

Mental Health Checklist & Referral for Preschoolers aged 0-4 years

Please check all of the following behaviors you have observed in the student you are concerned with, and then complete the attached student referral. Use the supporting information section to note any concerns not listed here or to add pertinent details, and then share this form with your school's designated mental health professional.

Behaviors that may indicate social or emotional problems:

- Difficulty in going to sleep or staying asleep
- Frequent, inexplicable temper tantrums
- Persistent nightmares
- Hyperactive behavior, fidgeting or constant movement
- Excessive crying, whining, or irritability
- Pattern of deliberate disobedience or aggression
- Preoccupation with routine and objects (i.e. hand washing)
- Persistent and marked feeding problems
- Unexplained wounds, frequent "accidents" Superficial cuts, mostly on arms & legs, and covering up (i.e. long sleeves on hot weather)
- Withdrawn; does not play or interact with peers
- Fails to initiate interaction or share attention With others whom she/he is familiar
- Does not respond to environment (i.e. motion, sound, activity, etc.)
- Does not use sentences of 3 or more words, speech unintelligible
- Does not vocalize, cry, or smile
- Difficulty being consoled by caregiver or non-responsive to caregiver (turns away, does not make or maintain eye contact)
- Absence of fear or awareness of danger
- "Floppiness" or stiffening when held or touched
- Lack of concern for others
- Clear and significant loss of previously attained skills
- Severe levels of problem behavior in toileting (i.e. encopresis, smearing)

Risk factors that can impact behavioral health, functioning, and academics:

- Child who is new to school/neighborhood
- Child whose family moves frequently
- Child who has had major changes at home (i.e. new sibling, divorce, job loss, etc.)
- Obesity, physical disability, or health problems
- Child who has experienced a major trauma such as witnessing domestic violence, or being a victim of physical or sexual abuse
- Alcohol or drug abuse within family
- Incarcerated parent

Follow your building's crisis protocol if child:

- Talks or hints of suicide or wanting to die
- Talks or hints of injuring self
- Threatens to harm or injure someone else
- Reveals injuries inflicted by self or by another

Warren County Schools Teacher/Staff Student Behavioral Health Referral

Student: _____

Date: _____ D.O.B.: _____ Grade: _____

Person making referral: _____

Referred To:

School Counselor School Psychologist Building Principal Other: _____

Parent/Guardian information:

Supporting information:

