



**Benjamin Franklin Elementary
Mathematics and Science School**

Nichelle Logan-Jones, M.Ed., Principal

Patrice Joseph, M.Ed., Principal

Form SS-5

**Legacy of Excellence (LOE)
Behavioral Health Provider Services
Approval Notification**

Student's Name: _____ Grade: ____ Teacher: _____

Behavioral Health Service Supervisor: _____

Behavioral Health Service Provider: _____

Start Date: _____

Schedule of Service:

Comments/Notes:
