## **Student Mental Wellness Self-Report**

Student Name	
Date	
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1. How are you feeling today?	
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2. Can you briefly describe why you feel this way?	
3. Have you experienced any stress or challenges recently? (If so, please describe)	
o. Have you experienced any stress of challenges recently: (if so, please describe)	
4. What strategies or activities help you feel better or manage stress?	
5. Would you like to talk to someone about your mental wellness?	
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