Richfield School District #316

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 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 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 well being between the student and the parent/guardian