

BRAVE LEARNERS PROGRAM

DOCUMENT: 5. BLP STUDENT INFORMATION FOR CYMH INTAKE

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| STUDENT NAME: | |
| SCHOOL & GRADE: | |
| REFERRING CASE MANAGER: | |
| PARENT NAME: | |

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

Parent Signature: _____ Date: _____

| SCHOOL: STEPS TO TAKE PRIOR TO CYMH INTAKE APPOINTMENT | |
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| <input type="checkbox"/> | <p>School Case Manager has explained the Brave Learners Program to parents, including the requirement for parents to participate in all aspects of the program. Parent has made or will make an appointment for an intake at CYMH. Refer to documents below:</p> <ul style="list-style-type: none"> • Brave Learners Program Info Sheet • CYMH Surrey Brochure • Case Manager has completed the Student Information chart on the back of this page |
| <input type="checkbox"/> | <p>Parents have reviewed and filled out the following documents:</p> <ul style="list-style-type: none"> • Document 3. BLP Parent Consent to Participate • Document 4. District Release of Information (ROI) is filled out, signed by parents, and attached to this form. <p>Parents take these documents to CYMH and present them to the Intake Clinician at their child's appointment.</p> |
| CYMH: STEPS TO TAKE AFTER CYMH INTAKE | |
| <input type="checkbox"/> | CYMH Intake Clinician has reviewed the information attached to this document |
| <input type="checkbox"/> | <p>CYMH Intake Clinician has completed the documents below for this student:</p> <ul style="list-style-type: none"> • CYMH Initial Supports and Services Plan (ISSP) • CYMH Initial Mental Health Assessment (IMHA) |
| <input type="checkbox"/> | <p>CYMH must share the student's ISSP and IMHA indicating their support for a referral into the Brave Learners Program via email to the BLP Coordinator at: bravelearners@surreyschools.ca</p> |

STUDENT INFORMATION: *School Case Manager to fill out the information below in point form.*

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| 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? | |