

# 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.

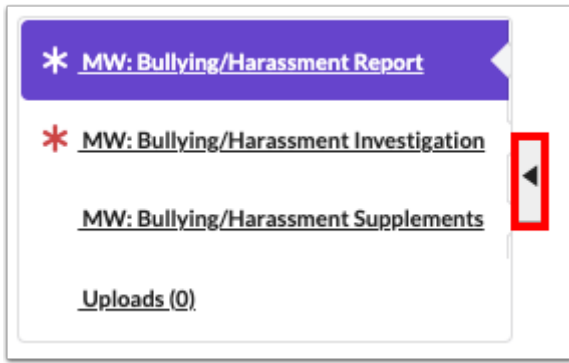
## Navigating a Mental Wellness Event

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

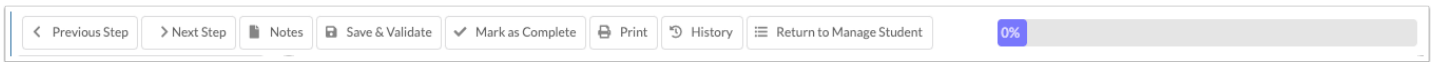
**Navigation Menu** - Down the left of the screen are all the steps (forms) for the event. Required steps are indicated by a red asterisk.

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

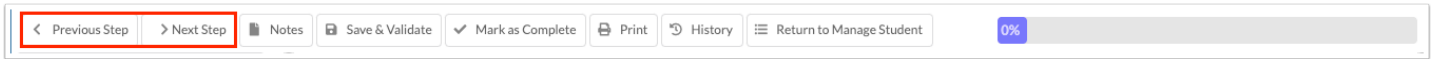
2. Click on the arrow to collapse or expand the steps list.



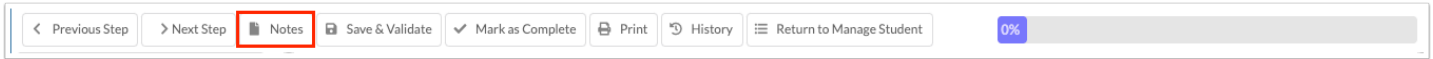
Navigation tools display at the top to facilitate movement from one step (form) to another, to save and validate the current form, to print the form, and to return to the student's event screen.




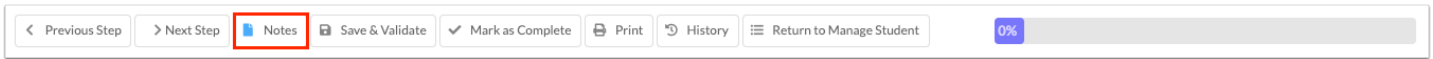
- 3. Click **Previous Step** to go back to the previous form.
- 4. Click **Next Step** to move forward to the next step displayed in the navigation menu.



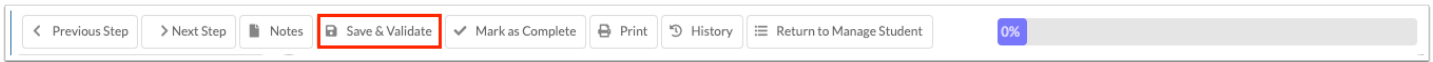
- 5. Click **Notes** to type notes that are important to the event that is open.



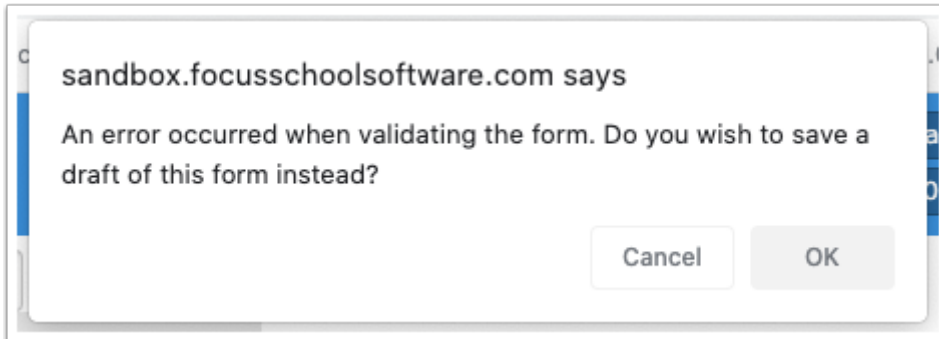
 The Notes icon turns blue when there are notes present on the selected event instance. Notes cannot be printed.



