

About the Child Wellness Checklist

In order to achieve early detection and prevention of bullying, it is important for schools and parents to communicate each other to recognize subtle changes in children's behavior.

It is normal for children to behave differently at school, home and neighborhood. That means it is best if all the adults from different settings share their concerns regarding as children's subtle changes in their behavior to recognize and respond promptly to their problems and signs for help. Please take some time to complete the checklist to support healthy growth of your child.

• • • How it works • • •

If you notice prolonged and/or unexplained, unusual behavior or have any concerns on your child, fill out the checklist sheet and return it to the school.

◆ If you have concerns on any other changes other than ones described in the checklist, please describe them in the blank box on the bottom.

◆ You can turn in the checklist sheet to any teachers including the classroom teacher, club teacher, manager and counselor. If you are unable to visit school to turn it in, please call us.

*Please feel free to share your concerns on bullying with or without the checklist sheet.

◆ When the school receives the Child Wellness Checklist sheet, we immediately start planning on an initial action. First, we contact with a parent (guardian) who filled out the sheet to confirm the details and fill out the bottom of the sheet with action plan. Then we will work closely with parents (guardians) to solve the underlying problems.

◆ The school will return the original sheet to the parent and keep a copy.

Student/Child Name : Grade () Class ()
()

Name of parent/guardian : ()

(For school use)

Date accepted: / /

Accepted by ()

Date returned: / /

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)
