INSTRUCTION 2425F

## 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 cha	nge in health or wellbeing:	
Please explain this change	e and how you learned about it:	
Staff Member Notifying P	arent/Guardian of Change in Student Health or Well-being	
Name:	Position:	
Date Form Was Received	<u> </u>	
Please document the effor	rts made to contact the parent/guardian below:	

Time	Person You Tried to Contact	Mode of Communication	Successfully Contacted?		
Please describe what you told them.					
		Contact	Contact		

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.