Identifying Mental Health Champions

This worksheet will support you in identifying mental health champions and resources available to both you and your students.

Let’s start by identifying staff at your school that can direct you to mental health resources and support. Please check the box next to the identified role that exists in your school community:

- School Counselor
- Suicide Prevention Liaison
- SAPIS Worker
- Health Education Teacher
- Nurse
- School Psychologist
- Mental Health Manager
- Restorative Justice Coordinator
- RAPP Counselor
- Social Worker
- Mental Health Provider
- Designated Liaison
- for Child Abuse
- Respect for All Liaison
- Other________________________

Identifying your school based mental health champion. For each identified role checked above, please record their name, contact number, email, and preferred contact medium when discussing student matters (e.g., email, phone call, text). Contact record template:

1) First name: ___________________________ Last Name:_________________________ Email:____________________________________
   Contact Number: ___________________________ Room Number: ________ Title/Position:_________________________________________________________
   Preferred communication medium: Email_________Phone Call_________Text message_________All mentioned before_______________
   What services does this MH Champion offer? (ex: counseling, crisis services) ______________________________________________________

2) First name: ___________________________ Last Name:_________________________ Email:____________________________________
   Contact Number: ___________________________ Room Number: ________ Title/Position:_________________________________________________________
   Preferred communication medium: Email_________Phone Call_________Text message_________All mentioned before_______________
   What services does this MH Champion offer? (ex: counseling, crisis services) ______________________________________________________

3) First name: ___________________________ Last Name:_________________________ Email:____________________________________
   Contact Number: ___________________________ Room Number: ________ Title/Position:_________________________________________________________
   Preferred communication medium: Email_________Phone Call_________Text message_________All mentioned before_______________
   What services does this MH Champion offer? (ex: counseling, crisis services) ______________________________________________________

4) First name: ___________________________ Last Name:_________________________ Email:____________________________________
   Contact Number: ___________________________ Room Number: ________ Title/Position:_________________________________________________________
   Preferred communication medium: Email_________Phone Call_________Text message_________All mentioned before_______________
   What services does this MH Champion offer? (ex: counseling, crisis services) ______________________________________________________