Schools already have good sources for screening a student's problems; they don't need to waste resources by adopting another screening instrument

For a variety of reasons, screening is a widely advocated practice. And schools are a prominently mentioned place for screening students to identify those with problems. Over the years calls for first-level, universal screening have focused on identifying potential suicides, perpetrators of violence, student depression, ADHD, LD, obesity, and more. The trend is increasing in response to the impact of COVID 19 and actions such as California's plans to screen for dyslexia.

An irony in all this is that teachers and parents already are providing large-scale screening data on more students than many schools are prepared to help. That is, on a daily basis, teachers and parents can tell anyone who will listen that certain youngsters are manifesting learning, behavior, and emotional problems and need special assistance to succeed at school.

Another irony is that investing sparse resources on instruments to conduct universal screening of students reduces what is available to ameliorate the problems.

There are many issues and more ironies in all this (e.g., see

>Chapter 6. "Labeling, Screening, and Over-pathologizing" in *Embedding Mental Health as Schools Change* http://smhp.psych.ucla.edu/pdfdocs/mh20a.pdf

>*Screening Mental Health Problems in Schools*
http://smhp.psych.ucla.edu/pdfdocs/policyissues/mhscreeningissues.pdf