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Screening Tool Review

Take a close look at one screening tool and decide whether it would work at your institution.

Name			
Institution		**Dept**	
Start date of review		**End date of review**	

How to use this worksheet

Choose one condition and one tool from the Screening Tool Library. Read through the tool, then work through each section with your office and the students you serve in mind. Complete a separate worksheet for each tool you review. If you review more than one tool for the same condition, use the Tool Comparison page at the end of this worksheet to compare them side by side.

1 The Tool

Condition screened (check one)

☐ Depression ☐ Anxiety disorder ☐ Eating disorder ☐ Substance use

☐ Alcohol-use disorder ☐ Post-traumatic stress disorder ☐ Bipolar disorder

Name of tool

Number of items: _____ **Time to complete and score:** _____ **Format:** ☐ Self-report ☐ Interviewer

Quick check	Yes	No	Unsure	Notes
Is it reliable, valid, and evidence-based?	☐	☐	☐	
Is it free or available at a reasonable cost? Is permission needed to reproduce it?	☐	☐	☐	
Does it come with ready access to training and support for staff?	☐	☐	☐	
Does it screen for the correct condition?	☐	☐	☐	
Is it appropriate for the typical age range of our students?	☐	☐	☐	
Can it be offered online and anonymously, as the Act requires, under the author's use policy?	☐	☐	☐	

Quick check questions adapted from NCSMH (2023), School Mental Health Quality Guide: Screening.

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Quick check	Yes	No	Unsure	Notes
Is it available in the languages our students need?	☐	☐	☐	
Is this culturally appropriate for your student population?	☐	☐	☐	

2 Strengths and Challenges

Think about length, reading level, wording, scoring, cutoffs, cost, and what the tool might miss.

Strengths

Challenges

3 Your Institution

Does your school already use a screening tool for this condition?

☐ Yes ☐ No ☐ Not sure

If so, which tool?

How and why did you choose it?

System challenges for using this tool at your school

Consider staffing, follow-up and referral capacity, reviewing responses quickly for safety concerns, data privacy (FERPA and HIPAA), technology, and communicating with students.

Does this tool fit the culture and demographics of your institution?

☐ Yes ☐ Partly ☐ No

Why or why not?

Consider age range and adult learners, commuter and online students, first-generation students, veterans, multilingual and international students, athletes, reading level, and whether the tool includes strengths as well as symptoms.

4 Recommendation(s) and Comments

Based on your review, what do you recommend for your institution? Check one, then explain why and note any changes, next steps, or other comments.

☐ Adopt as is ☐ Adopt with changes ☐ Keep our current tool ☐ Do not recommend

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5 Tool Comparison

Use this page when you review two to four tools for the same condition.

Condition

	Tool A	Tool B	Tool C	Tool D
Tool name				
Items and time to complete				
Cost and permissions				
Biggest strength				
Biggest challenge				
Fit for my campus (1 low to 5 high)				
My ranking				

My recommendation: Which tool would you choose, and why?
