

Manage Student: Mental Wellness Events

The default Focus Mental Wellness program allows districts to document the implementation and provision of school-based mental health services to students, and includes a Bullying/Harassment and Threat Assessment component. District workflow may differ from the order presented in this help document and may not include the use of each event. Certain Mental Wellness events have associated form and/or event triggers that generate additional forms within the event or the creation of a new event.

Navigating a Mental Wellness Event

Once the Mental Wellness event has been initiated, the event will open.

Navigation Menu - Down the left of the screen are all the steps (forms) for the event. Required steps are indicated by a red asterisk.

1. Click on the desired step to open the associated form.

The screenshot displays the user interface for a Mental Wellness event. At the top, there is a navigation bar with buttons for 'Previous Step', 'Next Step', 'Notes', 'Save & Validate', 'Mark as Complete', 'Print', 'History', and 'Return to Manage Student'. A progress indicator shows '0%'. On the left, a navigation menu lists several steps: '* MW: Bullying/Harassment Report' (highlighted with a red arrow), '* MW: Bullying/Harassment Investigation', 'MW: Bullying/Harassment Supplements', and 'Uploads (0)'. The main content area shows a form titled 'Bullying and/or Harassment Reporting Form'. The form includes a student information table and a definition of bullying and harassment.

Student Name	Student ID	Gender	Grade	Campus	DOB	Parent	Primary Exceptionality
Vernon D Anthony	00078990	M	11	Focus High School - 0041	12/13/2007	Parent Parent	NA

Bullying and/or Harassment Reporting Form

Bullying and harassment means intentional, unwanted, and repeated verbal, physical, or written (including electronic) conduct that creates a hostile environment and substantially interferes with educational benefits, opportunities, or performance, or with a student's/employee's physical or psychological well-being and is motivated by an actual or perceived personal characteristic, such as race, national origin, marital status, sex, sexual orientation, gender identity, religion or disability, or is threatening or seriously intimidating.

Today's Date:

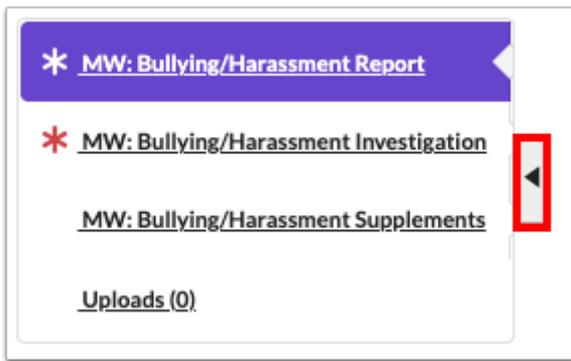
Person Reporting Incident Name:

Telephone: Ext. Email:

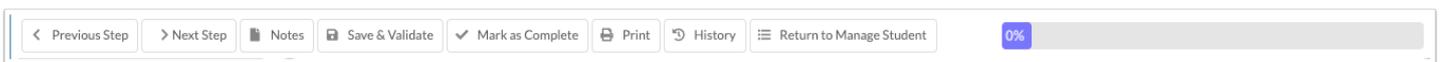
Place a checkmark in the appropriate box:

Student Parent/Guardian School Personnel Anonymous Other (relationship to student)

2. Click on the arrow to collapse or expand the steps list.

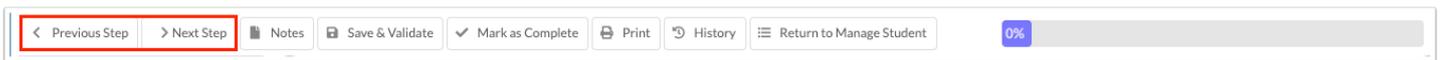


Navigation tools display at the top to facilitate movement from one step (form) to another, to save and validate the current form, to print the form, and to return to the student's event screen.

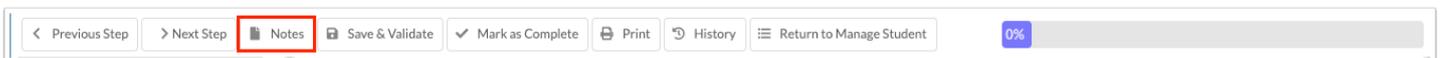


3. Click **Previous Step** to go back to the previous form.

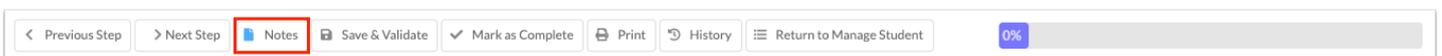
4. Click **Next Step** to move forward to the next step displayed in the navigation menu.



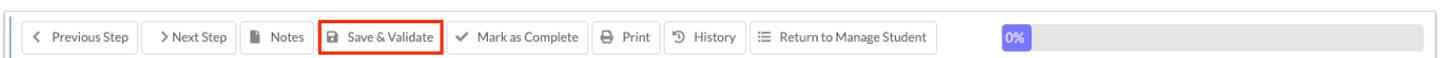
5. Click **Notes** to type notes that are important to the event that is open.



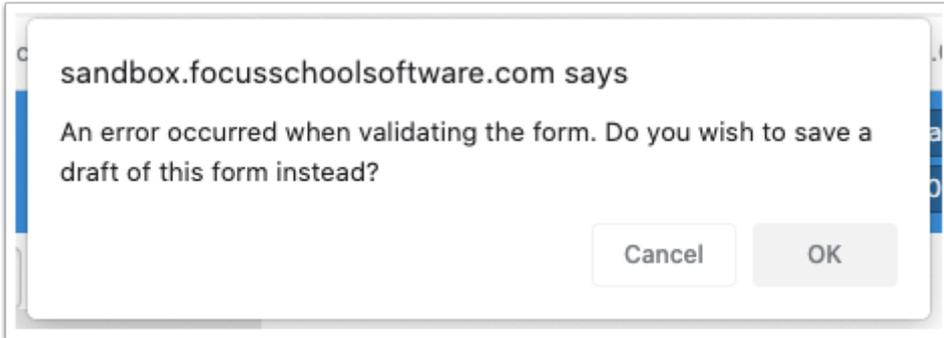
 The Notes icon turns blue when there are notes present on the selected event instance. Notes cannot be printed.



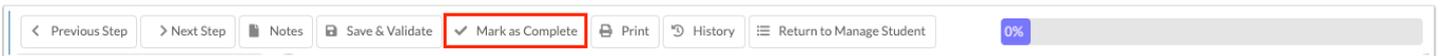
6. Click **Save & Validate** to save the entered data and to validate that all required fields on the step (form) have been completed.



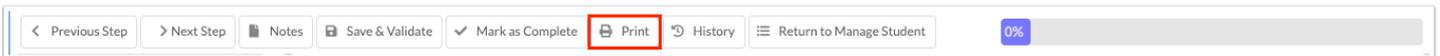
 Clicking **Save & Validate** before completing all required fields saves the entered data as a draft. A pop-up message will display. Click **OK** to save a draft.



7. When the "Override Mark as Complete" system permission is enabled for the profile in [User Profile Permissions](#), the **Mark as Complete** button is available. When clicked, it marks the step as complete and saves the step, even when all the step requirements have not been completed.



8. Click **Print** to print the current step (form) or any step in the process. Forms print with a DRAFT watermark until ready to be finalized, unless the watermark is deselected on the print screen. See [Printing an Event](#) for more information.



9. Click **History** to see the history of changes made to a form. See [Viewing Form History](#) for more information.



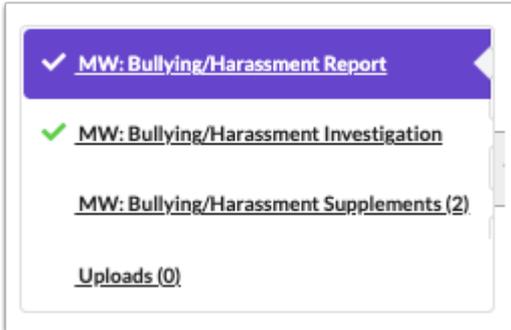
10. Click **Return to Manage Student** to return to the Manage Student event screen.



As required steps are saved and validated, the progress bar will update to show the percentage completed.

15%

Completed required steps will display a green check mark as they are saved and validated.



Bullying/Harassment Event

The Mental Wellness Bullying/Harassment event consists of the Reporting form and the Investigation Summary Report. Both forms are required steps in the default Focus event. The Supplements step contains forms for Witness Statements, the Hope Scholarship Notification form in Spanish, and the Parental Notification of Bullying Incident. The English version of the Hope Scholarship Notification form will display as an additional step if the related question on the Investigation Summary Report is answered Yes.

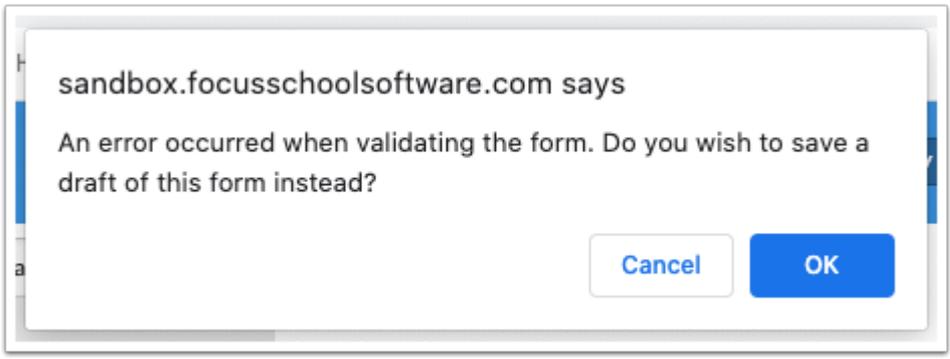
MW: Bullying/Harassment Report

1. Complete all the relevant fields, ensuring all required fields (red) are completed. The reporter's name will copy over to the Investigation Summary Report.

