside agency will complete yearly form **A**

**Step 3** Service provider completes an Agency Request for Student Access form **B**

**Step 4** A Parent Permission for Student Access form **C** will be sent by the provider to the student's parents for approval

**Step 5** When forms **A-D** are obtained by the Child Welfare Director Sam Moore or Assistant Tonya Small, the Verification of Service Provider and Parent Permission for Student Access form **D** will be electronically sent to the Principal for his/her signature.

**Step 6** Service Provider will verify with the School Principal/designee within two (2) days to see assigned day and time to have access to the student.

Once those steps are completed, the following procedure will be followed when a student is provided services during school hours at a Monroe City School site by an outside agency for counseling services:

1. Worker will present identification and Verification form to office staff and **sign in date/time of arrival and the initials of student** they are there to see.
2. Student will be called to the office by office staff.
3. Office staff will indicate **an approved location** where the student is to be taken for counseling services.
4. Upon completion of counseling services, the worker will have the **student check back in with office staff** before the student returns to class.
5. Worker will sign out before leaving.
6. Should there be any changes in workers within the agency, the school and SBO shall be notified and changes to the forms should be completed accordingly.
7. Should there be a change in service provider agency, this process should be completed again in its entirety.
8. Should services be discontinued, the agency should notify appropriate school and SBO staff.

This form is to be signed **YEARLY** by the outside agency who seeks to access students on Monroe City School campuses for the purpose of providing mental health services (with parental approval).

Name of Agency \_\_\_\_\_

\_\_\_\_\_  
Agency Director/Supervisor/Date

\_\_\_\_\_  
Director of Child Welfare /Date