



Form: 2425F

Section: Instruction

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 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. |