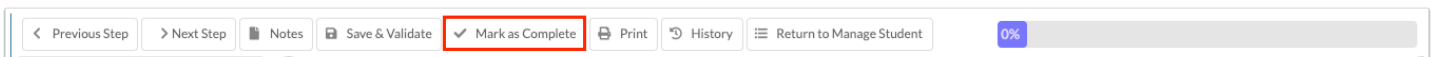
- 6. Click **Save & Validate** to save the entered data and to validate that all required fields on the step (form) have been completed.



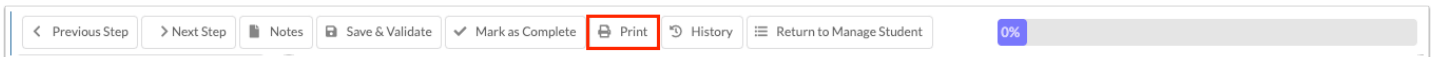
 Clicking **Save & Validate** before completing all required fields saves the entered data as a draft. A pop-up message will display. Click OK to save a draft.



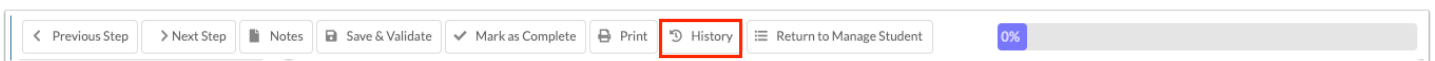
7. When the "Override Mark as Complete" system permission is enabled for the profile in [User Profile Permissions](#), the **Mark as Complete** button is available. When clicked, it marks the step as complete and saves the step, even when all the step requirements have not been completed.



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.



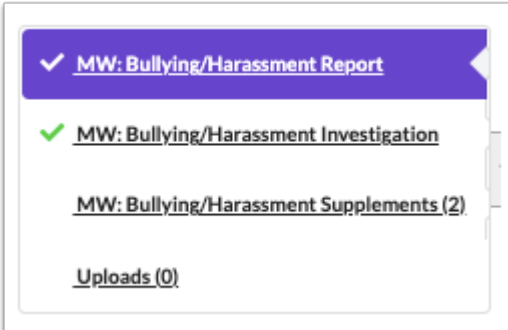
10. Click **Return to Manage Student** to return to the Manage Student event screen.



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

A horizontal progress bar with a blue segment on the left labeled '15%' and a grey segment on the right.

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

A list of steps for the 'MW: Bullying/Harassment Event'. The first step, 'MW: Bullying/Harassment Report', is highlighted in a purple bar with a white checkmark. The second step, 'MW: Bullying/Harassment Investigation', has a green checkmark to its left. The third step, 'MW: Bullying/Harassment Supplements (2)', and the fourth step, 'Uploads (0)', do not have checkmarks.

- ✓ MW: Bullying/Harassment Report
- ✓ MW: Bullying/Harassment Investigation
- MW: Bullying/Harassment Supplements (2)
- Uploads (0)

## 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

Previous Step

Next Step

Notes

Save & Validate

Mark as Complete

Print

Return to Manage Student

0%

MW: Bullying/Harassment Report

MW: Bullying/Harassment Investigation

MW: Bullying/Harassment Supplements

Uploads (0)

FOCUS

Student Name: Isabella B Alonso

Grade: 09

Parent: Parent Parent

Email:

Student ID: 00058709

Campus: NA

Primary Exceptionality: NA

Address:

Gender: F

DOB: 07/17/2007

Phone:

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: Ex. Name, Agency, Anonymous Report

Telephone: Ext. Email:

Place a checkmark in the appropriate box:

☐ Student

☐ Parent/Guardian

☐ School Personnel

☐ Anonymous

☐ Other (relationship to student)

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:

8. Was the student victim absent from school as a result of this incident?

Yes

No

Unknown

If yes, how many days was the student victim absent from school as a result of the incident?

