



The School Board of Brevard County, Florida
MENTAL HEALTH SUPPORT REQUEST

Name of Student: _____ Date: _____

Form completed by: _____

Relationship to Student: Teacher/Staff Parent/Legal Guardian Friend Self Other

Date of Parent Contact: _____

Outcome of Parent Contact:

Noticed Changes/Concerns (please mark all boxes that apply):

- | | |
|--|--|
| <input type="checkbox"/> Exposed to community violence, other trauma | <input type="checkbox"/> Disorganized, makes careless mistakes |
| <input type="checkbox"/> Nightmares, intrusive thoughts | <input type="checkbox"/> Angry towards others, blames others |
| <input type="checkbox"/> Anxious, fearful or irritable mood | <input type="checkbox"/> Fights and is aggressive |
| <input type="checkbox"/> Jumpy or easily startled | <input type="checkbox"/> Low self-esteem, negative self-statements |
| <input type="checkbox"/> Avoids reminders of trauma | <input type="checkbox"/> Diminished interest in activities |
| <input type="checkbox"/> Aggressive | <input type="checkbox"/> Low or decreased motivation |
| <input type="checkbox"/> Sexualized play or behaviors | <input type="checkbox"/> Worries excessively |
| <input type="checkbox"/> Difficulty concentrating | <input type="checkbox"/> Specific fears or phobias |
| <input type="checkbox"/> Talks excessively | <input type="checkbox"/> Clingy behavior |
| <input type="checkbox"/> Gets out of seat and moves constantly | <input type="checkbox"/> Appears distracted |
| <input type="checkbox"/> Interrupts and blurts out responses | <input type="checkbox"/> Death of a family member |
| <input type="checkbox"/> Inattentive, distractible, forgetful | <input type="checkbox"/> Parent's divorced/remarried |

How long have you observed this change/concern?

- Less than 30 days
- More than 30 days

How often does this occur?

- Daily
- Weekly
- Monthly

What are/were interventions and supports that are/have been in place? (if known)

In School: _____

Outside of School: _____