

BRAVE LEARNERS PROGRAM

Document #4 – “Cool Kids” Stream Student Information for CYMH Intake

Note: Student’s school Case Manager to complete this form and give a copy to the parent(s) to take with to CYMH Intake.

SCHOOL STUDENT INFORMATION

| | |
|----------------------|--|
| STUDENT NAME: | |
| SCHOOL: | |
| CASE MANAGER: | |
| PARENT NAME: | |

I understand this information may be shared through electronic format with my child’s school, the Brave Learners Program, and Child and Youth Mental Health (CYMH).

Parent Signature: _____

Date: _____

SCHOOL/CYMH REQUIREMENTS CHECKLIST

| Yes | No | Requirements: |
|-----|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | <i>Release of Information</i> form signed by parents and attached (copy) to this form. |
| | | School Case Manager has explained Brave Learners Program to parents, including parental and student requirement to participate in weekly group sessions. |
| | | School Case Manager able to set up private confidential area in school for student to participate in weekly online group sessions. Case Manager or other school personnel able to also participate in the sessions with the student. |
| | | CYMH Intake Clinician: Has reviewed the information provided on this document below and completed an <i>Initial Supports and Services Plan (ISSP)</i> . Including the student’s school name, will email <i>ISSP</i> and <i>Initial Mental Health Assessment (IMHA)</i> to Brave Learners Program Coordinator at bravelearners@surreyschools.ca as soon as possible. |

SCHOOL CURRENT FUNCTIONING - *please fill out the information below in point form*

| Student's Current Social-Emotional Functioning at School: | |
|------------------------------------------------------------------|--|
| Strengths: | |
| Challenges: | |
| Anxiety looks like: | |
| How do they interact with peers? | |
| Student's Current Behavioural Functioning at School: | |
| Strengths: | |
| Challenges: | |
| Student's Current Academic Functioning at School: | |
| Strengths: | |
| Challenges: | |
| Is the student at grade level? | |