

## Mental Wellness Checklist and Referral Form 1 for Preschoolers (0-4 years)

Please check all the following behaviors you have observed for the student you are concerned with. Complete to the best of your knowledge; information gathering will be ongoing. Share this form with your school's Social Worker or Certified School Counselor.

### Behaviors that may indicate social or emotional concerns:

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| <ul style="list-style-type: none"> <li><input type="checkbox"/> Difficulty in going to sleep or staying asleep</li> <li><input type="checkbox"/> Frequent, inexplicable temper tantrums</li> <li><input type="checkbox"/> Persistent nightmares</li> <li><input type="checkbox"/> Hyperactive behavior, fidgeting or constant movement</li> <li><input type="checkbox"/> Excessive crying, whining, or irritability</li> <li><input type="checkbox"/> Pattern of deliberate disobedience or aggression</li> <li><input type="checkbox"/> Preoccupation with routine and objects (i.e. hand washing)</li> <li><input type="checkbox"/> Persistent and marked feeding problems</li> <li><input type="checkbox"/> Unexplained wounds, frequent "accidents" Superficial cuts, mostly on arms &amp; legs, and Covering up (i.e. long sleeves on hot weather)</li> <li><input type="checkbox"/> Withdrawn; does not play or interact with peers</li> <li><input type="checkbox"/> Fails to initiate interaction or share attention with others whom she/he is familiar</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Does not respond to environment (i.e. motion, sound, activity, etc.)</li> <li><input type="checkbox"/> Does not use sentences of 3 or more words, speech unintelligible</li> <li><input type="checkbox"/> Does not vocalize, cry, or smile</li> <li><input type="checkbox"/> Difficulty being consoled by caregiver or non-responsive to caregiver (turns away, does not make, or maintain eye contact)</li> <li><input type="checkbox"/> Absence of fear or awareness of danger</li> <li><input type="checkbox"/> "Floppiness" or stiffening when held or touched</li> <li><input type="checkbox"/> Lack of concern for others</li> <li><input type="checkbox"/> Clear and significant loss of previously attained skills</li> <li><input type="checkbox"/> Severe levels of problem behavior in toileting (i.e. encopresis, smearing)</li> <li><input type="checkbox"/> Other _____</li> </ul> |
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### Risk factors that can impact behavioral health, functioning, and academics:

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| <ul style="list-style-type: none"> <li><input type="checkbox"/> Child who is new to school/neighborhood</li> <li><input type="checkbox"/> Child whose family moves frequently</li> <li><input type="checkbox"/> Child who has had major changes at home (i.e. new sibling, divorce, job loss, etc.)</li> <li><input type="checkbox"/> Obesity, physical disability, or health problems</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Child who has experienced a major trauma such as witnessing domestic violence, or being a victim of physical or sexual abuse</li> <li><input type="checkbox"/> Alcohol or drug abuse within family</li> <li><input type="checkbox"/> Incarcerated parent</li> <li><input type="checkbox"/> Other _____</li> </ul> |
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### Follow your building's Suicide Risk Inquiry, Threat Assessment, or Crisis protocol if child:

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| <ul style="list-style-type: none"> <li><input type="checkbox"/> Talks or hints of suicide or wanting to die</li> <li><input type="checkbox"/> Talks or hints of injuring self</li> <li><input type="checkbox"/> Threatens to harm or injure someone else</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Reveals injuries inflicted by self or by another</li> </ul> |
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