Clear Form

PORTLAND PUBLIC SCHOOLS

Mental Health/Alcohol/Drug Screening

The purpose of this form is for identified school personnel to document concerns about students and plan for supportive action steps. Student Services is the office of record for these documents.

Today's Date:_____

1. IDENTIFYING STUDENT INFORMATION

Student Name: _____ PPS ID#: _____
School: _____ Grade: _____ Birth Date: _____ Age: _____
Student Address: _____
Student Phone/Email: _____
Parent/Guardian Name/s, Phone/Email: _____
Parent/Guardian Name/s, Phone/Email: _____
Has the student ever been identified for SPED services? ☐ Yes ☐ No If yes, please describe: _____
Does the student have a current IEP or 504 Plan? ☐ Yes ☐ No If yes, please describe: _____
Does the student have any medical problems or disabilities? ☐ Yes ☐ No If yes, please describe: _____
Is the student taking any medication? ☐ Yes ☐ No If yes, please list: _____
Student's ethnicity:_____ Parent/Guardian preferred language: _____
Interpreter needed? ☐ Yes ☐ No

2. CONCERN: Any student of concern should be discussed in a school interdisciplinary team (e.g. SIT, SST)

Person(s) who reported concern name: _____ Phone: _____
Relationship of concerned person: ☐ Self ☐ Administrator ☐ Counselor ☐ Teacher ☐ Parent/Guardian ☐ Peer ☐ Other
What information raises concern? _____

3. DOCUMENTATION OF ADDITIONAL CONCERNS

Imminent Warning Signs/High-Risk Behaviors (check all boxes that apply):	
☐Serious physical fighting	☐Severe destruction of property
☐Severe rage for seemingly minor reasons	☐Fire-setting
☐Possession and/or use of firearms and other weapons	☐Severe alcohol or drug impairment
☐Sexual aggressiveness (perpetrator or at risk for potential perpetration)	
Early Warning Signs/Low- to Medium-Risk Behaviors (Check all boxes that apply):	
Behaviors:	Physical Concerns/Symptoms:
☐Poor academic performance	☐Frequent complaints about physical aches & pains
☐Low school interest	☐Unaccounted weight loss or gain
☐Sudden changes in school attendance	☐Disordered eating
☐Lack of interest in things they used to enjoy	☐Sleep disturbances/nightmares
☐Little to no affect displayed	☐Wetting/soiling self at school
☐Easily distracted	☐Lack of attention to hygiene, grooming, etc.
☐Hyperactive	☐Dull, watery, dilated, droopy or bloodshot eyes
☐Stealing from others	☐Drug use and/or alcohol use
☐Frequent lying	☐Sees or hears things that are not present
☐Running away from home	☐Altered perception of time, space, sights, etc.
☐History of discipline problems	Other:
☐Expression of violence in writing and drawings	☐Victim of physical, emotional, sexual abuse or neglect
☐Preoccupation with death	☐Experience of a recent loss
☐Animal abuse	☐Access to, possession of, and use of weapons away from school

RECORD RETENTION:
Scan: studentservices@pps.net Original: School counselor/psychologist/SW working file Copy: Mental Health Provider (if appropriate) Copy: MESD School Nurse
Please remember to note on the Student Services Record on File (SSRF) in the cumulative file that a screening form was completed.
All forms MUST include a signed PPS Permission to Release or Exchange Information form in order to share info with providers outside of PPS.