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

Previous Step

Next Step

Notes

Save & Validate

Mark as Complete

Print

Return to Manage Student

0%

MW: Bullying/Harassment Report

MW: Bullying/Harassment Investigation

MW: Bullying/Harassment Supplements

Uploads (0)

8. Was the student victim absent from school as a result of this incident?

Yes

No

Unknown

If yes, how many days was the student victim absent from school as a result of the incident?

9. Who did you tell about the incident? (Check all that apply - list names)

Teacher

Teacher Name

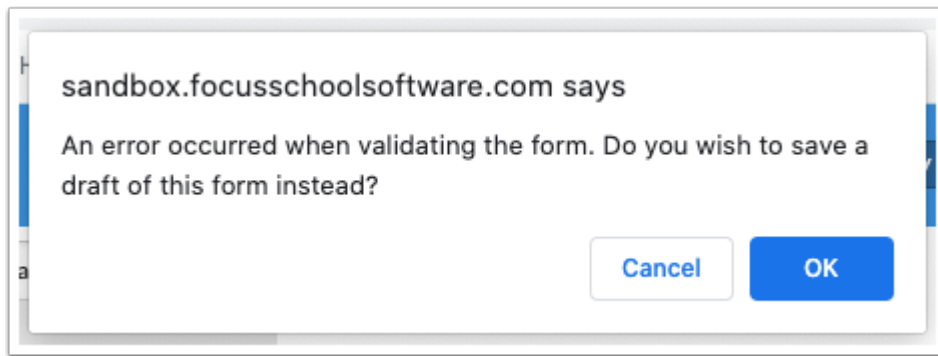
Administrator

Administrator Name

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

Manage Student: Mental Wellness Events

Page 5



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
U	Unexcused Absence	0 periods
D	Unexcused Abs Related to Discipline	0 periods
E	Excused Absences	0 periods
N	Unexcused Abs not related to Discipline	0 periods
O	Out of School Suspension	0 periods
Q	Alternative to OSS	0 periods
M	Excused Doctor Note	0 periods

Other Marks: 1 periods (during 1 days)

NA	N/A	0 periods
T	Unexcused Tardy	0 periods
PT	Excused Tardy	1 periods
C	Clinic	0 periods
G	Guidance	0 periods
H	Hospital Homebound	0 periods
I	In School Suspension	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

+ 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	<a href="#">View</a>	<a href="#">Steps</a>	open Requirements	Focus High School - 0041	09/21/2023 10:55 AM Ashley Weiss	<a href="#">Delete</a>	<a href="#">Set Inactive</a>

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](#)