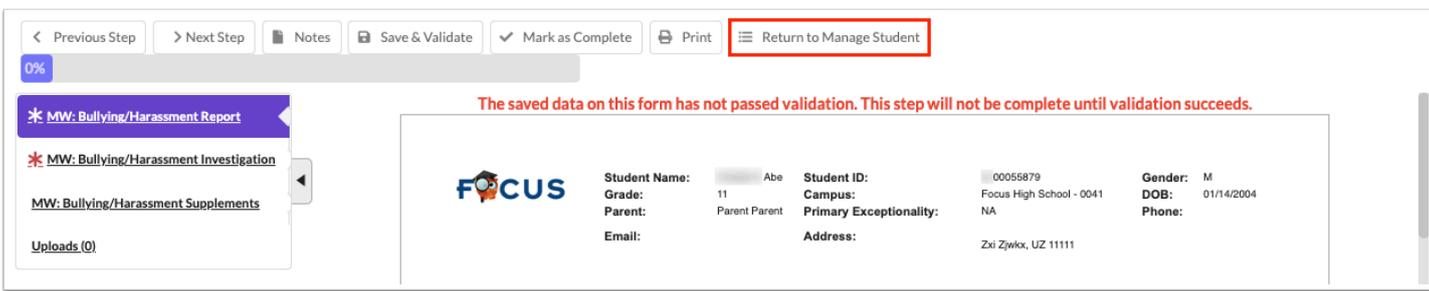
2. For question 8, if the student missed days of school due to the alleged incident, follow these steps to view the student's attendance record:

a. Click **Save & Validate** at the top of the screen to save your progress as a draft.

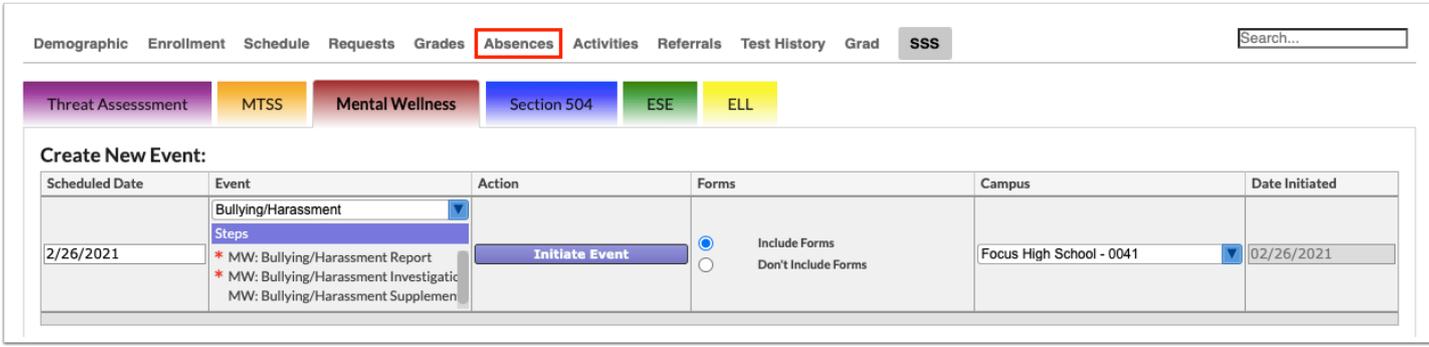
b. Click **OK** in the pop-up message to save the data already entered.



c. Click **Return to Manage Student** at the top of the screen to access the student demographic menus on the Manage Student screen.



d. Click the **Absences** tab at the top of the Manage Student screen.



This will display the student's Absence Summary; any days missed due to the alleged incident may have a comment indicating that as the reason.

3 Days		Search										
Date	Daily	Comment	Excuse Note	Fill All Periods	HR	01	02	03	04	05	06	07
Oct 8, 2020	Excused Absences	Alleged Bullying	No File	-		E	E	E				E
Oct 7, 2020	Excused Absences	Alleged Bullying	No Files	-		E	E	E				E
Oct 6, 2020	Excused Absences	Alleged Bullying	No Files	-		E	E	E				E

e. To return to the Bullying/Harassment event, click the **SSS** tab.

Report Timeframe: August 13 2020 - February 26 2021 Go Save

Demographic Enrollment Schedule Requests Grades **Absences** Activities Referrals Test History Grad **SSS** Search...

Absent: 0 periods (during 0 days)

NS No Show (DNE)	0 periods	NA N/A	0 periods
U Unexcused Absence	0 periods	T Unexcused Tardy	0 periods
D Unexcused Abs Related to Discipline	0 periods	PT Excused Tardy	1 periods
E Excused Absences	0 periods	C Clinic	0 periods
N Unexcused Abs not related to Discipline	0 periods	G Guidance	0 periods
O Out of School Suspension	0 periods	H Hospital Homebound	0 periods
Q Alternative to OSS	0 periods	I In School Suspension	0 periods
M Excused Doctor Note	0 periods	J Juvenile Detention Center	0 periods
		S School Activity	0 periods
		A Agency Placement	0 periods
		LE Left Early Excused	0 periods
		LU Left Early Unexcused	0 periods
		V Covid/Virtual	0 periods

Other Marks: 1 periods (during 1 days) + Add Absence

f. Click the **View** link on the Active Events table to open the event.

Active Events(1) Locked Events(0) Inactive Events(0)

Export Filter: OFF

Due Date	Scheduled Date	Event	Contents	Status	Campus	Date Initiated	Initiated By	Delete	Set Inactive
	09/21/2023	Bullying/Harassment	View	Steps	open Requirements	Focus High School - 0041	09/21/2023 10:55 AM	Ashley Weiss	Delete Set Inactive

3. Complete any remaining fields.

4. Click the e-signature link at the bottom to sign the form.

Signature of Person Completing Form: [Click to Sign](#)

5. Enter your Focus **Username** and **Password** and click **Authenticate**.

Sign Below [Authenticate](#)

Please authenticate before signing 

[Cancel](#) [Clear](#) [Sign](#)

6. Draw your signature and click **Sign**.

Sign Below



7. Click **Save & Validate** when finished.

💡 Though there are no default alerts tied to the Bullying/Harassment Report, the district may have created an alert for a profile such as the school principal to complete the Bullying/Harassment Investigation upon the saving of the report.

MW: Bullying/Harassment Investigation

At the appropriate time, the same or a different user will conduct an investigation and complete the Bullying/Harassment Investigation step. The user may or may not have received a portal or email alert, based on district setup.

[Previous Step](#)
[Next Step](#)
[Notes](#)
[Save & Validate](#)
[Mark as Complete](#)
[Print](#)
[Return to Manage Student](#)
50%

✓ MW: Bullying/Harassment Report
* MW: Bullying/Harassment Investigation
 MW: Bullying/Harassment Supplements
 Uploads (0)

FOCUS

Student Name: Isabella B Alonso	Student ID: 00058709	Gender: F
Grade: 09	Campus: NA	DOB: 07/17/2007
Parent: Parent Parent	Primary Exceptionality: NA	Phone:
Email:	Address:	

Bullying and/or Harassment Final Report Form

School personnel completing form: Position:

Today's Date:

Person Reporting Incident (from reporting form) Name:

Telephone: E-mail:

Student
 Parent/Guardian
 Other (specify)

1. Name of alleged victim: Days absent as a result of the incident:

2. Name(s) of alleged offender(s) (if known): Age: School: Is he/she a student? Yes No

1. Complete all the relevant and required fields.

i Fields related to the Person Reporting the Incident, the name of the Alleged Victim, any days they were Absent, and the name of the Alleged Offender will be auto-filled from the Bullying/Harassment Report.

Question 13: Answering if the incident was Substantiated or Unsubstantiated currently does not have any associated form or alert triggers. The district may implement a form trigger requiring another form to be completed or event to be initiated, and/or a portal alert informing another district user/profile of the results of the investigation.

Question 14: Answering Yes, a Hope Scholarship notice is being completed will make the form display as an additional step after the Bullying/Harassment Investigation form has been successfully saved and validated. If a Spanish version of the Hope Scholarship form is needed, it can be found in the Bullying/Harassment Supplements step.

13. Substantiated Unsubstantiated

14. Is a Hope Scholarship being completed? Yes No

2. Click the e-signature link at the bottom to sign the form.

Investigator Signature:

3. Enter your Focus Username and Password and click Authenticate.

Sign Below

Please authenticate before signing 

4. Draw your signature and click **Sign**.

Sign Below

5. Click **Save & Validate** when finished.

 The Bullying/Harassment Witness Statement and Parental Notification of Bullying Incident forms can also be found in the Bullying/Harassment Supplements step.

