



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 studentsevicesintake.org within **ONE WEEK** unless SRI Process was conducted. If SRI process was conducted, scan and email this form, the PHQ9/MFQ and the Columbia SSRS **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 studentsevicesintake@brevardschools.org.



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

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 conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, tool(s) used: <input type="checkbox"/> PHQ9 <input type="checkbox"/> MFQ <input type="checkbox"/> Columbia SSRS Outcome of SRI: <input type="checkbox"/> Low Risk <input type="checkbox"/> Elevated Risk <input type="checkbox"/> Serious 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): _____ <u>Attempt #1:</u> 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: _____ <u>Attempt #2:</u> 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: _____ <u>Attempt #3:</u> 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 <i>per 1002.20 F.A.C.</i> , 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: _____

Summary of Parental Input: [Empty box]