

# Mental Health Wellness Assessment

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Grade/Class: \_\_\_\_\_

Assessment Conducted By: \_\_\_\_\_

## Purpose of Assessment

This assessment aims to evaluate the mental health and wellness of students and to identify any areas where additional support may be needed.

## Assessment Questions

1. On a scale of 1-10, how would you rate your overall mental health? \_\_\_\_\_
2. Have you experienced any of the following in the past month? (Please check all that apply)
  - Feeling sad or depressed
  - Anxiety or excessive worry
  - Difficulty concentrating
  - Changes in sleep patterns
  - Loss of interest in activities
3. Do you feel you have someone to talk to when you are upset? (Yes/No) \_\_\_\_\_
4. What activities help you feel better when you are feeling down?  
\_\_\_\_\_

## Additional Comments

Please provide any additional comments or concerns: \_\_\_\_\_

## Follow-Up Plan

Based on the assessment, the following plan will be implemented:

\_\_\_\_\_.

Thank you for participating in this assessment.