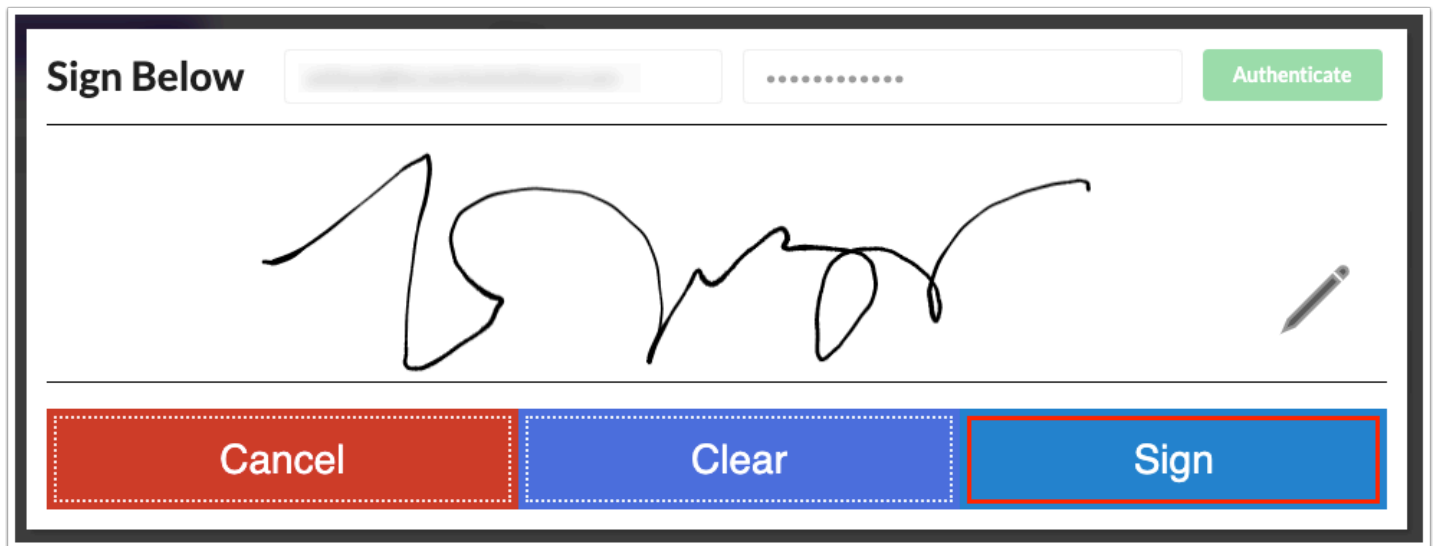
5. Enter your Focus **Username** and **Password** and click **Authenticate**.

Sign Below Username Password Authenticate

Please authenticate before signing

Cancel Clear Sign

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



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

Grade: 09

Parent: Parent Parent

Email:

Student ID: 00058709

Campus: NA

Primary Exceptionality: NA

Address:

Gender: F

DOB: 07/17/2007

Phone:

Bullying and/or Harassment Final Report Form

School personnel completing form:

Position:

Today's Date:

Person Reporting Incident (from reporting form)

Name: Ashley Weiss

Telephone: (555) 555-5555

E-mail:

☐ Student
☐ Parent/Guardian
☐ Other (specify)

1. Name of alleged victim: Isabella Belly Alonso

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: [Click to Sign](#)

## 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.

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

Form IEPC-HS1  
Effective August 2018  
Rule 6A-6.0951

**Hope Scholarship Notification Form**

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.

Student Name: Mathias Xavier Acevedo      Date of Birth: 10/01/2007

FLEID:      Grade Level: 08

School of Enrollment and MSID:      School District:

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 ▼

Filter

Mental Wellness: Bullying/Harassment Witness Statement

Mental Wellness: Hope Scholarship Notification Form\_Spanish

Mental Wellness: Parental Notification of Bullying Incident

Add this form

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	<b>Edit</b>	Patricia [REDACTED]				Delete

Mental Wellness: Bullying/Harassment Witness Statement ▼

Add this form

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

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 of psychological distress on one or more students or employees. The term "bullying"

#### 4. Click **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 of 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	<a href="#">Edit</a>	Patricia	2022-08-02 15:04:57-04		✓	<a href="#">Delete</a>

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	<a href="#">Edit</a>	Patricia	2022-08-02 15:04:57-04		✓	<a href="#">Delete</a>

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.

✓ MW: Bullying/Harassment Supplements (1)

## 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.



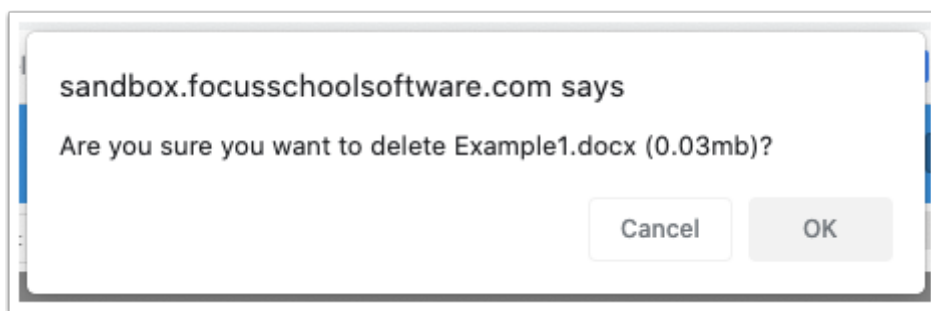
4. Click the pencil icon to edit the title of the file.