Hope Scholarship Notification Form

Answering Yes to question 14 in the Bullying/Harassment Investigation step will automatically generate the Hope Scholarship Notification Form step.

The screenshot shows a sidebar on the left with a list of steps: 'MW: Bullying/Harassment Report', 'MW: Bullying/Harassment Investigation', 'MW: Hope Scholarship' (highlighted in purple), 'MW: Bullying/Harassment Supplements', and 'Uploads (0)'. The main content area displays the 'Hope Scholarship Notification Form' document. The document header includes 'Form IEPC-HS1', 'Effective August 2018', and 'Rule 6A-6.0951'. The body text states: 'Pursuant to section 1002.40, Florida Statutes, the Hope Scholarship Program provides a public school student who was subjected to an incident of violence or bullying at school the opportunity to transfer to another public school with capacity or request a scholarship to attend an eligible private school. By completing and signing this form, the principal is confirming that the incident was reported and that the parent is aware of the educational opportunities under the Hope Scholarship Program. The school should retain a copy and provide original document to the parent.'

1. Complete all of the fields; the alleged victim's name will be pre-populated along with their date of birth and grade level.

The screenshot shows the following form fields: 'Student Name' (pre-populated with 'Mathias Xavier Acevedo'), 'Date of Birth' (pre-populated with '10/01/2007'), 'FLEID' (empty), 'Grade Level' (pre-populated with '08'), 'School of Enrollment and MSID' (empty), and 'School District' (empty).

2. Click the e-signature box to sign electronically, or manually sign the form after printing.

3. Click **Save & Validate** after completing all fields.

MW: Bullying/Harassment Supplements

The Bullying/Harassment Supplements step contains the Bullying/Harassment Witness Statement, the Spanish version of the Hope Scholarship Notification Form, and the Parental Notification of Bullying Incident.

i The Bullying/Witness Statement cannot be electronically completed; it must be printed and manually completed. The Bullying/Witness Statement can then be scanned back in to the event using the Uploads step. On the Parental Notification of Bullying Incident form, the Incident Summary can be electronically completed, and then the form printed for signatures. The form can then be scanned back in to the event using the Uploads step.

1. Select the form to add as a supplement and click **Add this form**.

No Records Found

Mental Wellness: Parental Notification of Bullying Incident Add this form

Filter

- Mental Wellness: Bullying/Harassment Witness Statement
- Mental Wellness: Hope Scholarship Notification Form_Spanish
- Mental Wellness: Parental Notification of Bullying Incident

The selected form is added to the table.

2. Click the **Edit** link.

Form Name		Added By	Last Saved	Last Drafted	Complete	Delete
Mental Wellness: Parental Notification of Bullying Incident	Edit	Patricia				Delete

Mental Wellness: Bullying/Harassment Witness Statement Add this form

3. Complete the form and click **Save & Validate** when finished.

✕ Return To Focus

Save & Validate

Parental Notification of Bullying Incident

Dear Parent/Guardian of

Your child has been involved in an incident at our school which violated the District policy on bullying. After closely reviewing the cause and speaking with those involved, it has been determined that your child was in fact the student identified as the aggressor or bully. Below you will find a summary of the situation, the district definition and policy on bullying, as well as the potential consequences if this behavior continues on our campus. We ask that you monitor your child's actions at home to see if there is any similar conduct which may be a concern for you. Only by eliminating bullying in all areas of their lives can we hope to stop this damaging behavior before it becomes a problem for your child and all children who attend our school. If you would like any further information or assistance with this issue, please feel free to contact us. Thank you.

Incident Summary

It was reported that your child...

Our Definition and Policy for Bullying

Bullying is defined as systematically and chronically inflicting physical hurt or psychological distress on one or more students or employees. The term "bullying"

4. Click Return to Focus.

✕ Return To Focus

Save & Validate

Parental Notification of Bullying Incident

Dear Parent/Guardian of

Your child has been involved in an incident at our school which violated the District policy on bullying. After closely reviewing the cause and speaking with those involved, it has been determined that your child was in fact the student identified as the aggressor or bully. Below you will find a summary of the situation, the district definition and policy on bullying, as well as the potential consequences if this behavior continues on our campus. We ask that you monitor your child's actions at home to see if there is any similar conduct which may be a concern for you. Only by eliminating bullying in all areas of their lives can we hope to stop this damaging behavior before it becomes a problem for your child and all children who attend our school. If you would like any further information or assistance with this issue, please feel free to contact us. Thank you.

Incident Summary

It was reported that your child...

Our Definition and Policy for Bullying

Bullying is defined as systematically and chronically inflicting physical hurt or psychological distress on one or more students or employees. The term "bullying"

A green check mark will display in the Complete column of the table once all required fields of the form are completed. The Last Saved column will populate with the date and time the form was last saved.

Form Name		Added By	Last Saved	Last Drafted	Complete	Delete
Mental Wellness: Parental Notification of Bullying Incident	Edit	Patricia	2022-08-02 15:04:57-04		✓	Delete

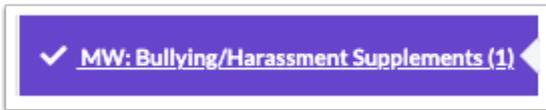
Mental Wellness: Bullying/Harassment Witness Statement ▼ [Add this form](#)

5. To delete a supplement, click **Delete**.

Form Name		Added By	Last Saved	Last Drafted	Complete	Delete
Mental Wellness: Parental Notification of Bullying Incident	Edit	Patricia	2022-08-02 15:04:57-04		✓	Delete

Mental Wellness: Bullying/Harassment Witness Statement ▼ [Add this form](#)

i The number of supplemental forms added to the student's event will display in parenthesis next to the Supplement step on the steps menu.



Uploads

Uploads can be used to add documentation to an event. In order to print with the event, uploads must be in the PDF format.

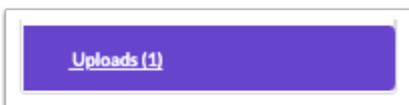
1. Drag a file into the box, click **Select** and select a file from your computer, or click the scan icon and follow prompts to scan the document.



2. Once documentation is scanned or uploaded it will populate in the upload field with edit/delete options.



3. The number of uploads will display in parenthesis on the side menu.



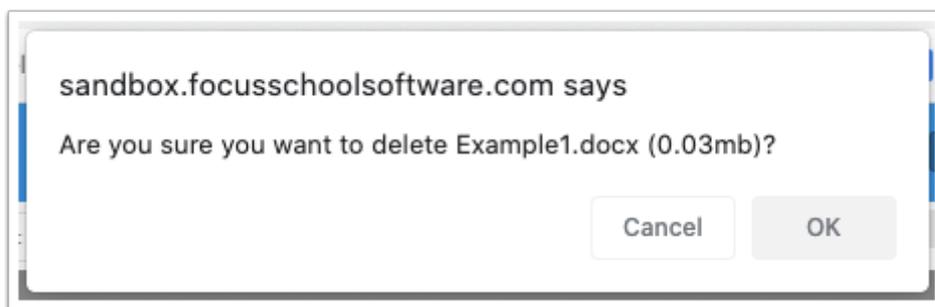
4. Click the pencil icon to edit the title of the file.



5. Click the red minus sign to delete the upload.



6. Click **OK** to confirm deletion.



Mental Wellness Case Notes Event

The Mental Wellness Case Notes event is primary used to document the result of any contact with or referral for a student for mental health reasons. It is a follow-up to the Threat Assessment or Bullying/Harassment event.

MW: Counselor Referral

< Previous Step > Next Step Notes Save & Validate ✓ Mark as Complete Print Return to Manage Student

0%

* MW: Counselor Referral

MW: Counselor Supplements

Uploads (0)

FOCUS Student Name Student ID Gender Grade Campus DOB Parent
Isabella B Alonso 00058709 F 09 Focus High School - 0041 07/17/2007 Parent Parent
Primary Exceptionality Phone Email Address
NA

COUNSELOR CASE NOTES

Case Note Date: Is this an update to a Threat Assessment? Yes No
Case Notes: If Yes, what is date of original Threat Assessment?

1. Select the **Case Note Date**.
2. For the question **Is this an update to a Threat Assessment?**, select **Yes** or **No**.
3. If Yes, select the date of the original Threat Assessment.
4. Enter the applicable **Case Notes**.

COUNSELOR CASE NOTES

Case Note Date:

Is this an update to a Threat Assessment? Yes No

Case Notes:

If Yes, what is date of original Threat Assessment?

5. Select the **Action Steps**.

Selecting Referral to Mental Health Team or Referral to Substance Abuse will trigger a new step for completion. Selecting Bullying Investigation Initiated will generate a new Bullying/Harassment event that displays on the student's Create New Event screen (click Return to Manage Student to view).

