MHRS Consultation Guidelines

Date:

The following questions are intended to guide the consultation process when screening for MHRS Assessment.

Student Name/ID:		Name of Clinician:	
Presenting concern(s):			
When did this concern start? Are there any stressors or circumstances in the home, school or community environments which may influence the onset/emergence of the behavior or symptom? (ie; loss, transitions, shifts in family dynamics etc)			
In what setting at school does this occur and how often?			

Mental Health History:

Has the student been receiving community-based therapy services? Yes☐ No ☐		If yes, When?
Does the student have a mental health diagnosis? Yes ☐ No ☐	(List if known);	
How do you see these symptoms impacting the student's ability to access his/her education plan?		
Does the student have a community-based psychiatrist? Yes ☐ No ☐	For how long?	
Is the student prescribed Psychotropic medication to address symptoms displayed at school? Yes ☐ No ☐		
If known; List medication (s)		
Has the student been psychiatrically hospitalized in the last 12 months? Yes ☐ No ☐ Was this related to school associated issues that are currently impacting the student's ability to benefit from their educational plan? Yes ☐ No ☐ Have any of the incidents leading to screening for the hospital been initiated from the school setting, resulted in completing an EP10/EP11? Yes ☐ No ☐		
(If known, dates and frequency)		

Current IEP:

What is the student's current FHC and if applicable, secondary FHC?			
Are there social/emotional goals listed on the IEP?			Yes ☐ No ☐
Are there other related service providers addressing these social/emotional goals?			Yes ☐ No ☐
Progress made toward goal(s)?	Yes☐ No ☐	Last revision date?	

Were changes to goals made? Or were supports added to address current concerns?			
Has a BIP/FBA been completed? Yes ☐ No ☐		Date:	Has it been implemented? Yes ☐ No ☐
For how long?		Does the current BIP/FBA address student's concerns? Yes ☐ No ☐	
Has it been revised? Yes ☐ No ☐	Date of revision:		
Does the student have the cognitive & developmental capacity to access/benefit from therapy? Yes ☐ No ☐			
Has the student been previously assessed for MHRS services? Yes ☐ No☐		If yes, when?	
What was the outcome?			
Have Tier 1-2 interventions been implemented (Social Skills groups, Counseling, Psych Svs, BSR) Yes ☐ No ☐			
List interventions:			
Outcome of Interventions:			
Covid/Pandemic Related Considerations:			
How did the student perform during Online Learning?			
Did the student experience familial stressors during the pandemic?			
Prior to school closures, was the present concern an issue for this student?			
Has the student been provided with adequate time to adjust to being physically back in school?			
Is the student experiencing grief/loss associated with the loss of a family member or friend due to COVID? Or other COVID grief and loss related issues?			

Outcome of Consultation:

Proceed with an Assessment plan now? Yes ☐ No ☐	
Follow up items?	
Date of Follow up Consultation with MHRS Clinician (if additional time/data needed):	