

## Mental Wellness Checklist and Form 1 Referral for Adolescents (11-18 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 School Counselor.

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

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| <ul style="list-style-type: none"> <li><input type="checkbox"/> Refusal to go to school, or constantly asks to leave class, or has frequent absence</li> <li><input type="checkbox"/> Many physical complaints or frequent visits to the nurse's office</li> <li><input type="checkbox"/> Bullying, cruelty to animals or people or extreme highs and lows in emotion</li> <li><input type="checkbox"/> Is the target of bullying or abuse</li> <li><input type="checkbox"/> Oppositional to authority, discipline referrals</li> <li><input type="checkbox"/> Angry outbursts or verbally abusive</li> <li><input type="checkbox"/> Destroys property</li> <li><input type="checkbox"/> Preoccupation with weight and diet</li> <li><input type="checkbox"/> Threatens to run away/running away</li> <li><input type="checkbox"/> Noticeable changes in appetite or eating practices</li> <li><input type="checkbox"/> Sexual acting out, provocative dressing or sudden change in style of dress</li> <li><input type="checkbox"/> Sustained or intense sad or irritable mood thoughts</li> <li><input type="checkbox"/> Difficulty staying alert or awake in class</li> <li><input type="checkbox"/> Noticeable change in school performance or poor grades</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Excessive fidgeting or constant movement</li> <li><input type="checkbox"/> Art, stories, or other creative work depicting extreme aggression or victimization</li> <li><input type="checkbox"/> Puzzling swings in affect (display of emotion) or extreme highs and lows in emotion</li> <li><input type="checkbox"/> Difficulty accepting or acknowledging mistakes</li> <li><input type="checkbox"/> Changes in peer group or frequent social conflict</li> <li><input type="checkbox"/> Conversation, notes, or essays preoccupied with thoughts of death</li> <li><input type="checkbox"/> Threatens to run away/running away</li> <li><input type="checkbox"/> Avoids friends/family or wants to be alone much of the time</li> <li><input type="checkbox"/> Alcohol, drug, or tobacco use</li> <li><input type="checkbox"/> Odd, disjointed speech/difficulty organizing thoughts</li> <li><input type="checkbox"/> Unexplained wounds, frequent "accidents" superficial cuts (mostly arms and legs), covering up (i.e. long sleeves in hot weather)</li> <li><input type="checkbox"/> Other _____</li> </ul> |
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### Risk factors that can impact adjustments, health, functioning, and academics:

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| <ul style="list-style-type: none"> <li><input type="checkbox"/> Youth is new to school/neighborhood</li> <li><input type="checkbox"/> Youth has had major changes at home (i.e. divorce, new sibling, job loss, etc.)</li> <li><input type="checkbox"/> Youth's family moves frequently</li> <li><input type="checkbox"/> Youth has been rejected by peers</li> <li><input type="checkbox"/> Youth is involved with a negative peer group</li> <li><input type="checkbox"/> Youth has had difficult teacher/authority relationships</li> <li><input type="checkbox"/> Alcohol or drug abuse among family/peer group</li> <li><input type="checkbox"/> Incarcerated parent</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Pregnancy</li> <li><input type="checkbox"/> Youth has been involved with the juvenile Justice system</li> <li><input type="checkbox"/> Youth has experienced a major trauma such as witnessing domestic violence or being a victim of physical or sexual abuse</li> <li><input type="checkbox"/> Gay, lesbian, or transgendered sexual orientation</li> <li><input type="checkbox"/> Obesity, physical disability, or chronic health problems</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 youth:

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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 other</li> <li><input type="checkbox"/> Other _____</li> </ul> |
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