

BRAVE LEARNERS PROGRAM

Document #4 – *Selective Mutism 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 requirement for parent to participate in online evening parent group and requirement of student to begin support at CYMH office.
		School Case Manager able to set up private confidential area in school for student to participate in weekly support blocks.
		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?	
Is there anyone the student talks to at school? If so, how often, to who, where, and at what voice volume?	
Student's Current Behavioural Functioning at School:	
Strengths:	
Challenges:	
Student's Current Academic Functioning at School:	
Strengths:	
Challenges:	
Is the student at grade level?	