Action Steps:

- | | | |
|--|---|---|
| <input type="checkbox"/> Referral to Mental Health Team* | <input type="checkbox"/> Parent Contacted | <input type="checkbox"/> Schedule Change |
| <input type="checkbox"/> Referral to Substance Abuse* | <input type="checkbox"/> Parent Conference Set | <input type="checkbox"/> Resources Provided |
| <input type="checkbox"/> Referral to Outside Agency | <input type="checkbox"/> Counseled Student | <input type="checkbox"/> Bullying Investigation Initiated** |
| <input type="checkbox"/> Referral to SEL | <input type="checkbox"/> Mentoring | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Referral to PST | <input type="checkbox"/> Teacher Conference/Email | <input type="text"/> |
| <input type="checkbox"/> Referral to Discipline | <input type="checkbox"/> Restorative Practices | |
| <input type="checkbox"/> Referral to Social Worker | <input type="checkbox"/> Small Group Counseling | |

*Selection generates a new form in the event and an alert to the district Mental Health Team

**Selection generates a new event

6. In the Signature field, click to sign electronically.

Signature:

[Click to Sign](#)

7. Click **Save & Validate** when finished.

MW: Mental Health Referral

When "Referral to Mental Health Team" is selected as an action step in the Counselor Referral and the Counselor Referral is saved and validated, the Mental Health Referral step is displayed.

< Previous Step > Next Step Notes Save & Validate ✓ Mark as Complete Print Return to Manage Student

33%

- ✓ MW: Counselor Referral
- * MW: Mental Health Referral
- * MW: Substance Abuse Referral
- MW: Counselor Supplements
- Uploads (0)

FOCUS Student Name: Isabella B Alonso Student ID: 00058709 Gender: F Grade: 09 Campus: Focus High School - 0041 DOB: 07/17/2007 Parent: Parent Parent

Primary Exceptionality: NA Phone: Email: Address:

DISTRICT MENTAL HEALTH REFERRAL FORM

Reasons for referral (check all that apply):

<input type="checkbox"/> Aggression	<input type="checkbox"/> Self-image/Self-esteem
<input type="checkbox"/> Dramatic change in behavior	<input type="checkbox"/> Grief and loss
<input type="checkbox"/> Bullying-target	<input type="checkbox"/> Always tired
<input type="checkbox"/> Bullying-perpetrator	<input type="checkbox"/> Sadness
<input type="checkbox"/> Self-Injury (cutting, biting, head-banging etc.)	<input type="checkbox"/> Worried/Scared
<input type="checkbox"/> Physical/sexual/emotional abuse	<input type="checkbox"/> Defiant
<input type="checkbox"/> Anger Management	<input type="checkbox"/> Impulsive/Hyperactive
<input type="checkbox"/> Physical fighting	<input type="checkbox"/> Inattentive/Distracted
<input type="checkbox"/> Stealing	<input type="checkbox"/> Disruptive
<input type="checkbox"/> Lying	<input type="checkbox"/> Withdrawn/Isolated
<input type="checkbox"/> Sexualized behavior	<input type="checkbox"/> Anxious/Nervous
<input type="checkbox"/> Difficulty in peer relationships	<input type="checkbox"/> Drastic/frequent mood shifts
<input type="checkbox"/> Social skills	<input type="checkbox"/> Lacks motivation

1. Select the **Reasons for referral**.

DISTRICT MENTAL HEALTH REFERRAL FORM

Reasons for referral (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Aggression | <input type="checkbox"/> Self-image/Self-esteem |
| <input type="checkbox"/> Dramatic change in behavior | <input type="checkbox"/> Grief and loss |
| <input type="checkbox"/> Bullying-target | <input type="checkbox"/> Always tired |
| <input type="checkbox"/> Bullying-perpetrator | <input type="checkbox"/> Sadness |
| <input type="checkbox"/> Self-Injury (cutting, biting, head-banging etc.) | <input type="checkbox"/> Worried/Scared |
| <input type="checkbox"/> Physical/sexual/emotional abuse | <input type="checkbox"/> Defiant |
| <input type="checkbox"/> Anger Management | <input type="checkbox"/> Impulsive/Hyperactive |
| <input type="checkbox"/> Physical fighting | <input type="checkbox"/> Inattentive/Distracted |
| <input type="checkbox"/> Stealing | <input type="checkbox"/> Disruptive |
| <input type="checkbox"/> Lying | <input type="checkbox"/> Withdrawn/Isolated |
| <input type="checkbox"/> Sexualized behavior | <input type="checkbox"/> Anxious/Nervous |
| <input type="checkbox"/> Difficulty in peer relationships | <input type="checkbox"/> Drastic/frequent mood shifts |
| <input type="checkbox"/> Social skills | <input type="checkbox"/> Lacks motivation |
| <input type="checkbox"/> Family concerns/change in family dynamics | <input type="checkbox"/> Overwhelmed |
| <input type="checkbox"/> Eating problems | <input type="checkbox"/> Substance use |
| <input type="checkbox"/> Cries easily/often for age | <input type="checkbox"/> Suicide Ideation |
| <input type="checkbox"/> Chronic illness | <input type="checkbox"/> Homicidal ideation |
| <input type="checkbox"/> Personal hygiene | <input type="checkbox"/> Other |

2. Enter the **Explanation for referral**.

Explanation for referral:

3. Select the **Area of student's life being impacted**.

Area of student's life being impacted (check all that apply):

- Academic
- Social
- Relationships (family, friends, work, clubs, teams)
- Personal (attitude, mood, shift in thoughts/behaviors)
- Health
- Other

4. Enter the interventions or services that have been provided at the school based level.

What interventions or services have been provided at the school based level?

5. Select whether the student has received counseling services in the past. If Yes, enter the location and time frame.
6. Select whether a Problem Solving Team has begun or been put in place.
7. Enter the **Referring Staff** and the **Staff being referred to (if aware)**.

Has the student received counseling services in the past? YES NO UNKNOWN

If yes, please provide location and time frame:

Has a Problem Solving Team begun or been put in place? YES NO UNKNOWN

Referring Staff:

Staff being referred to (If aware):

8. Select an option for the student's insurance.
9. Select the appropriate options for parent/guardian contact.
10. In the Signature field, click to sign the form electronically.
11. Enter a phone number.
12. Click **Save & Validate** when finished.

Does the student have: Insurance Medicaid Neither Unknown

Was the parent/guardian contacted? Yes No Contact Date/Time:

Contact Method: Face-to-Face Email Phone Letter

Did the student/legal guardian ask for:

Information about mental health services YES NO

An appointment to initiate help YES NO

Signature: Phone: Ext:

MW: Substance Abuse Referral

When "Referral to Substance Abuse" is selected as an action step in the Counselor Referral and the Counselor Referral is saved and validated, the Substance Abuse Referral step is displayed.

< Previous Step > Next Step Notes Save & Validate Mark as Complete Print Return to Manage Student

66%

- ✓ MW: Counselor Referral
- ✓ MW: Mental Health Referral
- * MW: Substance Abuse Referral
- MW: Counselor Supplements
- Uploads (0)

FOCUS Student Name: Isabella B Alonso Student ID: 00058709 Gender: F Grade: 09 Campus: Focus High School - 0041 DOB: 07/17/2007 Parent: Parent Parent

Primary Exceptionality: NA Phone: Email: Address: [REDACTED]

Substance Use Screening Referral Form

THIS FORM NEEDS TO BE COMPLETED IN ITS ENTIRETY SO THAT A STUDENT MAY BE REFERRED FOR AN APPROPRIATE SCREENING BY THE DESIGNATED COUNSELOR.

Date of Referral:

Did the student ask for a referral to screening/services? Yes No

Is the parent aware of the referral? Yes No

Please provide reasons for referral:

1. Select the **Date of Referral**.

2. Select whether the student requested a referral for screening/services.
3. Select whether the parent is aware of the referral.
4. Enter the reasons for referral.

Substance Use Screening Referral Form

THIS FORM NEEDS TO BE COMPLETED IN ITS ENTIRETY SO THAT A STUDENT MAY BE REFERRED FOR AN APPROPRIATE SCREENING BY THE DESIGNATED COUNSELOR.

Date of Referral:

Did the student ask for a referral to screening/services? Yes No

Is the parent aware of the referral? Yes No

Please provide reasons for referral:

5. Select an insurance option.
6. Enter the name and contact information for the staff inputting the referral.
7. Enter the receiving staff member, team, department, etc.
8. Click **Save & Validate** when finished.

Which does the student have?

Medicaid Insurance Neither Unknown

What is the name of the staff that is inputting the referral and contact information?

To whom or where is this referral being sent?

Uploads

Uploads can be used to add documentation to an event. In order to print with the event, uploads must be in the PDF format.

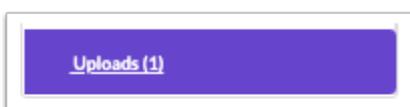
1. Drag a file into the box, click **Select** and select a file from your computer, or click the scan icon and follow prompts to scan the document.



2. Once documentation is scanned or uploaded it will populate in the upload field with edit/delete options.



3. The number of uploads will display in parenthesis on the side menu.



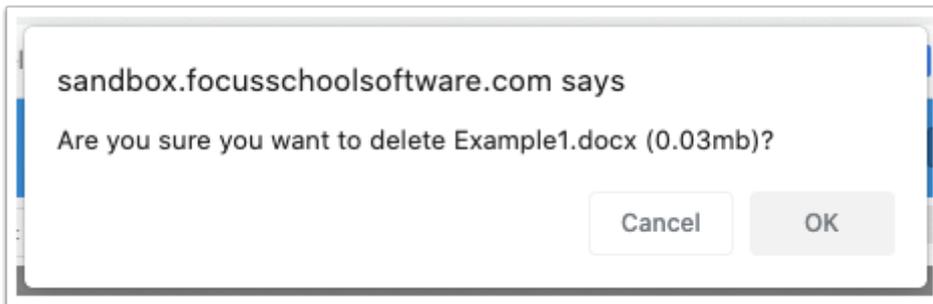
4. Click the pencil icon to edit the title of the file.



