<table>
<thead>
<tr>
<th>Question</th>
<th>Severity Options</th>
</tr>
</thead>
</table>
| 1. Do you have any concerns about your child’s physical health? Describe | _____ Very concerned  
|                                                                        | _____ Concerned                         |
|                                                                        | _____ A little concerned                |
|                                                                        | _____ Not concerned                     |
| 2. Do you have any concerns about your child’s emotions and coping skills? Describe | _____ Very concerned  
|                                                                        | _____ Concerned                         |
|                                                                        | _____ A little concerned                |
|                                                                        | _____ Not concerned                     |
| 3. Do you have any concerns for your child’s safety (now or in the future)? Describe | _____ Very concerned  
|                                                                        | _____ Concerned                         |
|                                                                        | _____ A little concerned                |
|                                                                        | _____ Not concerned                     |
| 4. Do you have any concerns about meeting your child’s basic needs? (e.g., food, clothing, housing)? Describe | _____ Very concerned  
|                                                                        | _____ Concerned                         |
|                                                                        | _____ A little concerned                |
|                                                                        | _____ Not concerned                     |
| 5. Do you have any concerns about how well your child is functioning in daily life at home or school? Describe | _____ Very concerned  
|                                                                        | _____ Concerned                         |
|                                                                        | _____ A little concerned                |
|                                                                        | _____ Not concerned                     |
| 6. Do you have any concerns about how your child is getting along with others at home or school? Describe | _____ Very concerned  
|                                                                        | _____ Concerned                         |
|                                                                        | _____ A little concerned                |
|                                                                        | _____ Not concerned                     |
| 7. Are there any other concerns about your child that you would like to share? Describe | _____ Very concerned  
|                                                                        | _____ Concerned                         |
|                                                                        | _____ A little concerned                |
|                                                                        | _____ Not concerned                     |

Please share any additional concerns you have regarding COIVD-19 and/or your/your family’s own challenges during this time that you would like me to know on the back of this sheet.

Adapted from NCTSN’s Skills for Psychological Recovery Screening Form
# Back to School Screening Grades 3-5

(To be completed by the parent/guardian)

<table>
<thead>
<tr>
<th>Student Name: _________________________</th>
<th>Date: ________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed by (name and relationship to student): ______________________________________</td>
<td></td>
</tr>
<tr>
<td>Grade/Teacher: _________________________</td>
<td></td>
</tr>
</tbody>
</table>

1. Do you have any concerns about your child’s physical health? Describe
   - Severity: _____ Very concerned
   - _____ Concerned
   - _____ A little concerned
   - _____ Not concerned

2. Do you have any concerns about your child’s emotions and coping skills? Describe
   - Severity: _____ Very concerned
   - _____ Concerned
   - _____ A little concerned
   - _____ Not concerned

3. Do you have any concerns for your child’s safety (now or in the future)? Describe
   - Severity: _____ Very concerned
   - _____ Concerned
   - _____ A little concerned
   - _____ Not concerned

4. Do you have any concerns about meeting your child’s basic needs? (e.g., food, clothing, housing)? Describe
   - Severity: _____ Very concerned
   - _____ Concerned
   - _____ A little concerned
   - _____ Not concerned

5. Do you have any concerns about how well your child is functioning in daily life at home or school? Describe
   - Severity: _____ Very concerned
   - _____ Concerned
   - _____ A little concerned
   - _____ Not concerned

6. Do you have any concerns about how your child is getting along with others at home or school? Describe
   - Severity: _____ Very concerned
   - _____ Concerned
   - _____ A little concerned
   - _____ Not concerned

7. Are there any other concerns about your child that you would like to share? Describe
   - Severity: _____ Very concerned
   - _____ Concerned
   - _____ A little concerned
   - _____ Not concerned

Please share any additional concerns you have regarding COVID-19 and/or your/your family’s own challenges during this time on that you would like me to know the back of this sheet.

Adapted from NCTSN’s Skills for Psychological Recovery Screening Form
Back to School Screening Grades 3-5  
(To be completed by the student)

Name: _________________________  Date: _________________________  
Grade/Teacher: _________________________

1. Do you have any concerns about your physical health? What are they?  
   
   ![Emoji Scale]
   1 2 3 4 5
   Big problem So-So All is good

2. Do you have any concerns about your emotions/feelings and coping skills? What are they?  
   
   ![Emoji Scale]
   1 2 3 4 5
   Big problem So-So All is good

3. Do you have any concerns for your safety (now or in the future)? What are they?  
   
   ![Emoji Scale]
   1 2 3 4 5
   Big problem So-So All is good

4. Do you have any concerns about meeting your basic needs (e.g., food, clothing, housing)? What are they?  
   
   ![Emoji Scale]
   1 2 3 4 5
   Big problem So-So All is good

Adapted from NCTSN’s Skills for Psychological Recovery Screening Form
5. Do you have any concerns about how well you are doing at home or school? What are they?