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  
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 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

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

DISTRICT MENTAL HEALTH REFERRAL FORM

Reasons for referral (check all that apply):

☐ Aggression

☐ Dramatic change in behavior

☐ Bullying-target

☐ Bullying-perpetrator

☐ Self-Injury (cutting, biting, head-banging etc.)

☐ Physical/sexual/emotional abuse

☐ Anger Management

☐ Physical fighting

☐ Stealing

☐ Lying

☐ Sexualized behavior

☐ Difficulty in peer relationships

☐ Social skills

☐ Self-image/Self-esteem

☐ Grief and loss

☐ Always tired

☐ Sadness

☐ Worried/Scared

☐ Defiant

☐ Impulsive/Hyperactive

☐ Inattentive/Distracted

☐ Disruptive

☐ Withdrawn/Isolated

☐ Anxious/Nervous

☐ Drastic/frequent mood shifts

☐ Lacks motivation

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

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## 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.



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.

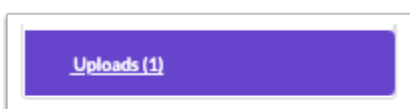
1. Drag a file into the box, click **Select** and select a file from your computer, or click the scan icon and follow prompts to scan the document.



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.





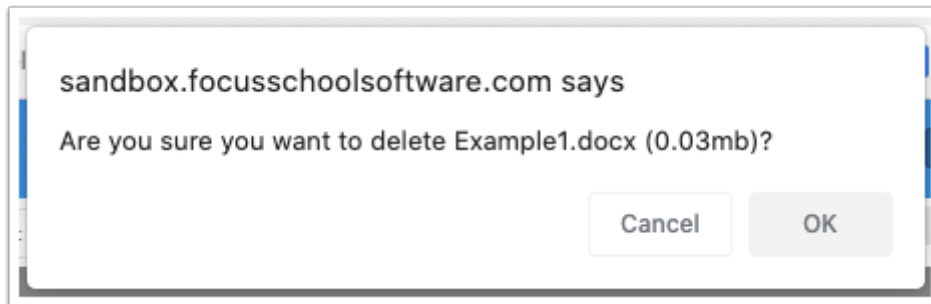
4. Click the pencil icon to edit the title of the file.



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: 

Click to Sign

## 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.

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

☐ Referral to Mental Health Team\*
 ☐ Parent Contacted
 ☐ Schedule Change

☐ Referral to Substance Abuse\*
 ☐ Parent Conference Set
 ☐ 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:**

☐ Referral to Mental Health Team\*  
☐ Referral to Substance Abuse\*  
☐ Referral to Outside Agency  
☐ Referral to SEL  
☐ Referral to PST  
☐ Referral to Discipline  
☐ Referral to Social Worker

☐ Parent Contacted  
☐ Parent Conference Set  
☐ Counseled Student  
☐ Mentoring  
☐ Teacher Conference/Email  
☐ Restorative Practices  
☐ Small Group Counseling

☐ Schedule Change  
☐ Resources Provided  
☐ Bullying Investigation Initiated\*\*  
☐ Other:

\*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 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)

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):

☐ Aggression
 ☐ Dramatic change in behavior
 ☐ Bullying-target
 ☐ Bullying-perpetrator
 ☐ Self-Injury (cutting, biting, head-banging etc.)
 ☐ Physical/sexual/emotional abuse
 ☐ Anger Management
 ☐ Physical fighting
 ☐ Stealing
 ☐ Lying
 ☐ Sexualized behavior
 ☐ Difficulty in peer relationships
 ☐ Social skills
 ☐ Family concerns/change in family dynamics
 ☐ Eating problems
 ☐ Cries easily/often for age
 ☐ Chronic illness
 ☐ Personal hygiene

