Texas Education Agency

Advancing Wellness and Resiliency in Education

Universal Screening: Key Considerations and Best Practices

- Selection of the screening tool should be based on area(s) of greatest need (based on needs assessment), reliability and validity of available tools, feasibility (e.g., cost of tool, time to administer), and stakeholder (e.g., family, student, teacher, administrators) acceptability. Consider who the respondent is (e.g., teacher, student, or parent) for the screening tool chosen.
- Decide on the number of times and calendar months when screening will occur. Best practice would suggest screening three times per school year.
- Consider how mental health screening is messaged to parents/guardians and students—it can be helpful to reference how it is similar to physical health and vision screenings regularly conducted by schools and tied to learning.
- Consider conducting trainings with teachers and students' families, focused on understanding risk factors, symptoms, outcomes, methods of referral, and the purpose and benefit of universal screening. This can help build buy-in and support for the screening activities.
- The use of opt-out procedures (passive consent) may be acceptable if the data are used to inform general education and teachers are reporting on simple observed behaviors. To facilitate passive consent, information should be shared in multiple ways to ensure parent notification (e.g., automated telephone calls, school website, notification in mail, signs posted in school building).
- Once you ask the student to screen him or herself, then active parental consent is needed under the Protection of Pupil Rights Amendment (PPRA) of 1978 (Eklund & Kilgus, 2015). The PPRA requires prior consent if a student is given any test that could reveal "mental and psychological problems potentially embarrassing to the student or his or her family," which applies to the use of universal screening tools (Protection of students' privacy in examination, 2015). If this screener is required by a district, active consent must be obtained. The PPRA also includes the right of parents to inspect any screening tool prior to administration (Ohio Positive Behavioral Interventions and Supports Network, January 2016).
- Ensure that procedures are in place to protect confidentiality, with data retention in accordance with district or campus policies. Records should not be retained with student names or social security numbers. Any information shared with teachers should be confidential and useful.
- Staff who administer and review screenings should be trained in the use of the tools and procedures established by the school/district.
- Consider piloting the procedures with small groups of students and collecting feedback to inform full implementation.
- Determine which students, based on screening results, will require immediate (same-day), prompt (within the week), or nonurgent response (communicate negative findings). Consider if any screening items identify suicidal thoughts and ensure immediate response can be provided.
- There should be opportunities for further assessment and immediate access to services
- There should be a process for informing parents of screening results, referral recommendations, and available resources for identified students. Access to immediate response, such as further assessment or crisis response, should be available.
- There should be a plan for following up with school staff about screening and progress monitoring results. Consider how the data will be used for planning and monitoring progress of the multi-tier system of support (MTSS) at the school, classroom, and student level.
- Consider alerting the local crisis team to be on call in advance of screenings.