



The School Board of Brevard County, Florida
MENTAL HEALTH SERVICES (s799) INPUT FORM

Panel: S799

School Number: _____

Year: _____

Student Name: _____

Student ID#: _____

Input Information Below

A/D	Date	Code	Outcome	Note (F2 to enter a note)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Codes:

- SBS** School Based Supports
- RSC** Referral to School Counselor
- RMH** Referral to Mntl Hlth Prov/Agn
- RSP** Referral to School Psychologist
- RSW** Referral to School Social Worker
- MRT** Mobile Response Team Consultation
- PDBA** Parent Disclosure of Baker Act
- SRI** Suicide Risk Assessment
- THA** Threat Assessment
- MNTR** Mentoring Program
- RBA** Referral to Baker Act

Outcomes:

Add outcome to the **SRI** Code to indicate the level:

- L** Low Risk
- E** Elevated Risk
- S** Serious Risk

Add outcome to the **THA** Code to indicate the level:

- N** Not a threat
- T** Transient
- S** Serious Substantive
- V** Very Serious Substantive

To add a note:

Place cursor under "N" in the row you are referencing and **press F2.**

To read an existing note, place your cursor under the asterisk and **press F2.**

Date of event: _____ Signature/Role: _____

Date entered into AS400: _____ Signature/Role: _____

Enter, Sign, Date, and Store this form in school input form binder or file.