



The School Board of Brevard County, Florida
MENTAL WELLNESS CHECKLIST FOR REFERRAL FORM 1
PRESCHOOLERS (0-4 years)

Please check all the following behaviors you have observed for the student you are concerned with. Complete to the best of your knowledge; information gathering will be ongoing. Share this form with your school’s Social Worker or Certified School Counselor.

Behaviors that may indicate social or emotional concerns:

- Difficulty in going to sleep or staying asleep
- Frequent, inexplicable temper tantrums
- Persistent nightmares
- Hyperactive behavior, fidgeting or constant movement
- Excessive crying, whining, or irritability
- Pattern of deliberate disobedience or aggression
- Preoccupation with routine and objects (i.e. hand washing)
- Persistent and marked feeding problems
- Unexplained wounds, frequent “accidents”
Superficial cuts, mostly on arms & legs, and
Covering up (i.e. long sleeves on hot weather)
- Withdrawn; does not play or interact with peers
- Fails to initiate interaction or share attention with others whom she/he is familiar
- Does not respond to environment (i.e. motion, sound, activity, etc.)
- Does not use sentences of 3 or more words, speech unintelligible
- Does not vocalize, cry, or smile
- Difficulty being consoled by caregiver or non-responsive to caregiver (turns away, does not make, or maintain eye contact)
- Absence of fear or awareness of danger
- “Floppiness” or stiffening when held or touched
- Lack of concern for others
- Clear and significant loss of previously attained skills
- Severe levels of problem behavior in toileting (i.e. encopresis, smearing)
- Other _____

Risk factors that can impact behavioral health, functioning, and academics:

- Child who is new to school/neighborhood
- Child whose family moves frequently
- Child who has had major changes at home (i.e. new sibling, divorce, job loss, etc.)
- Obesity, physical disability, or health problems
- Child who has experienced a major trauma such as witnessing domestic violence, or being a victim of physical or sexual abuse
- Alcohol or drug abuse within family
- Incarcerated parent
- Other _____

Follow your building’s Suicide Risk Inquiry, Threat Assessment, or Crisis protocol if child:

- Talks or hints of suicide or wanting to die
- Talks or hints of injuring self
- Threatens to harm or injure someone else
- Reveals injuries inflicted by self or by another