



DeSoto County Schools
Student Wellness Plan

Date _____ Person Completing Form _____

Student's Name _____

Gender _____ D.O.B. _____ School/Grade _____

Parent/Guardian _____ Phone _____

Please check all that apply to current status of student:

ACADEMIC PERFORMANCE

- Significant Changes in School Performance
- Lack of Attention to School Work
- Lack of Effective Motivation
- Minimal Class Participation
- Inability to Remain on Task
- Excessive Absences/Tardies
- Other: _____

HEALTH/PHYSICAL PROBLEMS

- Difficulty Sleeping
- Headaches
- Low Energy
- Weight Gain/Loss
- Appetite
- Mood Swings
- Repeated Stomachaches/Pain
- Change in Self Care/Poor Hygiene
- Other: _____

SOCIAL/EMOTIONAL PROBLEMS

- Feelings of Sadness/Hopelessness
- Suicidal Thoughts
(If yes, do you have a plan? _____)
- Homicidal Thoughts
(If yes, do you have a plan? _____)
- Thoughts of Self-Harm
- Feelings of Anxiety
- Feelings of Loneliness
- Thoughts of Running Away
- Loss of Friendships
- Lack of Family Support
- Loss of a Loved One/Grief
- Feeling Left Out
- Other: _____

On a scale of 0-10, with 10 being highly likely and 0 being not at all, how likely are you to harm yourself or others? If student indicates he/she is above a 5, consider another risk assessment.

Notes/Recommendations: (ex. continue individual counseling, see school counselor, have parent conference)

Follow-Up:
