

Student Wellness Evaluation

Date: [Insert Date]

Student Name: [Insert Student Name]

Grade: [Insert Grade]

School: [Insert School Name]

Wellness Evaluation Summary

The following areas were assessed:

- Physical Health
- Mental Health
- Emotional Well-being
- Social Interaction

Physical Health

[Insert Physical Health Remarks]

Mental Health

[Insert Mental Health Remarks]

Emotional Well-being

[Insert Emotional Well-being Remarks]

Social Interaction

[Insert Social Interaction Remarks]

Recommendations

[Insert Recommendations]

Evaluator's Name: [Insert Evaluator's Name]

Evaluator's Title: [Insert Evaluator's Title]

This evaluation is to be kept confidential and is intended for school records only.