5. Click the red minus sign to delete the upload.



6. Click **OK** to confirm deletion.



Mental Wellness Counselor Referral

The Mental Wellness Counselor Referral event is primarily an event used to document the reason for referring a student to the counselor and to document any follow-up steps such as District Mental Health Referral and Substance Use Referral.

MW: Counselor Referral

< Previous Step > Next Step Notes Save & Validate Mark as Complete Print Return to Manage Student

0%

* MW: Counselor Referral

MW: Case Notes

MW: Counselor Supplements

Uploads (0)

FOCUS Student Name: Isabella B Alonso Student ID: 00058709 Gender: F Grade: 09 Campus: Focus High School - 0041 DOB: 07/17/2007 Parent: Parent Parent

Primary Exceptionality: NA Phone: Email: Address:

Counselor Referral

Reason(s) for Service: (please check all that apply, and give a brief description)

Abuse: _____

Basic needs not met: _____

Change in home life: _____

Concerning actions: (i.e. drawing, writing, play) _____

Conflict with peers: _____

Crying: _____

Death/illness/injury of someone close to student: _____

Frequent visits to school nurse: _____

1. Select one or more reasons for the referral and include a brief description/explanation.

Counselor Referral

Reason(s) for Service: (please check all that apply, and give a brief description)

Abuse: _____

Basic needs not met: _____

Change in home life: _____

Concerning actions: (i.e. drawing, writing, play) _____

Conflict with peers: _____

Crying: _____

Death/illness/injury of someone close to student: _____

Frequent visits to school nurse: _____

Isolation from peers: _____

Personal hygiene: _____

Statements that they don't feel safe at home: _____

Statements that they don't feel safe at school: _____

Statements of death or dying: _____

Witness to crime/violence: _____

Bullying: _____

2. Answer the following Yes/No questions.

3. Describe the contact with the parent/guardian.
4. In the Signature field, click to sign the form electronically.
5. Click **Save & Validate** when finished.

Is the student making statements or taking action that appears that they may hurt themselves or others?

Yes No

I followed the Baker Act Procedures, and the student was not left alone. School Administrators were immediately notified.

Yes No

Is the student aware of the request for service? Yes No

Is the parent aware of the request for service? Yes No

Please describe the contact you had with the parent or guardian:

Signature:

MW: Case Notes

At any time a student may be referred for mental health services or is receiving mental health services, counselors, social workers, mental health assessors, etc. can utilize the Case Notes step to document information about the situation and select any follow-up actions.

100%

✓ MW: Counselor Referral

MW: Case Notes

MW: Counselor Supplements

Uploads (0)

FOCUS

Student Name	Student ID	Gender	Grade	Campus	DOB	Parent
Isabella B Alonso	00058709	F	09	Focus High School - 0041	07/17/2007	Parent Parent
Primary Exceptionality	Phone	Email	Address			
NA						

COUNSELOR CASE NOTES

Case Note Date: Is this an update to a Threat Assessment? Yes No

Case Notes: If Yes, what is date of original Threat Assessment?

Action Steps:

<input type="checkbox"/> Referral to Mental Health Team*	<input type="checkbox"/> Parent Contacted	<input type="checkbox"/> Schedule Change
<input type="checkbox"/> Referral to Substance Abuse*	<input type="checkbox"/> Parent Conference Set	<input type="checkbox"/> Resources Provided

1. Select the **Case Note Date**.
2. For **Is this an update to a Threat Assessment?**, select **Yes** or **No**.
3. If Yes, select the date of the original Threat Assessment.
4. Enter the applicable **Case Notes**.

COUNSELOR CASE NOTES

Case Note Date: Is this an update to a Threat Assessment? Yes No

Case Notes: If Yes, what is date of original Threat Assessment?

5. Select the **Action Steps**.

Selecting Referral to Mental Health Team or Referral to Substance Abuse will trigger a new step for completion. Selecting Bullying Investigation Initiated will generate a new Bullying/Harassment event that displays on the student's Create New Event screen (click Return to Manage Student to view).

Action Steps:

<input type="checkbox"/> Referral to Mental Health Team*	<input type="checkbox"/> Parent Contacted	<input type="checkbox"/> Schedule Change
<input type="checkbox"/> Referral to Substance Abuse*	<input type="checkbox"/> Parent Conference Set	<input type="checkbox"/> Resources Provided
<input type="checkbox"/> Referral to Outside Agency	<input type="checkbox"/> Counseled Student	<input type="checkbox"/> Bullying Investigation Initiated**
<input type="checkbox"/> Referral to SEL	<input type="checkbox"/> Mentoring	<input type="checkbox"/> Other:
<input type="checkbox"/> Referral to PST	<input type="checkbox"/> Teacher Conference/Email	<input type="text"/>
<input type="checkbox"/> Referral to Discipline	<input type="checkbox"/> Restorative Practices	
<input type="checkbox"/> Referral to Social Worker	<input type="checkbox"/> Small Group Counseling	

*Selection generates a new form in the event and an alert to the district Mental Health Team

**Selection generates a new event

6. In the Signature field, click to sign electronically.

Signature:

7. Click **Save & Validate** when finished.

MW: Mental Health Referral

When "Referral to Mental Health Team" is selected as an action step in the Case Notes and the Case Notes is saved and validated, the Mental Health Referral step is displayed.

[Previous Step](#)
[Next Step](#)
[Notes](#)
[Save & Validate](#)
[Mark as Complete](#)
[Print](#)
[Return to Manage Student](#)
33%

- MW: Counselor Referral
- MW: Case Notes
- MW: Mental Health Referral
- MW: Substance Abuse Referral
- [MW: Counselor Supplements](#)
- [Uploads \(0\)](#)

Student Name Isabella B Alonso
 Student ID 00058709
 Gender F
 Grade 09
 Campus Focus High School - 0041
 DOB 07/17/2007
 Parent Parent Parent

Primary Exceptionality NA
 Phone
 Email
 Address

DISTRICT MENTAL HEALTH REFERRAL FORM

Reasons for referral (check all that apply):

<input type="checkbox"/> Aggression <input type="checkbox"/> Dramatic change in behavior <input type="checkbox"/> Bullying-target <input type="checkbox"/> Bullying-perpetrator <input type="checkbox"/> Self-Injury (cutting, biting, head-banging etc.) <input type="checkbox"/> Physical/sexual/emotional abuse <input type="checkbox"/> Anger Management <input type="checkbox"/> Physical fighting <input type="checkbox"/> Stealing <input type="checkbox"/> Lying <input type="checkbox"/> Sexualized behavior <input type="checkbox"/> Difficulty in peer relationships <input type="checkbox"/> Social skills <input type="checkbox"/> Family concerns/change in family dynamics <input type="checkbox"/> Eating problems <input type="checkbox"/> Cries easily/often for age <input type="checkbox"/> Chronic illness <input type="checkbox"/> Personal hygiene	<input type="checkbox"/> Self-image/Self-esteem <input type="checkbox"/> Grief and loss <input type="checkbox"/> Always tired <input type="checkbox"/> Sadness <input type="checkbox"/> Worried/Scared <input type="checkbox"/> Defiant <input type="checkbox"/> Impulsive/Hyperactive <input type="checkbox"/> Inattentive/Distracted <input type="checkbox"/> Disruptive <input type="checkbox"/> Withdrawn/Isolated <input type="checkbox"/> Anxious/Nervous <input type="checkbox"/> Drastic/frequent mood shifts <input type="checkbox"/> Lacks motivation <input type="checkbox"/> Overwhelmed <input type="checkbox"/> Substance use <input type="checkbox"/> Suicide Ideation <input type="checkbox"/> Homicidal ideation <input type="checkbox"/> Other
--	---

1. Select the Reasons for referral.

DISTRICT MENTAL HEALTH REFERRAL FORM

Reasons for referral (check all that apply):

<input type="checkbox"/> Aggression <input type="checkbox"/> Dramatic change in behavior <input type="checkbox"/> Bullying-target <input type="checkbox"/> Bullying-perpetrator <input type="checkbox"/> Self-Injury (cutting, biting, head-banging etc.) <input type="checkbox"/> Physical/sexual/emotional abuse <input type="checkbox"/> Anger Management <input type="checkbox"/> Physical fighting <input type="checkbox"/> Stealing <input type="checkbox"/> Lying <input type="checkbox"/> Sexualized behavior <input type="checkbox"/> Difficulty in peer relationships <input type="checkbox"/> Social skills <input type="checkbox"/> Family concerns/change in family dynamics <input type="checkbox"/> Eating problems <input type="checkbox"/> Cries easily/often for age <input type="checkbox"/> Chronic illness <input type="checkbox"/> Personal hygiene	<input type="checkbox"/> Self-image/Self-esteem <input type="checkbox"/> Grief and loss <input type="checkbox"/> Always tired <input type="checkbox"/> Sadness <input type="checkbox"/> Worried/Scared <input type="checkbox"/> Defiant <input type="checkbox"/> Impulsive/Hyperactive <input type="checkbox"/> Inattentive/Distracted <input type="checkbox"/> Disruptive <input type="checkbox"/> Withdrawn/Isolated <input type="checkbox"/> Anxious/Nervous <input type="checkbox"/> Drastic/frequent mood shifts <input type="checkbox"/> Lacks motivation <input type="checkbox"/> Overwhelmed <input type="checkbox"/> Substance use <input type="checkbox"/> Suicide Ideation <input type="checkbox"/> Homicidal ideation <input type="checkbox"/> Other
--	---

2. Enter the Explanation for referral.

Explanation for referral:

3. Select the **Area of student's life being impacted**.

Area of student's life being impacted (check all that apply):

- Academic
- Social
- Relationships (family, friends, work, clubs, teams)
- Personal (attitude, mood, shift in thoughts/behaviors)
- Health
- Other

4. Enter the interventions or services that have been provided at the school based level.

What interventions or services have been provided at the school based level?

