

Student Mental Health

Behavior Contract Form

Student Details

Name: _____

Grade/Level: _____

Mental Health Goals

1. Goal 1: _____
2. Goal 2: _____
3. Goal 3: _____

Support Actions

1. Daily Check-ins with Counselor: _____
2. Journaling or Reflection Practice: _____
3. Peer Support Sessions: _____

Feedback and Adjustments Table

Date	Goal Progress	Challenges	Next Steps

Parent/Guardian Agreement

[] I will encourage my child to follow the outlined goals and support them as needed.

Signature: _____

Date: _____

Teacher/Counselor Signature

[] I will provide regular feedback and support.

Signature: _____

Date: _____