



*The School Board of Brevard County, Florida*  
**MENTAL WELLNESS PATHWAYS SUPPORT REQUEST**

**Date:**

**Name of Student:**

**Student Number**

**Form completed by:**

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

**Date of Parent/Legal Guardian Contact:**

**Outcome of Parent/Legal Guardian Contact:**

Please complete age appropriate checklist to the best of your knowledge. Information gathering will be on-going.

[Click here for Checklists](#)

**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:

**Return completed form to School Counselor or School Social Worker**

**Form 1**  
9/10/2020 RF