



*The School Board of Brevard County, Florida*  
**MENTAL WELLNESS CHECKLIST FOR REFERRAL FORM 1**  
**ELEMENTARY STUDENTS (5 - 10 years)**

Please check all the following behaviors you have observed in the student you are concerned with, and then complete the attached student referral (Form 1). Use the supporting information section to note any concerns not listed here or to add pertinent details, and then share this form with your school's designated mental health professional.

**Behaviors that may indicate social or emotional health problems:**

- Refusal to go to school, or constantly asks to leave class, or is absent frequently
- Bullies, 'teases' or ostracizes peers
- Victim of bullying
- Many physical complaints, or frequent visits to the nurse's office
- Shy, easily embarrassed
- Cries easily, whines or is frequently irritable
- Difficulty staying alert or awake in class
- Poor grades despite trying
- A pattern of deliberate disobedience or aggression
- Cruelty to animals or people
- Destroys or is careless with toys/property
- Steals or lies
- Art, stories, or other creative work depicting extreme aggression or victimization
- Difficulty accepting mistakes
- Difficulty making or keeping friends
- Constantly seeks attention
- Fearful or withdrawn/isolated from others
- Excessive fidgeting or constant movement
- Odd, disjointed speech or stories
- Unexplained wounds, frequent "accidents" superficial cuts, mostly on arms or legs, and covering up (i.e. long sleeves in hot weather)
- Noticeable changes in appetite or eating habits
- Toileting problems
- Other \_\_\_\_\_

**Risk factor that can impact adjustment, health, functioning and academics:**

- Child who is new to school/neighborhood
- Child who has had major changes at home (i.e. divorce, new sibling, job loss, etc.)
- Child whose family moves frequently
- Child who has been rejected by peers
- Child involved with a negative peer group
- Alcohol or drug abuse by family or peer group
- Incarcerated parent
- Child who has difficult teacher /authority relationships
- Child who has experienced a major trauma such as witnessing domestic violence, or being a victim of physical or sexual abuse
- Other \_\_\_\_\_

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

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