

WAKULLA COUNTY
Mental Wellness Review Committee
Incident Evaluation & Recommendation Form
School Year 2020/2021

Date case presented:

Student I.D.:

Student Name:

Grade:

Referring School:

Reason for referral:

Decision

_____ Student will receive disciplinary action(s) and/or placement.

_____ No decision rendered because:

_____ Further consideration is needed

_____ Incomplete information submitted. Please submit the following: _____

_____ Student will not receive disciplinary placement at this time because:

_____ Student does not meet criteria

_____ Student's actions were due to mental wellness. Please see attached social worker recommendation.

_____ Insufficient documentation that all appropriate interventions have been implemented

_____ Other _____

Comments/Recommendations: _____

Committee Member Signatures

