



The School Board of Brevard County, Florida
STUDENT MENTAL HEALTH SCREENING AND ASSISTANCE FORM

To be completed by School Counselor or School Based Social Worker

Student Name: Student #: Grade: Gender: Ethnicity:

ESE: Yes No 504: Yes No ELL: Yes No Accommodation(s): Yes No

School: Completed by: Date:

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 and email this completed form to studentservicesintake@brevardschools.org.

If SRI process is conducted, scan and email this form, the PHQ9/MFQ and the Columbia-SSRS to studentservicesintake@brevardschools.org.

Referral made by: Teacher/Staff Parent/Legal Guardian Friend Self

Interventions provided by:

School Counselor School Social Worker School Psychologist Community Provider

Describe Interventions Provided:

Intervention start date:

Referral to Community Provider:

Provider: Date of referral: Start of services:

Was an SRI conducted? Yes No PHQ-9 MFQ Columbia-SSRS

Outcome: Low Risk Elevated Risk Serious Risk

Contacted School Psychologist/Social Worker (LCSW) for Consultation? Yes No

Name of Person Contacted:

Was student referred to SRO/Law Enforcement? Yes No

Was student involuntarily committed under the Baker Act? Yes No

Parent/Legal Guardian taking action? (voluntary transport if at low/elevated risk) Yes No

Completed and provided Parent/Legal Guardian letter: Yes No

Student released to Parent/Legal Guardian: Yes No

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

Name of Parent: Date: By Phone In-Person

Summary of Parental Input: