Student/Child Name：Grade (　 ) Class ( )

（For school use）

Date accepted:　 　/　 　/

Accepted by　(　　　　　　　　　　)

Date returned:　 　/　 　/

( 　　　　　 　　 )

Name of parent/guardian：(　　　　　 　)

**Child Wellness Checklist**

**“Don’t miss signs of bullying like changes in emotions and behavior”**

My child…

□　Has been experiencing intense emotional ups and downs.

　　(easily gets upset over trivial matters and vents anger at people around)

□　Acts as if “driven by a motor”.

　　(acts hyper alone for a while and then suddenly feels sad.)

□　Has stopped talking about school.

　　(doesn’t answer or only say things like “not fun” or “boring” when you ask him/her about school or friends.)

□　Complains of feeling sick before school.

　　(has not been wanting to go to school.)

* Has unexplained cuts, bruises, etc.

(can't give a logical explanation for how he/she got them.)

* Has unusual stains on his/her clothes.

(has shoe marks or unexplained stains of paint, ink, etc. on his/her clothes.)

* Asks for replacement of belongings more frequently than before.

(often comes home with missing or damaged belongings.)

* Has been spending money wastefully.

(takes money and valuables without asking or asks for extra money.)

* Had sudden changes in friend groups.

(has been spending time with new friends who you don’t know how and where they’ve met and rarely seen with old friends.)

Please specify any other concerns.

Action plan (For school use)

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