



Intermediate School
And
High School
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MENTAL HEALTH PROFESSIONAL CONTACT INFORMATION:

Psychiatrist Name: _____ **Phone #:** _____

Affiliated agency: _____

Social Worker/Therapist: _____ **Phone #:** _____

Affiliated agency: _____

Intensive Case Manager: _____ **Phone #:** _____

Affiliated agency: _____

Behavior Specialist: _____ **Phone #:** _____

Affiliated agency: _____

Case Worker/Case Manager: _____ **Phone#:** _____

Affiliated agency: _____

Other: _____

