



The School Board of Brevard County, Florida  
**MENTAL HEALTH SUPPORT REQUEST**

Name of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Form completed by: \_\_\_\_\_

Relationship to Student:  Teacher/Staff  Parent/Legal Guardian  Friend  Self  Other

Date of Parent Contact: \_\_\_\_\_

Outcome of Parent Contact:

**Noticed Changes/Concerns (please mark all boxes that apply):**

- |  |  |
|--|--|
| <input type="checkbox"/> Exposed to community violence, other trauma | <input type="checkbox"/> Disorganized, makes careless mistakes     |
| <input type="checkbox"/> Nightmares, intrusive thoughts              | <input type="checkbox"/> Angry towards others, blames others       |
| <input type="checkbox"/> Anxious, fearful or irritable mood          | <input type="checkbox"/> Fights and is aggressive                  |
| <input type="checkbox"/> Jumpy or easily startled                    | <input type="checkbox"/> Low self-esteem, negative self-statements |
| <input type="checkbox"/> Avoids reminders of trauma                  | <input type="checkbox"/> Diminished interest in activities         |
| <input type="checkbox"/> Aggressive                                  | <input type="checkbox"/> Low or decreased motivation               |
| <input type="checkbox"/> Sexualized play or behaviors                | <input type="checkbox"/> Worries excessively                       |
| <input type="checkbox"/> Difficulty concentrating                    | <input type="checkbox"/> Specific fears or phobias                 |
| <input type="checkbox"/> Talks excessively                           | <input type="checkbox"/> Clingy behavior                           |
| <input type="checkbox"/> Gets out of seat and moves constantly       | <input type="checkbox"/> Appears distracted                        |
| <input type="checkbox"/> Interrupts and blurts out responses         | <input type="checkbox"/> Death of a family member                  |
| <input type="checkbox"/> Inattentive, distractible, forgetful        | <input type="checkbox"/> Parent's divorced/remarried               |

How long have you observed this change/concern?

- Less than 30 days
- More than 30 days

How often does this occur?

- Daily
- Weekly
- Monthly

What are/were interventions and supports that are/have been in place? (if known)

In School: \_\_\_\_\_

Outside of School: \_\_\_\_\_