

# Students in My Care

## Identifying Areas of Potential Concern

CONFIDENTIAL

Check potential concerns with a jr./sr. high school student, indicating how long you've observed them (1, 2 or 3+ months).

Student Name:

Date:

### Behavioral Changes

	1 mo	2 mo	3+ mo
<input type="checkbox"/> Blames other kids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Refuses to share	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Steals from other kids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cruel to other kids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Refusal behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Behavior changes are:  new  increasing

### Illness and Injury

	1 mo	2 mo	3+ mo
<input type="checkbox"/> Has aches and pains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Gets hurt frequently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Takes unnecessary risks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Signs of self-harm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Substance use/abuse signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Illnesses or injuries are:  new  increasing



### Emotional Signs

	1 mo	2 mo	3+ mo
<input type="checkbox"/> Flat facial affect and/or does not show emotions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Does not seem to understand feelings of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Spends more time alone than usual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Has disengaged from friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Fidgety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Easily distracted and/or has difficulty staying on task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Overly angry, hyper sensitivity, frequent crying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

These signs are:  
 new  
 increasing



### Hygiene Changes

	1 mo	2 mo	3+ mo
<input type="checkbox"/> Body odor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Dirty hair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Dirty clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Weight gain or loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hygiene changes are:  new  increasing

### Classroom Productivity

	1 mo	2 mo	3+ mo
<input type="checkbox"/> Misses school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Tardiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Misses assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Afraid to leave school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Class changes are:  new  increasing



### Communication Frequency

	1 mo	2 mo	3+ mo
<input type="checkbox"/> Vocal child suddenly becomes quiet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Quiet child suddenly becomes inappropriately loud	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Uses inappropriate language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Communication changes are:  
 new  
 increasing



If you've checked 2 or more items, please proceed to page 2

## Additional Description

Do you have important detail or context to add to your observations?

## Sharing Your Concerns

**I will bring my concerns to the attention of (Write their name):**

**Date Contacted**

- |   |       |
|---|-------|
| <input type="checkbox"/> School Nurse: _____              | _____ |
| <input type="checkbox"/> School Counselor: _____          | _____ |
| <input type="checkbox"/> Principal: _____                 | _____ |
| <input type="checkbox"/> Student Support Team Lead: _____ | _____ |
| <input type="checkbox"/> Head Teacher: _____              | _____ |

## Contacting Parents

**I have contacted the student's parent(s) (Write parent name by method used):**

**Date Contacted**

- |   |       |
|---|-------|
| <input type="checkbox"/> Phone conversation with: _____           | _____ |
| <input type="checkbox"/> Text message to: _____                   | _____ |
| <input type="checkbox"/> In-person meeting with: _____            | _____ |
| <input type="checkbox"/> Written letter to: _____                 | _____ |
| <input type="checkbox"/> Email (if organization allows) to: _____ | _____ |

## About the Observer

**Your Name:**

**Your Role:**

(i.e., are you a Teacher, School Nurse, Camp Counselor, etc.):