1 2 3 4 5
Big problem So-So All is good

6. Do you have any concerns about how you are getting along with others at home or school? What are they?

1 2 3 4 5
Big problem So-So All is good

7. Are there any other concerns that you would like to share? What are they?

1 2 3 4 5
Big problem So-So All is good
# Back to School Screening Grades 6-8
(To be completed by the parent/guardian)

**Student Name:** _________________________  
**Date:** ______________________

**Completed by (name and relationship to student):** ______________________________________

**Grade/Homeroom:** _________________________

1. **Do you have any concerns about your child’s physical health?** Describe
   - **Severity:** _____ Very concerned  
   - _____ Concerned  
   - _____ A little concerned  
   - _____ Not concerned

2. **Do you have any concerns about your child’s emotions and coping skills?** Describe
   - **Severity:** _____ Very concerned  
   - _____ Concerned  
   - _____ A little concerned  
   - _____ Not concerned

3. **Do you have any concerns for your child’s safety (now or in the future)?** Describe
   - **Severity:** _____ Very concerned  
   - _____ Concerned  
   - _____ A little concerned  
   - _____ Not concerned

4. **Do you have any concerns about meeting your child’s basic needs?** (e.g., food, clothing, housing)? Describe
   - **Severity:** _____ Very concerned  
   - _____ Concerned  
   - _____ A little concerned  
   - _____ Not concerned

5. **Do you have any concerns about your child’s use of alcohol, vaping, tobacco use, drugs or prescription medications?** Describe
   - **Severity:** _____ Very concerned  
   - _____ Concerned  
   - _____ A little concerned  
   - _____ Not concerned

6. **Do you have any concerns about how well your child is functioning in daily life at home or school?** Describe
   - **Severity:** _____ Very concerned  
   - _____ Concerned  
   - _____ A little concerned  
   - _____ Not concerned

7. **Do you have any concerns about how your child is getting along with others at home or school (e.g., family, peers boy/girlfriend)?** Describe
   - **Severity:** _____ Very concerned  
   - _____ Concerned  
   - _____ A little concerned  
   - _____ Not concerned

8. **Are there any other concerns about your child that you would like to share?** Describe
   - **Severity:** _____ Very concerned  
   - _____ Concerned  
   - _____ A little concerned  
   - _____ Not concerned

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Please share any additional concerns you have regarding COVID-19 and/or your/your family’s own challenges during this time that you would like me to know on the back of this sheet.

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Adapted from NCTSN’s Skills for Psychological Recovery Screening Form
### Back to School Screening Grades 6-8
(To be completed by the student)

<table>
<thead>
<tr>
<th>Name: _________________________</th>
<th>Date: ______________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade/Homeroom: _________________________</td>
<td></td>
</tr>
</tbody>
</table>

1. **Do you have any concerns about your physical health? Describe**
   - Severity: ______ Very concerned
   - ______ Concerned
   - ______ A little concerned
   - ______ Not concerned

2. **Do you have any concerns about your emotions and coping skills? Describe**
   - Severity: ______ Very concerned
   - ______ Concerned
   - ______ A little concerned
   - ______ Not concerned

3. **Do you have any concerns for your safety (now or in the future)? Describe**
   - Severity: ______ Very concerned
   - ______ Concerned
   - ______ A little concerned
   - ______ Not concerned

4. **Do you have any concerns about meeting your basic needs (e.g., food, clothing, housing)? Describe**
   - Severity: ______ Very concerned
   - ______ Concerned
   - ______ A little concerned
   - ______ Not concerned

5. **Do you have any concerns about your use of alcohol, vaping, tobacco use, drugs or prescription medications? Describe**
   - Severity: ______ Very concerned
   - ______ Concerned
   - ______ A little concerned
   - ______ Not concerned

6. **Do you have any concerns about how well you are functioning in daily life at home or school? Describe**
   - Severity: ______ Very concerned
   - ______ Concerned
   - ______ A little concerned
   - ______ Not concerned

7. **Do you have any concerns about how you are getting along with others at home or school (family, peers, boy/girlfriend)? Describe**
   - Severity: ______ Very concerned
   - ______ Concerned
   - ______ A little concerned
   - ______ Not concerned

8. **Are there any other concerns you would like to share? Describe**
   - Severity: ______ Very concerned
   - ______ Concerned
   - ______ A little concerned
   - ______ Not concerned

Please share any additional concerns you have regarding COIVD-19 and/or your/your family's own challenges during this time that you would like me to know on the back of this sheet.

Adapted from NCTSN’s Skills for Psychological Recovery Screening Form