5. Select whether the student has received counseling services in the past. If Yes, enter the location and time frame.

6. Select whether a Problem Solving Team has begun or been put in place.

7. Enter the **Referring Staff** and the **Staff being referred to (if aware)**.

Has the student received counseling services in the past? YES NO UNKNOWN

If yes, please provide location and time frame:

Has a Problem Solving Team begun or been put in place? YES NO UNKNOWN

Referring Staff:

Staff being referred to (if aware):

8. Select an option for the student's insurance.
9. Select the appropriate options for parent/guardian contact.
10. In the Signature field, click to sign the form electronically.
11. Enter a phone number.
12. Click **Save & Validate** when finished.

Does the student have: Insurance Medicaid Neither Unknown

Was the parent/guardian contacted? Yes No Contact Date/Time:

Contact Method: Face-to-Face Email Phone Letter

Did the student/legal guardian ask for:

Information about mental health services YES NO

An appointment to initiate help YES NO

Signature: Phone: Ext:

MW: Substance Abuse Referral

When "Referral to Substance Abuse" is selected as an action step in the Case Notes and the Case Notes is saved and validated, the Substance Abuse Referral step is displayed.

[Previous Step](#)
[Next Step](#)
[Notes](#)
[Save & Validate](#)
[Mark as Complete](#)
[Print](#)
[Return to Manage Student](#)
33%

- ✓ MW: Counselor Referral
- ✓ MW: Case Notes
- ✗ MW: Mental Health Referral
- ✗ MW: Substance Abuse Referral
- MW: Counselor Supplements
- Uploads (0)

FOCUS

Student Name	Student ID	Gender	Grade	Campus	DOB	Parent
Isabella B Alonso	00058709	F	09	Focus High School - 0041	07/17/2007	Parent Parent
Primary Exceptionality	Phone	Email	Address			
NA						

Substance Use Screening Referral Form

THIS FORM NEEDS TO BE COMPLETED IN ITS ENTIRETY SO THAT A STUDENT MAY BE REFERRED FOR AN APPROPRIATE SCREENING BY THE DESIGNATED COUNSELOR.

Date of Referral:

Did the student ask for a referral to screening/services? Yes No

Is the parent aware of the referral? Yes No

Please provide reasons for referral:

Which does the student have?

Medicaid Insurance Neither Unknown

1. Select the **Date of Referral**.
2. Select whether the student requested a referral for screening/services.
3. Select whether the parent is aware of the referral.
4. Enter the reasons for referral.

Substance Use Screening Referral Form

THIS FORM NEEDS TO BE COMPLETED IN ITS ENTIRETY SO THAT A STUDENT MAY BE REFERRED FOR AN APPROPRIATE SCREENING BY THE DESIGNATED COUNSELOR.

Date of Referral:

Did the student ask for a referral to screening/services? Yes No

Is the parent aware of the referral? Yes No

Please provide reasons for referral:

5. Select an insurance option.
6. Enter the name and contact information for the staff inputting the referral.
7. Enter the receiving staff member, team, department, etc.

8. Click **Save & Validate** when finished.

Which does the student have?

Medicaid Insurance Neither Unknown

What is the name of the staff that is inputting the referral and contact information?

Name

Email

Phone

To whom or where is this referral being sent?

Uploads

Uploads can be used to add documentation to an event. In order to print with the event, uploads must be in the PDF format.

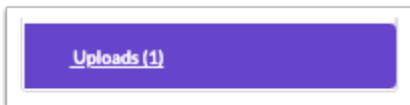
1. Drag a file into the box, click **Select** and select a file from your computer, or click the scan icon and follow prompts to scan the document.

A screenshot of a file upload interface. At the top right, there is a grey bar containing the text "(Drag files to upload)", a "Select" button, and a scan icon. The main area below is a large, empty white box for file uploads.

2. Once documentation is scanned or uploaded it will populate in the upload field with edit/delete options.



3. The number of uploads will display in parenthesis on the side menu.



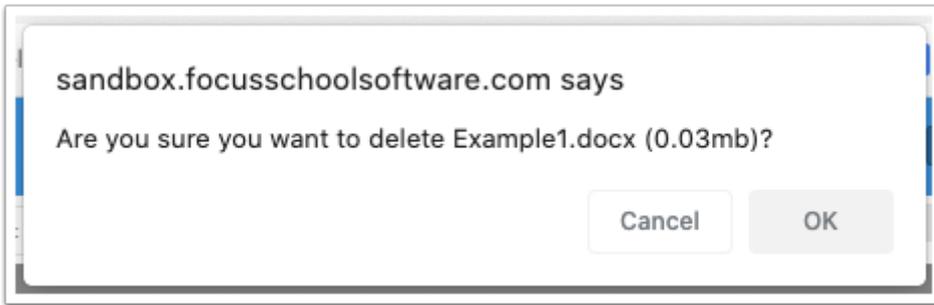
4. Click the pencil icon to edit the title of the file.



5. Click the red minus sign to delete the upload.



6. Click **OK** to confirm deletion.



Threat Assessment Event

The Mental Wellness Threat Assessment is similar in format to the Florida Standardized Behavioral Threat Assessment Report, but shorter. This event can be used to document a student's threat to harm themselves, to harm others, and/or to document alleged bullying or harassment by the student. There are two form triggers associated with this event that will generate the additional step of the Mental Health Referral and the Activate Handle with Care step that can be tied to an alert icon for the student based on classifying the threat as Substantive.

MW: Threat Assessment

< Previous Step > Next Step Notes Save & Validate Mark as Complete Print Return to Manage Student 0%

- * MW: Threat Assessment
- * MW: Meeting Participants
- MW: Supplements
- Uploads (0)

Student Name	Student ID	Gender	Grade	Campus	DOB	Parent
Isabella B Alonso	00058709	F	09	Focus High School - 0041	07/17/2007	Parent Parent
Primary Exceptionality	Phone	Email	Address			
NA						

Mental Wellness Threat Assessment

Student makes a threat to: Harm to Self Harm to Others Bullying Harassment

Level of Threat: Not a threat Transient Substantive

Team members involved in assessment:

THREAT REPORT

Location Threat Occurred: School Building or Grounds School Bus/Other Travel School-Sponsored Activity Digital communication such as text or post Other

Date/Time Threat Made:

Summary of the incident or threat. What was reported? Include who said or did what to whom. Who else was present?

Name of person REPORTING threat: Date/Time Threat Reported:

Affiliation of person reporting threat: Student Parent Staff Other:

Name/Title of person receiving the report:

INCIDENT or BEHAVIOR OF CONCERN

ASSESSMENT FINDINGS (All sources are not needed in most cases.)

Sources of Information	What information was reviewed?	Relevant Findings
------------------------	--------------------------------	-------------------

1. Select the type of threat made by the student. The **Level of Threat** can be revisited after completing the report and investigation.

2. Enter the names of the team members involved in the assessment.

Mental Wellness Threat Assessment

Student makes a threat to: Harm to Self Harm to Others Bullying Harassment

Level of Threat: Not a threat Transient Substantive

Team members involved in assessment:

3. Complete the Threat Report section.

THREAT REPORT

Location Threat Occurred: School Building or Grounds School Bus/Other Travel School-Sponsored Activity Digital communication such as text or post Other

Date/Time Threat Made:

Summary of the incident or threat. What was reported? Include who said or did what to whom. Who else was present?

Name of person REPORTING threat: Date/Time Threat Reported:

Affiliation of person reporting threat: Student Parent Staff Other:

Name/Title of person receiving the report:

4. Select which sources of information have been reviewed and provide any details about relevant findings for each source.

INCIDENT or BEHAVIOR OF CONCERN		
ASSESSMENT FINDINGS (All sources are not needed in most cases.)		
Sources of Information	What information was reviewed?	Relevant Findings
Prior threats to harm others	<input type="radio"/> Reviewed <input type="radio"/> Not applicable <input type="radio"/> Not available	<input type="text"/>
Prior threats to harm self	<input type="radio"/> Reviewed <input type="radio"/> Not applicable <input type="radio"/> Not available	<input type="text"/>
Academic records	<input type="radio"/> Reviewed <input type="radio"/> Not applicable <input type="radio"/> Not available	<input type="text"/>
Special education records	<input type="radio"/> Reviewed <input type="radio"/> Not applicable <input type="radio"/> Not available	<input type="text"/>
Records from other schools	<input type="radio"/> Reviewed <input type="radio"/> Not applicable <input type="radio"/> Not available	<input type="text"/>
District	Student ID: <input type="text" value="00058709"/>	Student Name: Isabella B Alonso
Discipline records	<input type="radio"/> Reviewed <input type="radio"/> Not applicable <input type="radio"/> Not available	<input type="text"/>
Law enforcement records	<input type="radio"/> Reviewed <input type="radio"/> Not applicable <input type="radio"/> Not available	<input type="text"/>

 The form can be saved and validated at any point in the process before the assessment has been completed. Only page 1 and the top of page 2 have required fields for the assessment report.

