



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 | <input type="checkbox"/> | Social Worker | <input type="checkbox"/> | School Psychologist | <input type="checkbox"/> |
| Suicide Prevention Liaison | <input type="checkbox"/> | Mental Health Provider | <input type="checkbox"/> | Mental Health Manager | <input type="checkbox"/> |
| SAPIS Worker | <input type="checkbox"/> | Designated Liaison | <input type="checkbox"/> | Restorative Justice Coordinator | <input type="checkbox"/> |
| Health Education Teacher | <input type="checkbox"/> | for Child Abuse | <input type="checkbox"/> | RAPP Counselor | <input type="checkbox"/> |
| Nurse | <input type="checkbox"/> | Respect for All Liaison | <input type="checkbox"/> | Other _____ | <input type="checkbox"/> |

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) _____