

Minidoka County Joint School District #331

INSTRUCTION

2425F1

Efforts to Notify Parent/Guardian of Changes in Student Health or Well-being

Staff Member Reporting Change in Student Health or Well-being

Name: _____ Position: _____

Date: _____

Student Name: _____

Date you noticed this change in health or wellbeing: _____

Please explain this change and how you learned about it:

Staff Member Notifying Parent/Guardian of Change in Student Health or Well-being

Name: _____ Position: _____

Date Form Was Received: _____

Please document the efforts made to contact the parent/guardian below:

Date	Time	Person You Tried to Contact	Mode of Communication	Successfully Contacted?

Please describe what you told them.

Please indicate whether you took the following steps:

- Yes / No Encouraged the student to discuss issues related to the student's well-being with their parent/guardian
- Yes / No Encouraged the parent/guardian to discuss issues related to the student's well-being with the student
- Yes / No Offered to facilitate a discussion of the student's wellbeing between the student and the parent/guardian