☐ Self-image/Self-esteem
 ☐ Grief and loss
 ☐ Always tired
 ☐ Sadness
 ☐ Worried/Scared
 ☐ Defiant
 ☐ Impulsive/Hyperactive
 ☐ Inattentive/Distracted
 ☐ Disruptive
 ☐ Withdrawn/Isolated
 ☐ Anxious/Nervous
 ☐ Drastic/frequent mood shifts
 ☐ Lacks motivation
 ☐ Overwhelmed
 ☐ Substance use
 ☐ Suicide Ideation
 ☐ Homicidal ideation
 ☐ Other

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

DISTRICT MENTAL HEALTH REFERRAL FORM

Reasons for referral (check all that apply):

☐ Aggression
 ☐ Dramatic change in behavior
 ☐ Bullying-target
 ☐ Bullying-perpetrator
 ☐ Self-Injury (cutting, biting, head-banging etc.)
 ☐ Physical/sexual/emotional abuse
 ☐ Anger Management
 ☐ Physical fighting
 ☐ Stealing
 ☐ Lying
 ☐ Sexualized behavior
 ☐ Difficulty in peer relationships
 ☐ Social skills
 ☐ Family concerns/change in family dynamics
 ☐ Eating problems
 ☐ Cries easily/often for age
 ☐ Chronic illness
 ☐ Personal hygiene

☐ Self-image/Self-esteem
 ☐ Grief and loss
 ☐ Always tired
 ☐ Sadness
 ☐ Worried/Scared
 ☐ Defiant
 ☐ Impulsive/Hyperactive
 ☐ Inattentive/Distracted
 ☐ Disruptive
 ☐ Withdrawn/Isolated
 ☐ Anxious/Nervous
 ☐ Drastic/frequent mood shifts
 ☐ Lacks motivation
 ☐ Overwhelmed
 ☐ Substance use
 ☐ Suicide Ideation
 ☐ Homicidal ideation
 ☐ Other

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

Manage Student: Mental Wellness Events

Page 30

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

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

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.

(Drag files to upload) **Select** 

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.



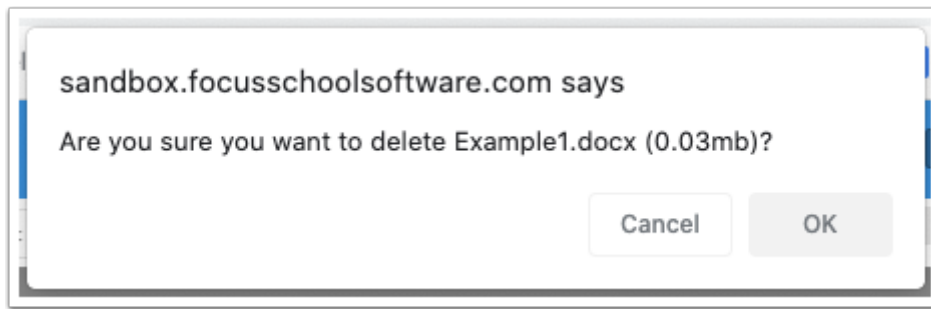
4. Click the pencil icon to edit the title of the file.



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:	<input type="checkbox"/> Harm to Self <input type="checkbox"/> Harm to Others <input type="checkbox"/> Bullying <input type="checkbox"/> Harassment
Level of Threat:	<input type="radio"/> Not a threat <input type="radio"/> Transient <input type="radio"/> Substantive
Team members involved in assessment:	<input type="text"/>

3. Complete the Threat Report section.

THREAT REPORT	
Location Threat Occurred:	Date/Time Threat Made:
<input type="radio"/> School Building or Grounds <input type="radio"/> School Bus/Other Travel <input type="radio"/> School-Sponsored Activity	<input type="text"/>
<input type="radio"/> Digital communication such as text or post <input type="radio"/> Other <input type="text"/>	
Summary of the incident or threat. What was reported? Include who said or did what to whom. Who else was present?	
<input type="text"/>	
Name of person REPORTING threat: <input type="text"/>	Date/Time Threat Reported: <input type="text"/>
Affiliation of person reporting threat: <input type="radio"/> Student <input type="radio"/> Parent <input type="radio"/> Staff <input type="radio"/> Other: <input type="text"/>	
Name/Title of person receiving the report: <input type="text"/>	

