



Mental Health Checklist

Document changes in behavior you have observed for the past 2 or more weeks.

Student: _____ Observer: _____

- Sad, depressed or irritable mood
- Loss of interest in favorite activities
- Significant weight loss or gain, significant change in appearance
- Restlessness, agitation or anxiety
- Fatigue or loss of energy, including sleeping in class
- Feelings of guilt, inappropriate apologies
- Low self-esteem, self deprecating comments
- Trouble concentrating or making decisions
- Repeated thoughts of death, infatuation with dark and sad things
- Frequent headaches and stomach pains
- Cutting or other self-injury
- Extreme aggressiveness
- Inattention to appearance, or inappropriate clothing for the weather
- Excessive risk-taking behavior
- Drop in school performance
- Low tolerance for frustration
- Lack of motivation or apathy
- Disrespect
- Social withdrawal
- Acting out or misbehavior
- Problems concentrating, unable to store and retrieve information
- Disorganized, forgotten materials and assignments
- Frequent absences or trips to the school nurse
- Crying in class

If you need to speak with someone immediately, please text LISTEN to 741-741 or call 1-800-273-8255.
If this is an emergency, please call 911.