Feelings/Thoughts:	Social Interactions:
☐Excessive feelings of isolation	☐ Social withdrawal/isolation
☐Excessive feelings of rejection	☐ Family conflict
☐Feelings of being picked on and persecuted	☐ No friends or difficulty making/keeping friends
☐Uncontrolled anger	☐ Recent change in peer group
☐Persistent sadness/depression	☐ History of violent and aggressive behavior (fighting)
☐Anxiety/Nervousness	☐ Affiliation with gangs
☐ Rapid mood swings	☐ Sexual inappropriateness/lack of boundaries
☐ Obsessive or compulsive thoughts	☐ Patterns of impulsive/chronic hitting, biting, intimidating and/or bullying
☐ Intolerance for differences	☐ Other
☐ Other	

Previous interventions tried: (e.g. Check in Check out, Behavior Support Plan, Insight, SSC, MSP, Hx Mental Health services):

_____

Is this referral for service part of a disciplinary Alternative Plan or Delayed Expulsion Plan? ☐ Yes ☐ No If yes, describe incident:

_____

Student's weekly average non-attendance: ☐ 0-1 days/wk ☐ 2-3 days/wk ☐ 4-5 days/wk Other: _____

Student Academic performance: GPA _____ Course failure? _____

4. STUDENT INTERVIEW

	Yes	No	Explanation
Have concerns been discussed with the student?	☐	☐	
What is the student's perspective regarding the concerns identified above?			
What is student's level of concern on a scale of 1 (low) to 5 (high)?			Please check: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
Has the student recently been discharged from psychiatric care or alcohol/drug treatment including hospitalization?	☐	☐	
Does the student have a support system?	☐	☐	Family Members: Peers: Other:
Other protective factors:			

ADDITIONAL COMMENTS: _____

5. PARENT/GUARDIAN INTERVIEW

Name of parent/guardian contacted:			
	Yes	No	Explanation
Was the parent/guardian aware of the concern?	☐	☐	
What is the parent/guardian's perspective regarding the concerns identified above?			
What is the parent/guardian's level of concern on a scale of 1 (low) to 5 (high)?			Please check: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
Does the parent/guardian want to pursue ongoing mental health services for the student?	☐	☐	Already in service?
Required Information: Is the student insured?	☐	☐	State type of Insurance: (Kaiser, Oregon Health Plan, Other) Insurance ID#: If no, contact your MESD school nurse
Other protective factors:			

ADDITIONAL COMMENTS: _____

6. SCREENER INFORMATION

Screener's name: _____ Position: _____ Contact info: _____
Work phone: _____After hours phone: _____
Consulted with: _____ at the school

7. ACTION PLANNING/NEXT STEPS

Required Actions to be Taken for ALL Students Screened

☐ Inform Building Administrator
☐ Contact parent/guardian
☐ Consult with school team
☐ Plan for follow-up to connect with the student
Notes: _____

Optional Actions to be Considered for Students Screened

☐ Student Safety Plan (if there are concerns about student safety)
☐ Refer to SIT/SST
☐ Tier 2 Interventions (e.g. Check and Connect/Check In Check Out/Small Group Work)
☐ Special Education Child Find/Referred to School Psychologist
Date of Meeting: _____
☐ Assist Family in connecting with mental health services
Referred to: _____ Date of appointment: _____
☐ Contact current mental health provider
Name and Contact Information: _____
☐ Obtain mental health provider Release of Information
☐ Release student to parent/guardian
Notes: _____

If Screening Reveals Low Level Concerns

☐ Follow above "Actions to be taken for all students"
☐ Consider above "Optional Actions"
Notes: _____

If Screening Reveals Medium Level Concerns

☐ Follow above "Actions to be taken for all students"
☐ Consult with Multnomah County Crisis Line (503 988 4888) OR Contact student's current mental health provider for consultation if they are available _____
Name/contact info of provider: _____
☐ Assist Family in connecting with mental health services
Referred to: _____ Date of appointment: _____
☐ Refer to SIT/SST
☐ School staff follow-up meeting date: _____
Notes: _____

If Screening Reveals High Level of Concern

☐ Follow above "Actions to be taken for all students"
☐ Consult with Multnomah County Crisis Line (503 988 4888)
☐ If the student has a current mental health provider, inform provider of situation and share "need to know" information
☐ Assist Family in connecting with mental health services
Referred to: _____ Date of appointment: _____
☐ Refer to SIT/SST
☐ School staff follow-up meeting date:
Notes: _____