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	
Prior threats to harm self	<input type="radio"/> Reviewed <input type="radio"/> Not applicable <input type="radio"/> Not available	
Academic records	<input type="radio"/> Reviewed <input type="radio"/> Not applicable <input type="radio"/> Not available	
Special education records	<input type="radio"/> Reviewed <input type="radio"/> Not applicable <input type="radio"/> Not available	
Records from other schools	<input type="radio"/> Reviewed <input type="radio"/> Not applicable <input type="radio"/> Not available	
District	Student ID: 00058709	Student Name: Isabella B Alonso
Discipline records	<input type="radio"/> Reviewed <input type="radio"/> Not applicable <input type="radio"/> Not available	
Law enforcement records	<input type="radio"/> Reviewed <input type="radio"/> Not applicable <input type="radio"/> Not available	

💡 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

☐ 1. Increased contact/monitoring of subject

Person Taking Action

Date of Action

☐ 2. Reprimand or warning

Person Taking Action

Date of Action

☐ 3. Parent conference

Person Taking Action

Date of Action

☐ 4. Student apology

Person Taking Action

Date of Action

☐ 5. Contacted target of threat, including parent, if target is a minor

Person Taking Action

Date of Action

☐ 6. Counseling

Person Taking Action

Date of Action

☐ 7. Conflict mediation

Person Taking Action

Date of Action

☐ 8. Schedule change

Person Taking Action

Date of Action

☐ 9. Transportation change

Person Taking Action

Date of Action

☐ 10. Mental health assessment

Person Taking Action

Date of Action

☐ 11. Mental health services in school

Person Taking Action

Date of Action

☐ 12. Mental health services outside school

Person Taking Action

Date of Action

☐ 13. Assess need for special education services

Person Taking Action

Date of Action

☐ 14. Review of Individualized Education Program (IEP) for students already receiving services

Person Taking Action

Date of Action


☐ 15. 504 plan or modification of 504 plan.

Person Taking Action

Date of Action

☐ 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.

**i** 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

Manage Student: Mental Wellness Events

Page 40



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

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 Student ID Gender Grade Campus DOB Parent  
Isabella B Alonso 10058709 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

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: 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:

Click to Sign

## 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)



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
Parent Parent		
Printed Name		
Printed Name		
Printed Name		
Printed Name		
Printed Name		
Printed Name		
Printed Name		

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
Parent Parent		
Printed Name		
Printed Name		
Printed Name		
Printed Name		
Printed Name		
Printed Name		
Printed Name		

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 ▼ Add this form

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	<b>Edit</b>	Ashley Weiss				Delete

Mental Wellness: Parent/Guardian Acknowledgement ▼ Add this form

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

Student Name: Isabella B Alonso  
Grade: 09  
Parent: Parent Parent  
Email:

Student ID: 00058709  
Campus: Focus High School - 0041  
Primary Exceptionality: NA  
Address:

Gender: F  
DOB: 07/17/2007  
Phone:

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**.

Student Name: Isabella B Alonso  
Grade: 09  
Parent: Parent Parent  
Email:

Student ID: 00058709  
Campus: Focus High School - 0041  
Primary Exceptionality: NA  
Address:

Gender: F  
DOB: 07/17/2007  
Phone:

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	<a href="#">Edit</a>	Ashley Weiss	2022-08-19 11:10:51-04		✓	<a href="#">Delete</a>

Mental Wellness: Parent/Guardian Acknowledgement
Add this form

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

Mental Wellness: Parent/Guardian Acknowledgement  Add this form

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




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.

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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, empty rectangular box for dragging files. At the top right of this box, there is a small grey bar containing the text "(Drag files to upload)" and a button labeled "Select". To the right of the "Select" button is 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.