5. Optionally, record any key observations. These serve as a checklist to help assess whether the threat is transient or substantive.

- Answering YES to any of the first six questions lean toward the threat being less serious.
- Answering YES to any of the remaining twelve questions lean toward the threat being more serious.

KEY OBSERVATIONS

These items can help assess whether a threat is transient or substantive, but must be considered in the broader context of the situation and other known facts. Regard these items as a checklist to make sure you have considered these aspects of the threat, but they are not to be summed or used as a score. **Threats = Threat to Self or Others.**

Threat is likely to be less serious:

- 1. Subject admits to threat (statement or behavior). Yes Partially No Don't know/Not available
- 2. Subject has explanation for threat as benign (such as joke or figure of speech). Yes Partially No Don't know/Not available
- 3. Subject admits feeling angry toward target at time of threat. Yes Partially No Don't know/Not available
- 4. Subject retracts threat or denies intent to harm. Yes Partially No Don't know/Not available
- 5. Subject apologetic or willing to make amends for threat. Yes Partially No Don't know/Not available
- 6. Subject willing to resolve threat through conflict resolution or some other means. Yes Partially No Don't know/Not available

Threat is likely to be more serious:

- 7. Subject continues to feel angry toward target. Yes Partially No Don't know/Not available

6. Optionally, record any observations suggesting need for intervention. These two pages list factors to consider in identifying any possible interventions to assist the subject student and reduce risk of harm to self or others.

OBSERVATIONS SUGGESTING NEED FOR INTERVENTION

This is an optional form used as needed for intervention planning. Here are some factors to consider in identifying possible interventions to assist the subject and reduce risk. These items are not summed or scored. Use the term "partially" as appropriate to the category to mean the condition is moderate or not clearly present.

- 1. History of physical violence. Yes Partially No Don't know/Not available
- 2. History of criminal acts. Yes Partially No Don't know/Not available
- 3. Preoccupation with violence, violent individuals, or groups that advocate violence. Yes Partially No Don't know/Not available
- 4. Preoccupation with mass shootings or infamous incidents. Yes Partially No Don't know/Not available
- 5. History of intense anger or resentment. Yes Partially No Don't know/Not available
- 6. Has grievance or feels treated unfairly. Yes Partially No Don't know/Not available
- 7. Feels abused, harassed, or bullied. Yes Partially No Don't know/Not available

7. Optionally, record any threat response actions. These two pages provide a list of common actions taken in response to a threat to harm self or others. If an action is recommended but for some reason not implemented, the form provides space on page 7 for documentation.

THREAT RESPONSE

This is a list of common actions taken in response to a threat. Each case may require a unique set of actions. Add date and signature of person taking action, if appropriate. Note if action was recommended but for some reason not completed (e.g., parent refusal).

Person Taking Action	Date of Action	<input type="checkbox"/> 1. Increased contact/monitoring of subject
Person Taking Action	Date of Action	<input type="checkbox"/> 2. Reprimand or warning
Person Taking Action	Date of Action	<input type="checkbox"/> 3. Parent conference
Person Taking Action	Date of Action	<input type="checkbox"/> 4. Student apology
Person Taking Action	Date of Action	<input type="checkbox"/> 5. Contacted target of threat, including parent, if target is a minor
Person Taking Action	Date of Action	<input type="checkbox"/> 6. Counseling
Person Taking Action	Date of Action	<input type="checkbox"/> 7. Conflict mediation
Person Taking Action	Date of Action	<input type="checkbox"/> 8. Schedule change
Person Taking Action	Date of Action	<input type="checkbox"/> 9. Transportation change
Person Taking Action	Date of Action	<input type="checkbox"/> 10. Mental health assessment
Person Taking Action	Date of Action	<input type="checkbox"/> 11. Mental health services in school
Person Taking Action	Date of Action	<input type="checkbox"/> 12. Mental health services outside school
Person Taking Action	Date of Action	<input type="checkbox"/> 13. Assess need for special education services
Person Taking Action	Date of Action	<input type="checkbox"/> 14. Review of Individualized Education Program (IEP) for students already receiving services
Person Taking Action	Date of Action	<input type="checkbox"/> 15. 504 plan or modification of 504 plan.
Person Taking Action	Date of Action	<input type="checkbox"/> 16. Restorative Practices Strategy

8. After completing the needed sections, return to the top of page 1 to record the **Level of Threat**.

Student Name	Student ID	Gender	Grade	Campus	DOB	Parent
Isabella B Alonso	00058709	F	09	Focus High School - 0041	07/17/2007	Parent Parent
Primary Exceptionality	Phone	Email	Address			
NA			226 HISPANOLA ROAD TAVERNIER, FL 33070			

Mental Wellness Threat Assessment

Student makes a threat to: Harm to Self Harm to Others Bullying Harassment

Level of Threat: Not a threat Transient Substantive

9. Click **Save & Validate** when finished.

If the Level of Threat is selected as Substantive, the Mental Health Referral and the Activate Handle with Care steps will display but are not set as required steps. In particular, the Activate Handle with Care may not be utilized if the district does not

desire to attach an alert icon to the student based on the completion of this form and a workflow trigger.

The screenshot shows a web-based form titled "Mental Wellness Threat Assessment". At the top, there is a navigation bar with buttons for "Previous Step", "Next Step", "Notes", "Save & Validate", "Mark as Complete", "Print", and "Return to Manage Student". A progress indicator shows "50%". On the left, a sidebar menu lists several sections: "MW: Threat Assessment" (checked), "MW: Mental Health Referral", "MW: Meeting Participants" (marked with a red asterisk), "MW: Supplements", "Activate Handle with Care", and "Uploads (0)". The main form area displays student information for Isabella B Alonso, including Student ID (10058709), Gender (F), Grade (09), Campus (Focus High School - 0041), DOB (07/17/2007), and Parent (Parent Parent). The "Mental Wellness Threat Assessment" section includes a "Student makes a threat to:" field with radio buttons for "Harm to Self", "Harm to Others", "Bullying", and "Harassment". The "Level of Threat:" field has radio buttons for "Not a threat", "Transient", and "Substantive" (which is selected and highlighted with a red box). Below this is a "Team members involved in assessment:" field. The "THREAT REPORT" section includes "Location Threat Occurred:" with radio buttons for "School Building or Grounds" (selected), "School Bus/Other Travel", and "School-Sponsored Activity", and "Date/Time Threat Made:" with a text input field containing "08/19/2022 11:00am".

MW: Mental Health Referral

The Mental Health Referral is an optional 2 page form that displays when the Level of Threat is set to Substantive on the Threat Assessment. The assessment team or a designated individual can select one or more reasons for making a referral to the District Mental Health team.

! This form has an e-signature field so it is imperative that the individual responsible for this part of the process is logged in to the Mental Wellness event for the student to complete the form. There are no default alerts associated with this form.

1. Select the **Reasons for referral**.

DISTRICT MENTAL HEALTH REFERRAL FORM

Reasons for referral (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Aggression | <input type="checkbox"/> Self-image/Self-esteem |
| <input type="checkbox"/> Dramatic change in behavior | <input type="checkbox"/> Grief and loss |
| <input type="checkbox"/> Bullying-target | <input type="checkbox"/> Always tired |
| <input type="checkbox"/> Bullying-perpetrator | <input type="checkbox"/> Sadness |
| <input type="checkbox"/> Self-Injury (cutting, biting, head-banging etc.) | <input type="checkbox"/> Worried/Scared |
| <input type="checkbox"/> Physical/sexual/emotional abuse | <input type="checkbox"/> Defiant |
| <input type="checkbox"/> Anger Management | <input type="checkbox"/> Impulsive/Hyperactive |
| <input type="checkbox"/> Physical fighting | <input type="checkbox"/> Inattentive/Distracted |
| <input type="checkbox"/> Stealing | <input type="checkbox"/> Disruptive |
| <input type="checkbox"/> Lying | <input type="checkbox"/> Withdrawn/Isolated |
| <input type="checkbox"/> Sexualized behavior | <input type="checkbox"/> Anxious/Nervous |
| <input type="checkbox"/> Difficulty in peer relationships | <input type="checkbox"/> Drastic/frequent mood shifts |
| <input type="checkbox"/> Social skills | <input type="checkbox"/> Lacks motivation |
| <input type="checkbox"/> Family concerns/change in family dynamics | <input type="checkbox"/> Overwhelmed |
| <input type="checkbox"/> Eating problems | <input type="checkbox"/> Substance use |
| <input type="checkbox"/> Cries easily/often for age | <input type="checkbox"/> Suicide Ideation |
| <input type="checkbox"/> Chronic illness | <input type="checkbox"/> Homicidal ideation |
| <input type="checkbox"/> Personal hygiene | <input type="checkbox"/> Other |

2. Enter the **Explanation for referral**.

Explanation for referral:

3. Select the **Area of student's life being impacted**.

Area of student's life being impacted (check all that apply):

- Academic
- Social
- Relationships (family, friends, work, clubs, teams)
- Personal (attitude, mood, shift in thoughts/behaviors)
- Health
- Other

4. Enter the interventions or services that have been provided at the school based level.

What interventions or services have been provided at the school based level?

