

Mental Wellness Pathways Assistance 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.

If SRI process is conducted, scan and email this form, the PHQ9/MFQ and the Columbia SSRS **within 48 hours** to the student services intake email.

Please scan/email the completed form to studentservicesintake@brevardschools.org. Forms should be **submitted at least every two weeks**.

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, please include frequency and duration as appropriate

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



The School Board of Brevard County, Florida
STUDENT MENTAL WELLNESS PATHWAYS ASSISTANCE FORM
To be completed by School Counselor, School Psychologist 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:

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

Interventions provided by:

School Counselor (15 days) School Social Worker (15 days) School Psychologist (15 days) Community Provider (30 days)

Describe Interventions Provided (include frequency and duration)

Intervention start date:

Referral to Community Provider: Yes No Provider:

Date of referral: Start of services:

Please submit SRI Documents with 48 hours

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: _____

De-escalation strategies utilized? Yes No

Was student referred to SRO/Law Enforcement? Yes No

Mobile Response Team Consultation? 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:

Internal Use Only: Date Entered into AS400: _____ Initials: _____