



# SUGAR-SALEM SCHOOL DISTRICT No. 322

## PARENT/GUARDIAN NOTIFICATION OF CHANGES IN HEALTH & WELL-BEING

### FORM 2425F

**STUDENT NAME** \_\_\_\_\_

Date	Time	Person You Tried to Contact	Mode of Communication	Successfully Contacted?

Please describe what you told them.

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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.