5. Select whether the student has received counseling services in the past. If Yes, enter the location and time frame.
6. Select whether a Problem Solving Team has begun or been put in place.
7. Enter the **Referring Staff** and the **Staff being referred to (if aware)**.

Has the student received counseling services in the past? YES NO UNKNOWN

If yes, please provide location and time frame:

Has a Problem Solving Team begun or been put in place? YES NO UNKNOWN

Referring Staff:

Staff being referred to (If aware):

8. Select an option for the student's insurance.
9. Select the appropriate options for parent/guardian contact.
10. In the Signature field, click to sign the form electronically.
11. Enter a phone number.
12. Click **Save & Validate** when finished.

Does the student have: Insurance Medicaid Neither Unknown

Was the parent/guardian contacted? Yes No Contact Date/Time:

Contact Method: Face-to-Face Email Phone Letter

Did the student/legal guardian ask for:

Information about mental health services YES NO

An appointment to initiate help YES NO

Signature: Phone: Ext:

MW: Meeting Participants

This form can be filled out with meeting participants' names, titles/positions, and the date, then printed beforehand to be signed at the meeting (unless using the virtual meeting e-signatures form). The signed form can then be uploaded in to the event using the Uploads step.

[Previous Step](#)
[Next Step](#)
[Notes](#)
[Save & Validate](#)
[Mark as Complete](#)
[Print](#)
[Return to Manage Student](#)
50%

✓ [MW: Threat Assessment](#)

[MW: Mental Health Referral](#)

* [MW: Meeting Participants](#)

[MW: Supplements](#)

[Activate Handle with Care](#)

[Uploads \(0\)](#)

FOCUS

Student Name: Isabella B Alonso Student ID: 00058709 Gender: F Grade: 09 Campus: Focus High School - 0041 DOB: 07/17/2007 Parent: Parent Parent
 Primary Exceptionality: NA Phone: Email: Address:

Mental Health/Wellness Committee Participants

Meeting Type: Date of Meeting:

Meeting Participants:

Signature/Printed Name	Position/Title	Date
<input type="text" value="Parent Parent"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="Printed Name"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="Printed Name"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="Printed Name"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="Printed Name"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="Printed Name"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="Printed Name"/>	<input type="text"/>	<input type="text"/>

1. Enter the **Meeting Type** and **Date of Meeting**.

2. Type in the names of the meeting participants and their position/title.

The parent's name will auto-fill from the student's Addresses and Contacts record. Only the parent with the priority of 1 will pull.

Mental Health/Wellness Committee Participants

Meeting Type: Date of Meeting:

Meeting Participants:

Signature/Printed Name	Position/Title	Date
<input type="text" value="Parent Parent"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="Printed Name"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="Printed Name"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="Printed Name"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="Printed Name"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="Printed Name"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="Printed Name"/>	<input type="text"/>	<input type="text"/>

3. Click **Save & Validate** when finished.

 Print the form with the "Disable Watermark" option selected. After the form has been signed and dated by meeting participants, upload the form using the Uploads step.

MW: Supplements

If needed, users can add additional forms to the event.

1. Select the form to add as a supplement and click **Add this form**.

No Records Found

Mental Wellness: Parent/Guardian Acknowledgement 

The selected form is added to the table.

2. Click the **Edit** link.

Form Name 		Added By 	Last Saved 	Last Drafted 	Complete 	Delete 
Mental Wellness: Parent/Guardian Acknowledgement		Ashley Weiss				<input type="button" value="Delete"/>

Mental Wellness: Parent/Guardian Acknowledgement 

3. Complete the form and click **Save & Validate** when finished.

[Return To Focus](#)

[Save & Validate](#)

FOCUS Student Name: Isabella B Alonso Student ID: 00058709 Gender: F
 Grade: 09 Campus: Focus High School - 0041 DOB: 07/17/2007
 Parent: Parent Parent Primary Exceptionality: NA Phone:
 Email: Address:

**Threat Response to Suicide and/or Harm to Self or Others
 Parent/Guardian Acknowledgement and Response Form**

I have been informed that my child has expressed suicidal thoughts.
 I understand that my child has engaged in self-injurious behavior.
 I understand that I have a part in keeping my child safe.
 I have been encouraged to take the following steps:

a) Provide supervision for my child at all times.
 b) In order to assist my child, I agree disagree to immediately take him/her to a qualified mental health professional for assistance and evaluation.

The following agency will do a free screening for adolescents needing a Mental Health Evaluation:

c) Remove access to lethal means, such as firearms, knives, medications, belts/ropes, etc.
 d) Assist school personnel with creating a School-based Suicide Prevention Plan.

4. Click Return to Focus.

[Return To Focus](#)

[Save & Validate](#)

FOCUS Student Name: Isabella B Alonso Student ID: 00058709 Gender: F
 Grade: 09 Campus: Focus High School - 0041 DOB: 07/17/2007
 Parent: Parent Parent Primary Exceptionality: NA Phone:
 Email: Address:

**Threat Response to Suicide and/or Harm to Self or Others
 Parent/Guardian Acknowledgement and Response Form**

I have been informed that my child has expressed suicidal thoughts.
 I understand that my child has engaged in self-injurious behavior.
 I understand that I have a part in keeping my child safe.
 I have been encouraged to take the following steps:

a) Provide supervision for my child at all times.
 b) In order to assist my child, I agree disagree to immediately take him/her to a qualified mental health professional for assistance and evaluation.

The following agency will do a free screening for adolescents needing a Mental Health Evaluation:

c) Remove access to lethal means, such as firearms, knives, medications, belts/ropes, etc.
 d) Assist school personnel with creating a School-based Suicide Prevention Plan.

A green check mark will display in the Complete column of the table once all required fields of the form are completed. The Last Saved column will populate with the date and time the form was last saved.

Form Name		Added By	Last Saved	Last Drafted	Complete	Delete
Mental Wellness: Parent/Guardian Acknowledgement	Edit	Ashley Weiss	2022-08-19 11:10:51-04		✔	Delete

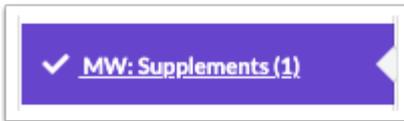
Mental Wellness: Parent/Guardian Acknowledgement [Add this form](#)

5. To delete a supplement, click Delete.

Form Name		Added By	Last Saved	Last Drafted	Complete	Delete
Mental Wellness: Parent/Guardian Acknowledgement	Edit	Ashley Weiss	2022-08-19 11:10:51-04		✓	Delete

Mental Wellness: Parent/Guardian Acknowledgement ▼ [Add this form](#)

i The number of supplemental forms added to the student's event will display in parenthesis next to the Supplement step on the steps menu.



Activate Handle with Care

The Activate Handle with Care step is displayed when the Level of Threat is set to Substantive on the Threat Assessment. The completion of this form allows an alert icon to be attached to the student provided the appropriate workflow trigger and student fields have been set up by the district.

< Previous Step
> Next Step
Notes
Save & Validate
✓ Mark as Complete
Print
Return to Manage Student

100%

- ✓ MW: Threat Assessment
- MW: Mental Health Referral
- ✓ MW: Meeting Participants
- ✓ MW: Supplements (1)
- Activate Handle with Care
- Uploads (0)

Student Name	Student ID	Gender	Grade	Campus	DOB	Parent
Isabella B Alonso	00058709	F	09	Focus High School - 0041	07/17/2007	Parent Parent
Primary Exceptionality	Phone	Email	Address			
NA						

Activate Handle With Care

Date:

Reported By:

Explanation:

This step will trigger the Handle With Care Indicator to be checked on the Student's Information screen on the Counselor Notes tab. The icon will appear next to the student's name until it is removed.

Complete the form and click **Save & Validate** when finished.

 The district also has the option to use a form trigger to send the data from this form to applicable fields in the student's SIS record. The fields and the form trigger must be created by the district.

Uploads

Uploads can be used to add documentation to an event, such as the signed Meeting Participants form. In order to print with the event, uploads must be in the PDF format.

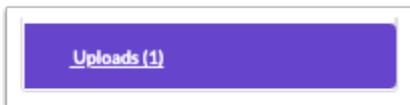
1. Drag a file into the box, click **Select** and select a file from your computer, or click the scan icon and follow prompts to scan the document.

A screenshot of a file upload interface. It features a large white rectangular area for dropping files. At the top right of this area, there is a grey bar containing the text "(Drag files to upload)", a "Select" button, and a small icon of a scanner.

2. Once documentation is scanned or uploaded it will populate in the upload field with edit/delete options.



3. The number of uploads will display in parenthesis on the side menu.



4. Click the pencil icon to edit the title of the file.



5. Click the red minus sign to delete the upload.



6. Click **OK** to confirm deletion.

