



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:

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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:

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Please indicate whether you took the following steps:

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