

This form should be filled out by staff to document efforts to notify parents/guardians of known changes in a student’s mental, emotional, or physical health or well-being as required by Policies 639 and 639P.

Section 1: This section should be filled out by any staff member who becomes aware of a change in a student’s mental, emotional, or physical health or well-being.

Student’s Name: _____ Student Grade: _____

School: _____ Date: _____

Staff Name: _____ Position: _____

Date you became aware of change in health or well-being: _____

Describe the change and explain how you became aware of the change: _____

Indicate whether you took the following action:

Encouraged the student to discuss the issue(s) with their parent/guardian. ____ Yes ____ No

Offered to facilitate a discussion between the student and their parent/guardian. ____ Yes ____ No

Section 2: This section should be filled out by the staff member designated to notify parents/guardians of known changes in a student’s mental, emotional, or physical health or well-being (if different than the staff member identified in Section 1).

Staff Name: _____ Position: _____

Date Form Received: _____

Date	Time	Person You Tried to Contact	Method of Communication (e.g., email, phone, etc.)	Contact Successful or Unsuccessful

Describe what information was provided (may include copies of emails): _____

Indicate whether you took the following action:

Encouraged the parent/guardian to discuss the issue(s) with their student. ____ Yes ____ No

Offered to facilitate a discussion between the student and their parent/guardian. ____ Yes ____ No



ADOPTED: February 12, 2024