

Mental Wellness Checklist and Form 1 Referral for Elementary Students (5-10 Yrs.)

Please check all the following behaviors you have observed in the student you are concerned with, and then complete the attached student referral (Form 1). Use the supporting information section to note any concerns not listed here or to add pertinent details, and then share this form with your school's designated mental health professional.

Behaviors that may indicate social or emotional health problems:

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| <ul style="list-style-type: none"> <input type="checkbox"/> Refusal to go to school, or constantly asks to leave class, or is absent frequently <input type="checkbox"/> Bullies, 'teases' or ostracizes peers <input type="checkbox"/> Victim of bullying <input type="checkbox"/> Many physical complaints, or frequent visits to the nurse's office <input type="checkbox"/> Shy, easily embarrassed <input type="checkbox"/> Cries easily, whines or is frequently irritable <input type="checkbox"/> Difficulty staying alert or awake in class <input type="checkbox"/> Poor grades despite trying <input type="checkbox"/> A pattern of deliberate disobedience or aggression <input type="checkbox"/> Cruelty to animals or people <input type="checkbox"/> Destroys or is careless with toys/property <input type="checkbox"/> Steals or lies <input type="checkbox"/> Art, stories, or other creative work | <ul style="list-style-type: none"> depicting extreme aggression or victimization <input type="checkbox"/> Difficulty accepting mistakes <input type="checkbox"/> Difficulty making or keeping friends <input type="checkbox"/> Constantly seeks attention <input type="checkbox"/> Fearful or withdrawn/isolated from others <input type="checkbox"/> Excessive fidgeting or constant movement <input type="checkbox"/> Odd, disjointed speech or stories <input type="checkbox"/> Unexplained wounds, frequent "accidents" superficial cuts, mostly on arms or legs, and covering up (i.e. long sleeves in hot weather) <input type="checkbox"/> Noticeable changes in appetite or eating habits <input type="checkbox"/> Toileting problems <input type="checkbox"/> Other _____ |
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Risk factor that can impact adjustment, health, functioning and academics:

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| <ul style="list-style-type: none"> <input type="checkbox"/> Child who is new to school/neighborhood <input type="checkbox"/> Child who has had major changes at home (i.e. divorce, new sibling, job loss, etc.) <input type="checkbox"/> Child whose family moves frequently <input type="checkbox"/> Child who has been rejected by peers <input type="checkbox"/> Child involved with a negative peer group <input type="checkbox"/> Alcohol or drug abuse by family or peer group | <ul style="list-style-type: none"> <input type="checkbox"/> Incarcerated parent <input type="checkbox"/> Child who has difficult teacher /authority relationships <input type="checkbox"/> Child who has experienced a major trauma such as witnessing domestic violence, or being a victim of physical or sexual abuse <input type="checkbox"/> Other _____ |
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Follow your building's Suicide Risk Inquiry, Threat Assessment, or Crisis protocol if child:

- Talks or hints of suicide or wanting to die
- Threatens to harm or injure someone else
- Talks or hints of injuring self
- Reveals injuries inflicted by self or others