



Mental Wellness Pathways Assistance Form (Form 5) Instructions:

Please complete this form as required by [Section 1011.62\(16\)\(d\), Florida Statutes](#) for all students referred for any services, including school or community-based services.

Please scan/email the completed form to studentservicesintake.org within **ONE WEEK** unless SRI Process was conducted. If SRI process was conducted, scan and email this form, the SAFE-T w/ C-SSRS and, if used (not required) the PHQ9/MFQ **within 48 hours** to the student services intake email.

Actions/Interventions to Consider when Developing Intervention Plan for Students

Tier 1 – Universal Mental Health promotion activities for all students.

- Review students' response to classroom based Social Emotional Learning (SEL) instruction
- Assess classroom/school-based Tier 1 supports for students.
- Consider the need for additional supports and suggestions to bolster Tier 1 activities in place

Tier 2 - Selective preventive services for students identified as at risk for Mental Health concern or problem. *The following are examples, not an exhaustive list:*

- Brief Individualized Interventions
 - ✓ Problem solving
 - ✓ Anger management
 - ✓ Mentoring, daily individualized progress reporting, daily check-ins, home/school notes
- Social Skills Development/Training – individual and/or group
 - ✓ Lunch bunch
 - ✓ Friendship building group
- Small Group intervention for students identified with similar needs
 - ✓ Grief and Loss
 - ✓ Anger Management/Peer Mediation
 - ✓ Self-Regulation
 - ✓ Self-Esteem
 - ✓ Same Gender Group
 - ✓ Identity Support Group
 - ✓ Behavior Plan
 - ✓ Specific to student

Tier 3 – Students who display a Mental Health concern or problem

- ✓ Individual Solution Focused Brief Counseling (provided by School Social Worker, Certified School Counselor or School Psychologist)
- ✓ Short Term Individual Counseling (provided by School Social Worker, Certified School Counselor or School Psychologist)
- ✓ FBA/BIP (Functional Behavior Assessment/Behavior Intervention Plan)
- ✓ Referral to Community Based Mental Health Provider (partner agency, private provider, EAP)

Please request parent permission using BPS [Authorization for Release and Exchange of Information](#) (Form 3) to communicate with outside provider.

When recording interventions on FORM 5, indicate FREQUENCY and DURATION.

Please scan and email the completed form to studentservicesintake@brevardschools.org.



STUDENT MENTAL WELLNESS SCREENING AND ASSISTANCE FORM 5

To be completed by School Counselor, School Psychologist, or School Based Social Worker

Student Name: _____ DOB: _____ Student #: _____

Age: ____ Grade: ____ Gender: ____ Ethnicity: _____ SWD/Gifted 504 ELL Accommodations

School: _____ Date: _____ Form 5 Completed by: _____

Referral made by: Teacher/Staff Parent/Guardian Friend Self Date of referral: _____

Interventions provided by: School Counselor (15 days) School Social Worker (15 days) School Psychologist (15 days) Community Provider (30 days): _____ Intervention start date: _____

Describe Interventions Provided (include frequency and duration):

[Empty box for describing interventions]

**REQUIRED: Please complete and submit SRI documents within 48 hours to studentservicesintake@brevardschools.org

Was an SRI using SAFE-T with C-SSRS conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Outcome of SRI: <input type="checkbox"/> Low Risk <input type="checkbox"/> Moderate Risk <input type="checkbox"/> High Risk
Consultation – Name of staff consulted: _____ Role: <input type="checkbox"/> School Psychologist <input type="checkbox"/> Social Worker (LCSW) or <input type="checkbox"/> SRI Consultant
De-escalation - Were de-escalation strategies used? <input type="checkbox"/> Yes <input type="checkbox"/> No Confirmation by principal/designee (initial or signature): _____
Mobile Response Team - Was MRT consulted? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> In-person <input type="checkbox"/> Tele-health
SRO/Law Enforcement Involvement - Was student referred to SRO/law enforcement? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name and agency of person who responded: _____
Notification of Involuntary Examination - Was an involuntary examination initiated (Baker Act)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, confirmation of parent contact by principal/designee (signature): _____ Attempt #1: Method - <input type="checkbox"/> Phone <input type="checkbox"/> In-Person <input type="checkbox"/> E-Mail <input type="checkbox"/> Text <input type="checkbox"/> Voice Mail <input type="checkbox"/> Other _____ Outcome: _____ Attempt #2: Method - <input type="checkbox"/> Phone <input type="checkbox"/> In-Person <input type="checkbox"/> E-Mail <input type="checkbox"/> Text <input type="checkbox"/> Voice Mail <input type="checkbox"/> Other _____ Outcome: _____ Attempt #3: Method - <input type="checkbox"/> Phone <input type="checkbox"/> In-Person <input type="checkbox"/> E-Mail <input type="checkbox"/> Text <input type="checkbox"/> Voice Mail <input type="checkbox"/> Other _____ Outcome: _____
If parent notification was delayed per 1002.20 F.A.C., was DCF notified? 1(800)-962-2873 <input type="checkbox"/> Yes <input type="checkbox"/> No
Voluntary Transport - Did parent agree to voluntarily transport for crisis stabilization? <input type="checkbox"/> Yes <input type="checkbox"/> No
Documentation - Completed and provided parent/legal guardian letter: <input type="checkbox"/> Yes <input type="checkbox"/> No

Parent/Legal Guardian Notification: (required for any intervention or SRI)

Name of parent: _____ Date: _____



The School Board of Brevard County, Florida

STUDENT MENTAL WELLNESS SCREENING AND ASSISTANCE FORM 5

To be completed by School Counselor, School Psychologist, or School Based Social Worker

Summary of Parental Input:

Date Entered into FOCUS: _____ Initials: ____ Form 5

Updated: 7/2022